

OCCUPATIONAL THERAPY NOW

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INSIDE

Responding to the opioid crisis: A call to action for occupational therapists

Alana Marshall and Skye Barbic

Conference highlights: Meaningful occupations for older adults

Cherry Au and Cathy White

Submitting a successful abstract to CAOT Conference 2019

Ben Mortenson and colleagues

SPECIAL ISSUE:

CAOT Conference 2018

**Occupation on the edge:
Inclusion, sustainability,
and innovation**

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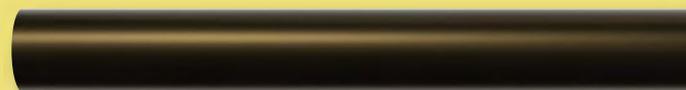
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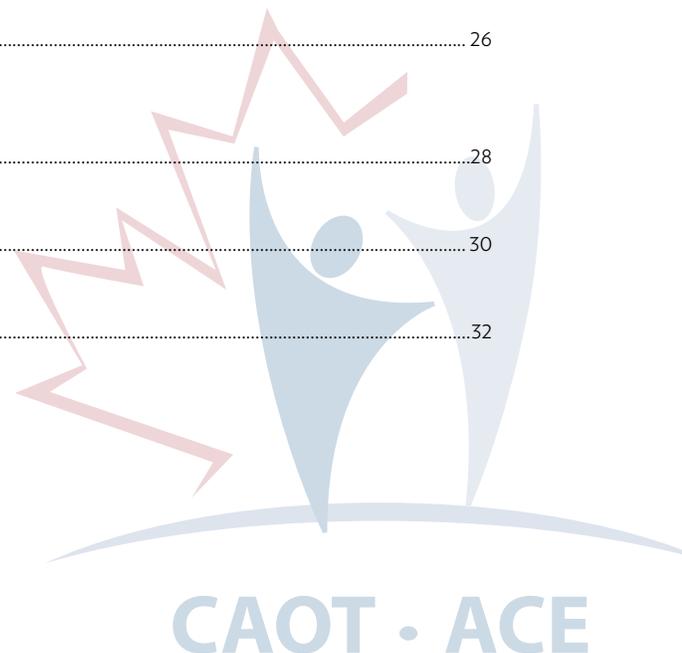


Table of Contents

CAOT CONFERENCE 2018 <i>Occupation on the edge: Inclusion, sustainability, and innovation</i>3 Flora To-Miles	3
CAOT: YOUR CAREER PARTNER FOR LIFE	
What's New5	5
CAOT Conference 2018: President's address <i>Let's focus! Occupational therapy is the best solution for the health and well-being of Canadians</i>7	7
CAOT Professional Issue Forum <i>Inspiring actions: Occupational therapy paths to truth and reconciliation with Indigenous Peoples</i>9 Alison Gerlach, Gayle Restall, Kaarina Valavaara, Angie Phenix, and Alisia Roos	9
CAOT Professional Issue Forum <i>Medical assistance in dying (MAiD) and suicide prevention: Navigating potential professional and ethical tensions</i>11 Kevin Reel, Kim Hewitt, and Marie-Josée Drolet	11
CAOT Professional Issue Forum <i>Collaboration on inclusive education</i>13 Tal Jarus and Alison Douglas	13
The 2018 CAOT awards ceremony.....16	16
KNOWLEDGE TO PRACTICE	
Submitting a successful abstract to CAOT Conference 201920 Ben Mortenson, Claudine Auger, Skye Barbic, Katie Lee Bunting, Debbie Field, Patricia Mortenson, and Julia Schmidt	20
A CAOT Conference 2018 workshop session: Excellence in quality care for patients with severe obesity22 Mary Forhan, Maureen Fowler, and Elly Park	22
SHARED PERSPECTIVES	
Setting the right fees for private practice24 Karen Ng Wan	24
Conference highlights: Meaningful occupations for older adults26 Cherry Au and Catherine White	26
IMPACTING LIVES, COMMUNITIES AND SYSTEMS	
Responding to the opioid crisis: A call to action for occupational therapists28 Alana Marshall and Skye Barbic	28
Occupational Therapy Canada 2018: A day of reflection and dialogue30 Barry Trentham, Sharon Eadie, Alison Gerlach, and Gayle Restall	30
CAOT Conference 2019 in Niagara Falls, Ontario32 Elizabeth Linkewich and Shaminder Dhillon	32



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CAOT Conference 2018

Occupation on the edge: Inclusion, sustainability, and innovation

Flora To-Miles, *Occupational Therapy Now* Managing Editor

The Canadian Association of Occupational Therapists (CAOT) Conference 2018 was held from June 20-23 in scenic Vancouver, British Columbia, on the traditional, ancestral, and unceded territory of the Musqueam, Squamish, and Tsleil-Waututh First Nations. The conference took place at the Sheraton Vancouver Wall Centre located in the city's downtown. Being on "the edge" of the west coast, Vancouver offered delegates a rich blend of nature (where ocean and mountains meet) and exciting city activities. While at the conference, delegates enjoyed many presentations and discussions that reflected the conference theme: learning about cutting-edge and innovative interventions and knowledge to promote occupation enablement for all people.

Over 700 delegates attended this year's conference, featuring more than 96 paper presentations, 169 poster presentations, 12 extended discussions, and six sponsored sessions. Thank you to the Conference Scientific Program Committee and the Abstract Review Committee for their time in reviewing and adjudicating the 448 submitted abstracts. In their piece in this issue, Ben Mortenson, Chair of the Conference Scientific Program Committee, and his colleagues discuss some tips for submitting a successful abstract for upcoming CAOT conferences (p. 20).



Ben Mortenson, Chair of the Conference Scientific Program Committee

The conference opened with Elder Roberta Price, of Snuneymuxw and Cowichan First Nations, providing a blessing, followed by President Nicola MacNaughton

speaking about how occupational therapy services are the best solution for the health and well-being of Canadians who need us (p. 7). This message resonated with the many presentations and sessions throughout the conference; in this issue of *Occupational Therapy Now*, readers will get a taste of the many exciting events that took place at the CAOT Conference 2018.



Elder Roberta Price

New this year are the hands-on learning sessions, of which there were three. In addition, the Scientific Program Committee re-introduced symposia this year (of which there were 26), bringing together two or three presentations on a similar theme. The *Conversations that Matter* series expanded to four sessions, including one on setting your fees for private practice (p. 24).

Three informative and dynamic Professional Issue Forums (PIFs) were held, providing a platform for discussion on: 1) best practices for occupational therapists in supporting clients requesting medical assistance in dying (p. 11); 2) the role of occupational therapy in responding to the Truth and Reconciliation Commission calls to action (p. 9); and, 3) recommendations for promoting inclusive education and practice in Canada (p. 13).

CAOT celebrated and recognized those who made a significant contribution to the profession through an awards ceremony (p. 16). In her Muriel Driver Memorial Lecture, Lili Liu spoke about how occupational therapy evolved with technology in the fourth industrial revolution.



President Nicola MacNaughton with Lili Liu, this year's Muriel Driver Memorial Lecturer

This year's plenary session was moderated by Skye Barbic with speakers Niki Kiepek, Seonaid Nolan, and Havelin Anand. They discussed the role of occupational therapy in the national opioid crisis (p. 28).

Featured speaker Dr. Gabor Maté gave a provocative talk titled "Illness and health in a toxic society," which left many of us with questions and thoughts about the influences of environment on health and pathologies.

Delegates also enjoyed two nights of fun connecting with old friends and meeting new ones at a dinner at Science World, and then on a harbour boat cruise, giving everyone a sense of community.



Delegates enjoying dinner and dancing at Science World

A sold-out exhibit hall held almost 70 booths, inviting delegates to learn more about innovative products and services available to them.



Another fun night on a harbour boat cruise

Finally, we passed the torch to the CAOT Conference 2019 co-convenors Elizabeth Linkewich and Shami Dhillon. They welcome us to join them at next year's CAOT conference in Niagara Falls, Ontario, from May 29–June 1, 2019 (p. 32). See you there!



Elizabeth Linkewich and Shami Dhillon, co-convenors of next year's CAOT conference

And a big thank you to:

- Conference co-convenors Kathy Elissat and Gabrielle Trépanier
- Conference Host Committee
- Over 75 volunteers including Conference Photographer Emma Smith

Congratulations to the following student poster award winners of CAOT Conference 2018:

- *From the University of Toronto:* Lauren Crump and Emma Lee Shepherd
- *From the University of Alberta:* Noelannah Neubauer



Delegates enjoying the many high calibre posters at conference



What's new

Changes at CAOT



CAOT thanks President Nicola MacNaughton, OT Reg.(NB), CDMP, CCLCP

Nicola MacNaughton will complete her two-year term as CAOT President and Chair of the CAOT Board of Directors on September 30, 2018 and will join the ranks of honoured Past Presidents. Nicola's term has been one marked by energy and

progress, overseeing the implementation of a new CAOT Strategic Plan, 2016-2019, a significant revitalization of board governance and risk management, the championing of the Great Ideas portfolio for members and creation of a new path forward with the Canadian Occupational Therapy Foundation. Nicola was proud to represent CAOT at the World Federation of Occupational Therapist Congress, in Capetown South Africa, in May of this year.

'Thank you' doesn't cover the debt of gratitude for Nicola's work. She stands as a creative and high-energy leader, with an unflinching sense of calm and a bias to 'just do it.'



CAOT welcomes President Catherine Backman, PhD, Reg. OT (BC), FCAOT

As of October 1, 2018, we are pleased to announce Catherine Backman as CAOT President and Chair of the CAOT Board of Directors. Catherine will serve a two-year term and looks forward to engaging with members from across the country and around the world, as well as developing a

new strategic plan with contributions from members, board and staff.

Catherine is passionate about teaching occupational therapy and is Professor, Department of Occupational Science & Occupational Therapy at The University of British Columbia, and Senior Scientist at Arthritis Research Canada. She is no stranger to volunteer positions with professional organizations and has contributed extensively to CAOT throughout her 36-year career, including as Secretary, board director, and on the CJOT Editorial Board and the CAOT-BC Advisory Committee. Among her many distinguished awards, Catherine was CAOT's Muriel Driver Memorial Lecturer in 2005 and is a CAOT Fellow.

Catherine notes that she married a stargazing cat-lover and together they enjoy camping, beaches, travel, and lattes. Catherine can be reached through board@caot.ca



CAOT says goodbye to Executive Director Janet Craik, MSc., OT Reg. (Ont.)

September 30, 2018 will be Janet's last day with CAOT, as she embarks on new adventures with her husband Neil, living and travelling abroad, starting with a term of study in Edinburgh.

Janet has served CAOT in various capacities over the past 12 years, including as Executive Director for the past five. Her accomplishments are numerous. As head of professional practice, she was instrumental in the coordination of Enabling Occupation II. As Executive Director, she has been a dogged and tireless advocate for the profession, ably representing CAOT members on Parliament Hill and at critical stakeholder conferences, at international occupational therapy forums and in day-to-day business meetings. Understanding and promoting the needs of members has been Janet's north star in setting priorities for the association. Janet managed the operations of the association strategically, responsibly and always with good humour. Thank you!

A replacement for Janet will be announced to members and stakeholders as soon as the selection committee completes their deliberations.

CAOT-North launches October 1st!



CAOT · North

Canadian Association of Occupational Therapists

Occupational therapists in the Yukon, Northwest Territories, and Nunavut will be represented to their territorial governments starting this fall. CAOT is establishing a membership chapter to serve and support the needs of occupational therapists in Canada's north, to provide them with a new partner in the pursuit of occupational therapy excellence across their vast region and to help bring attention to their diverse and unique set of issues. The new chapter, CAOT-North, has been formed in response to requests from occupational therapists working in the three territories who are interested in CAOT supplying an organizational framework that lets occupational therapists focus on practice issues rather than the issues of running a society and would like CAOT to facilitate increased connections among occupational therapists in the north. The new entity is exciting for all of us. Introduction of a Managing Director for CAOT-North will take place this fall.

CAOT annual giving to the Canadian Occupational Therapy Foundation (COTF)

To continue our support of vital occupational therapy research, the CAOT board voted in a new model of annual giving for the Canadian Occupational Therapy Foundation, starting with the 2018-19 membership year and being identified on the current membership renewal forms. On behalf of CAOT members, we will donate up to \$125,000 per year annually to COTF. Our payment will be made up of five dollars for each paid member of CAOT and a dollar-for-dollar matching of COTF net fundraising amounts annually.

Conference Call for Papers!

CAOT is accepting abstract submissions from September 1 to November 1, 2018 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 contribute to the growing body of evidence needed to continually move our profession forward. Plan to be front and centre at CAOT Conference 2019 in Niagara Falls, May 29 – June 1, 2019.

Plan ahead! Here are dates for upcoming CAOT conferences.

- Niagara Falls, ON May 29-June 1, 2019
- Saskatoon, SK May 6-9, 2020
- Gatineau, QC June 15-19, 2021
- Whistler, BC May 4-7, 2022

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Deadline December 1, 2018

CAOT Workshops

Childhood autism spectrum disorder: Best occupational therapy practice

Vancouver, BC – November 2-3, 2018

Mississauga, ON – November 12-13, 2018



This two-day interactive workshop is intended for occupational therapy professionals, researchers and OTAs interested in developmental disabilities and/or autism spectrum disorder (ASD) best practice. Participants will learn and apply scientific evidence, assessment and comprehensive intervention of children from infancy through school ages who are at risk for or who have ASD. Participants will engage in analyses and decision-making based on the person-environment-occupation (PEO) framework using case studies and group discussion.

Home modification and universal design: Advanced level for occupational therapists

Mississauga, ON – November 2, 2018

Vancouver, BC – November 23, 2018



This one-day advanced workshop is intended for experienced occupational therapists who wish to further their knowledge and skills related to home modifications and universal design. Practical information, photos and resources will be utilized so participants can immediately apply the knowledge and skills into their practice, as well as to identify future learning and/or business development needs in order to be recognized as a go-to professional for accessible housing.

Register for these workshops online at www.caot.ca/workshop today!

For more information contact education@caot.ca • Canadian Association of Occupational Therapists



CAOT Conference 2018: President's address

Let's focus! Occupational therapy is the best solution for the health and well-being of Canadians

Nicola MacNaughton, CAOT President

This year's conference theme, "occupation on the edge," makes me think about our national professional association, the Canadian Association of Occupational Therapists (CAOT), being on the edge of a new round of strategic planning, starting this fall, and on the edge of celebrating 100 years in 2026. We are fortunate, as an association, to know our "big picture" vision, which has remained largely unchanged for years: to ensure that occupational therapy is accessible and valued across Canada. We continue to make progress toward that vision, yet we still have a long way to go. I want to celebrate our success in 2026. What does that success look like, and what is needed to achieve it?

I believe the answer is *focus*: on our big picture vision, on aligning with society's priorities as identified through government, and on creating the measures that prove our success is irrefutable.

I have asked for and received plentiful submissions for the Great Ideas Portfolio, for which I am grateful. I have also been struck by how practice-specific the majority of suggestions are. We, as occupational therapists, seem immersed in our day-to-day worlds, and while this is likely due to the realities of our employment, we perhaps haven't stepped back often enough to look at that bigger picture—how our profession is seen by the public and those in government and health care, the people who set priorities and fund them, who can help us progress on our vision of accessibility and value for Canadians.

The submitted "great ideas" are all over the map, which is understandable—occupational therapy is complex. We have a broad scope of practice, which is perhaps our greatest advantage and our largest drawback. How do we determine a path forward?

As an association serving the profession and its advancement, CAOT needs to chart a course that is relevant, progressive, and viable. But we simply can't be all things to all people.

We must *focus* if we want to make a difference and influence change in our favour. We must focus on those who make policy decisions and allocate budgets, those who refer clients to occupational therapists, those who hire and fund positions, and those who benefit from our services and therefore demand them. All these audiences only need one message from us: that occupational therapy is the *best solution* for the health and well-being of Canadians who need us. Let's focus on creating our "best solution story" for occupational therapy, and, together as a



Nicola MacNaughton

profession, get it out there—one message, one compelling story with a happy ending!

To tell the story of why occupational therapy is the best solution, all our narratives need to show that occupational therapy provides 1) better care, 2) better health, and 3) better value. We know we deliver all three, but do we have the sort of proof that creates jobs, funds programs, and leads to occupational therapy being accessible and valued?

1. Better care

This is an area in which occupational therapists excel. You all have stories about care that you have shown clients and the resultant rewards. There are practice leaders and administrators who challenge the status quo of service delivery in their organizations every day. Some of you are community leaders and advocate for better access. Some of you are researchers who devote time and effort to transferring knowledge of best practices to our practitioners in the field.

While better care by occupational therapists is certainly central to our best solution story, there are gaps in our plot. Today's government health care priorities are funded through federal budgets. CAOT's work aligns well with four current areas of focus: aging in place, mental health, Indigenous population health, and the opioid crisis. Taxpayer money has been allocated toward these four health priorities, and CAOT is responding with advocacy, helping to create the visibility and

opportunity we need. But is our professional workforce also aligned? Can we deliver across the country? We can't be the "go-to" profession if we are not adequately available and trained to meet the demands of today's marketplace. We need to leverage partnerships to create awareness and educational opportunities. We know we have the talent, so let's be open to channelling our resources to better align our skills with society's aims. By adapting, we will grasp the chance to be more accessible and valued.

Occupational therapy is the best solution for the health and well-being of Canadians because it delivers better care, better health, and better value

2. Better health

We are very fortunate to have world leaders in occupational therapy research as part of CAOT's membership and to have a growing body of evidence to support our claims that occupational therapy improves lives. Studies prove that occupational therapy delivers better health. Promoting this understanding and using evidence in key messages to key audiences are crucial to our best solution story.

Yet, ensuring access to occupational therapy continues to be challenging. Not only is funding for our services patchy at best, but it is often program based and in response to certain metrics. Do our researchers use all available evidence to support our stories—to translate our findings into solutions-based messages that will impact decision makers, influencers, allies, and, ultimately, the public, who will demand our services? Are human resource challenges addressed as part of the stated solutions? If we can tackle those questions, we are well on our way to developing the better health part of our best solution story.

3. Better value

Occupational therapy provides better value as a health care solution. Health care is competitive on many fronts. We compete for inclusion of occupational therapy services in employee benefit plans. We see cannabis coverage and massage therapy coverage being added to plans because they receive societal attention and employees demand them.

Only small gains have been made in the percentage of benefit payments allocated to occupational therapy. We need to proactively demonstrate that we deliver better value.

As we are aware, the health system is collapsing under the cost of acute care and chronic disease management as our population ages. Mental health conditions are the leading cause

of disability, absenteeism, and presenteeism. Cost controls put incessant pressure on hospital administrators. Wait lists are long. Funders and policy makers need our help to discern the best path forward and we need to focus on providing it. They will not turn to occupational therapy unless they understand its value.

We must learn to cite existing economic evidence in digestible messages aligned with funder priorities. We can't cut through the clutter of competitive bids for funds and attention without our story having a quantitative underpinning.

Moving from evidence to messages to opportunities to results is a long process. I feel we're on track, although I wish all research would include economic evaluation of outcomes. Gone are the days of listing only qualitative outcomes. Other professions are providing decision makers with compelling arguments grounded in facts. Occupational therapy needs to catch up.

Let's get our story written. Occupational therapy is the best solution for the health and well-being of Canadians because it delivers better care, better health, and better value. Let's focus on aligning with critical issues impacting Canadians. Let's sharpen our messages to add evidence of all types—including health outcome measures and economic facts. Let's work as a team to share our knowledge and our successes so everyone has a compelling story to tell. Our story will place occupational therapy top of mind when universities discuss growth opportunities, when public health care allocates human resources, and when policy makers invite individuals to the table for strategic discussions.

Together, let's focus on our best solution story, to lead us to success that we'll be happy to celebrate in 2026.

CAOT Workshop

Building the brain: A neurobiological approach to assessment and intervention

Calgary, AB - October 19-20, 2018

Ottawa, ON – November 16-17, 2018



This two-day integrative, holistic workshop will provide you with a scientific and theoretical framework for assessment and treatment of ANY brain of ANY age. This workshop draws on the expansive brain-behavioral sciences to energize and empower any practice, demystifying the process of neuro-rehabilitation. These concepts and tools will be easily incorporated into your practice setting.

Register for these workshops online at www.caot.ca/workshop today!

For more information contact education@caot.ca • Canadian Association of Occupational Therapists



CAOT Professional Issue Forum

Inspiring actions: Occupational therapy paths to truth and reconciliation with Indigenous Peoples

Alison Gerlach, Gayle Restall, Kaarina Valavaara, Angie Phenix, and Alisia Roos

The Truth and Reconciliation Commission (TRC) of Canada calls to action (2015) have stirred the occupational therapy profession in Canada to reflect more intensely on the practice of occupational therapy with Indigenous Peoples. However, there remains a significant gap in the profession's collective understanding of how occupational therapy practices, education, and research can substantively contribute towards redressing the social and health inequities experienced by Indigenous Peoples.

Professional Issue Forum

Professional Issue Forums (PIFs) are held annually at the Canadian Association of Occupational Therapists (CAOT) conference and address priority health and social issues. The "Inspiring Actions" PIF took place on June 21, 2018, National Indigenous Peoples Day, to provide a timely and important opportunity for the profession to reflect on and document how occupational therapy can play a greater role in partnering with Indigenous communities and organizations to transform practices, education, and research to address the social injustices and health inequities that many Indigenous people continue to experience.

PIFs include panel presentations from experts and discussions from participants to generate strategies, recommendations and actions to advance occupational therapy practice and the profession's presence in these areas.

Embedded in this PIF was an integrated knowledge translation (iKT) study, led by Dr. Alison Gerlach and Dr. Gayle Restall, which was approved through the Research Ethics Board at the University of British Columbia. This iKT study was designed to explore occupational therapists' perspectives on how their clinical, education, and research practices are responding, and could further respond, to the TRC calls to action (2015) and play a greater role in partnering with, and enhancing the health and well-being of, Indigenous communities and families in Canada. CAOT supported the embedding of this iKT study into the PIF to better enable the uptake of substantive findings and facilitate transformational processes in occupational therapy with Indigenous Peoples in Canada.

This PIF drew over 95 delegates and the session was modeled after a survey of occupational therapists completed by Nelson and colleagues (2011) held at the Australian National Occupational Therapy Conference in 2008.

PIF delegates were asked to sit at designated tables that best represented their interest and experience in either clinical practice, research, or education. In between panel presentations, they were guided to discuss the following three questions in regard to occupational therapy research, education, and clinical practice with Indigenous Peoples:

1. Where are we (as occupational therapists and occupational therapy) now?
2. Where do we want to be?
3. How do we get there?

Participants were asked to voluntarily complete an anonymous sociodemographic form. This information was gathered to support understanding of participants' current lived experience as an Indigenous person and/or working with Indigenous communities; they were asked to self-rate their knowledge about occupational therapy practice with Indigenous Peoples in Canada. Volunteers at each table documented the discussions that took place during the PIF. This data will help direct how to best improve competence and confidence in occupational therapy practitioners engaging in research, education, and clinical practice with Indigenous Peoples.

Panel presentations

The PIF began with an acknowledgement of the traditional and unceded territory of the Coast Salish Peoples, and the traditional territories of the Squamish, Musqueam and Tsleil-Waututh First Nations.

Elder Roberta Price from the Snuneymuxw and Cowichan First Nations opened the PIF with a call to gratefulness to guide the reflections and work to be done in this PIF. Throughout the PIF panel presentations and discussions, Elder Price shared her deeply personal story about her family's experiences in residential schools, her painful experiences of foster care, and the toll of being separated from her family and culture. She also shared some of her journey toward healing, which includes telling her story and connecting to her elders, to her culture, and to ceremonies. She also reminded the PIF participants that reconciliation and healing are not just the responsibility of Indigenous Peoples, but of all people, governments, and institutions in Canada.

Gayle Restall is an associate professor in the Department of Occupational Therapy at the University of Manitoba. Dr. Restall has been a registered occupational therapist for the past 38 years and has a doctorate in community health sciences. She has extensive research experience in community engagement and participatory research methods in partnership with people who have been disproportionately disadvantaged by the social determinants of health, including Indigenous Peoples. Gayle focused her presentation on first introducing the purpose and process of the embedded iKT study in order to obtain informed consent from all PIF participants to provide data for this study. She then provided a summary of the principles behind the TRC's 94 Calls to Action, some of which include: addressing the legacy of colonialism, building mutually respectful relationships between Indigenous and non-Indigenous people, and upholding the United Nations Declaration of Rights of Indigenous Peoples.

Angie Phenix and **Kaarina Valavaara** are Métis occupational therapists who co-chair the CAOT Occupational Therapy Network on Aboriginal Health and are passionate about transforming occupational therapy to better support equity for Indigenous Peoples' health, education, and well-being. They shared some of their journey and experiences around being disconnected from their Métis culture as a result of colonial policies, legislation, and educational institutions, which erased Métis history and experiences. They also shared how they were able to reclaim their culture and ways of knowing through education. They highlighted the tension between a desire to advance the health, education, and well-being of Indigenous Peoples and the fact that current professional models, theories, and values originated from Western thought and institutions and may not be sufficient to truly advance equity in partnership with Indigenous Peoples.

Alison Gerlach is a Banting postdoctoral fellow and a Michael Smith Foundation for Health Research research trainee at the National Collaborating Centre for Aboriginal Health at the University of Northern British Columbia. She has been working with Indigenous communities, families, and colleagues as an occupational therapist and researcher for the past 20 years. Her program of critically oriented research includes understanding how occupational therapy can be provided in ways that are socially responsive and culturally safe. Her presentation focused on how applying critical theory can provide a way forward toward health equity for Indigenous Peoples by considering the social and economic determinants and structures that privilege some while disadvantaging others, as part of our occupational therapy practice. She emphasized that current occupational therapy practices and institutions that focus on the individual and do not consider the broader community or social, political, or economic determinants will be inadequate to advance equity and the efficacy of occupational therapy in supporting Indigenous Peoples' health and well-being.

Discussion summary and next steps

Key points from discussions around the three central questions included acknowledgement that as a profession we are in the beginning stages of recognizing that our current practices are inadequate to meet the needs of Indigenous Peoples' health. Participants emphasized that regardless of where we want to be as a profession or how we will get there, there is an understanding that occupational therapists need to take time to listen to and take the lead from Indigenous partners before providing solutions. They need to advocate for practice environments that value and prioritize time to build relationships before providing Western-centric assessments or interventions.

Discussion notes collected from volunteers and participants during the small and large group discussions around the three central questions of the PIF will be themed and analyzed over the next several months. As part of the iKT study in this PIF, plans are in place to share detailed findings through a peer-reviewed manuscript and the development of other materials such as a national CAOT webinar, in order to provide evidence-informed active next steps to transform occupational therapy to advance health equity for Indigenous Peoples.

Acknowledgements

The other authors would like to acknowledge the contribution of Alisia Roos, Master of Science in Rehabilitation student from the University of Manitoba and registered occupational therapist, for key support in ensuring informed consent of all participants during the PIF and for supporting the co-principal investigators in data collection, analysis, and reporting of the iKT study. The authors also thank the team of volunteers who participated in data collection and the debriefing discussions during and after this PIF. Finally, the authors thank Havelin Anand, director of government affairs and policy with CAOT, for supporting the development and organization of this PIF and continued dedication to advancing health equity of Indigenous Peoples within CAOT and the occupational therapy profession.

For any questions or comments about this article, please contact: kaarina.valavaara@albertainhealthservices.ca

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CAOT Professional Issue Forum

Medical assistance in dying (MAiD) and suicide prevention: Navigating potential professional and ethical tensions

Kevin Reel, Kim Hewitt, and Marie-Josée Drolet

Medical assistance in dying (MAiD) is a new end-of-life care option that has implications for the practice of occupational therapy. Occupational therapists may need to provide support to clients and their families requesting this option, and may need to help the team in assessing capacity and exploring the alternatives. Occupational therapists also have a clear role in suicide prevention, and will strive to actualize an individual's connection to life through engagement in meaningful occupations. However, occupational therapists will each have their own moral response to the idea of assisted death, while also having the professional responsibility to refrain from imposing their own opinions wherever clients are making capable choices to pursue legal health care options. In some situations, certain client circumstances may be particularly rife with clinical uncertainties, and these can create further complex tensions between personal and professional perspectives and the limits and demands they carry. This CAOT Professional Issue Forum (PIF) offered an opportunity for participants to consider how to navigate potential professional, clinical, and ethical tensions that may arise in situations in which interest in an assisted death might indicate a need to apply principles of suicide prevention.

MAiD is available where a person's health condition produces intolerable physical or psychological suffering that is subjectively intolerable. Among the current eligibility criteria for MAiD is the requirement that the individual's "natural death has become reasonably foreseeable" (*Criminal Code, 1985, S.241.2(2) (d)*). This criterion effectively excludes anyone for whom the source of suffering is primarily a mental health condition. Some individuals living with mental health conditions have argued that this criterion is discriminatory as it fails to recognize the potential for intolerable levels of suffering that can be experienced due to mental illness. It may be that the eligibility for MAiD is extended in the future, owing to either a review of the law or a legal challenge based on the Charter of Rights and Freedoms.

At present, some clients who could be eligible under the law owing to a physical condition may also be living with concurrent mental illness. The presence of mental illness can complicate the process of deciding the most appropriate therapeutic response to an expressed wish to pursue an assisted end of life. Practitioners need to be competent in suicide prevention approaches, as it may be likely that suicide prevention is the more appropriate response in certain situations, and yet must also be mindful of the fact that any formal request for MAiD

should receive a full and fair assessment of their eligibility by those qualified to do this. The key tension for occupational therapists is to determine the role in navigating where death by suicide should be prevented and where death by assisted death should be supported.

Objectives

This PIF session had two objectives:

1. To explore two distinct but intersecting elements of health care and occupational therapy practice in Canada—MAiD and suicide prevention; and
2. To consider these from both professional and personal perspectives.

Panel presentation summaries

This PIF was also an opportunity to present a method of ethical deliberation developed by an occupational therapist to support ethical reflection in occupational therapy (Drolet, 2018). This method helps an occupational therapist and their team to carry out an ethical reflection according to 10 iterative steps. This method is based on ethical theories and approaches considered, today, as relevant and essential to any ethical reflection.

According to Drolet (2018), in order to reflect ethically, it is important, as one of the first steps, to measure our personal values and our moral beliefs in order to limit, where appropriate, the undue influence of our undesirable moral biases on our ethical reflection. In other words, before thinking rationally, we must leave room for our emotions, because they give us a clear impression of our personal values and moral beliefs. That being said, these values and beliefs need to be critically examined in a second step, as they can lead to moral biases that should not influence the ethical reflection of the occupational therapist.

During the PIF, participants were invited to identify and assess their spontaneous moral reactions to three real-life stories that reveal gray areas as well as similarities and differences between requests for MAiD, on the one hand, and the need for applying suicide prevention strategies, on the other. Participants carried out this second step of the ethical deliberation method three times so that they could reflect on the stories of Donald Low, Amanda Todd, and Adam Maier-Clayton.

The first story for reflection was Donald Low's—a story that was familiar to many, and that might be considered the most archetypal situation that suggests the need for and acceptability of assisted dying: a person is facing foreseeable death and

is concerned about the physical and psychological suffering that will ensue. The reflective exercise was followed by a brief exploration of the notion of assisted dying and some thoughts on how it may differ from and relate to conventional suicide.

Next, the change in Canadian law decriminalizing MAiD was outlined, highlighting the eligibility criteria that effectively prohibit accessing it where mental illness is the sole underlying source of the person's intolerable suffering. Selected results from a Canada-wide survey of the perspectives of occupational therapists were also reviewed (Bernick, Winter, Gordon, & Reel, 2015). Potential roles for occupational therapists were suggested, including assisting with capacity evaluation and exploration of alternative options.

The next story was then offered—a brief video clip of Amanda Todd speaking of her own experience. Amanda's situation is arguably one where the only appropriate response would be grounded in preventing suicide. The extended bullying and harassment by peers and strangers online and in person led her to try to end her life on a number of occasions, finally doing so in October 2012. The group's reflection on Amanda's tragic story was followed by a discussion of suicide prevention.

Suffering related to suicide and suicide itself were considered as barriers to occupational engagement. High-risk groups of people such as transitional youth aged 15–24 years old (Public Health Agency of Canada, 2016) and the elderly (Statistics Canada, 2011) were identified. Caution was noted to remember that no group has immunity concerning suicidal ideation, as exemplified by the fact that suicidal behaviour can validly be identified in childhood (Stewart & Hirdes, 2015) and high-risk identification is only really useful at a prevention stage (versus intervention). The nature of suicide prevention work was described within the scope of occupational therapy. Results of a 2014 survey (Collins & Vrbanac, 2014) were shared along with the work and advocacy to date of the CAOT Suicide Prevention Practice Network, particularly the development of a CAOT Role Paper created to identify occupational therapy roles within suicide prevention.

Discussion summary

After these archetypal stories in which differentiating between assisted dying and suicide prevention seem intuitive to many, the third story was that of Adam Maier-Clayton. In a video clip, Adam described the experience of living with his own mental health challenges as near constant pain, resulting in an inability to function in daily life. He argued that he, too, should have access to an assisted death because his suffering was intractable and refractory to treatment. Because he was ineligible under the law, and anyone who helped him end his life would likely have been guilty of counselling or aiding a suicide, Adam ended his own life, alone.

Adam's youth is one very obvious consideration when pondering the prospect of an irremediable illness. The recent death of Anthony Bourdain offered a contrasting theoretical consideration—if someone of his age were to request an assisted death (remembering here that this was not the case with Bourdain) after trying for 40 or more years to manage their mental illness, would this feel more acceptable?

The tension between responding to a client's self-described experience of intolerable suffering and the possibility, though not certainty, of improvement makes considering assisted dying in the context of mental illness a complex moral, ethical, and clinical knot. While this PIF could not ever untangle such a knot, it enabled participants to begin to understand the challenges involved in remaining client-centred, empathizing with client experience, and navigating clinical and moral uncertainties.

Conclusion

The work of many occupational therapists potentially straddles the two realms of seemingly divergent practice: assisted dying and suicide prevention. While suffering arising solely from mental illness is not currently eligible for MAiD under Canadian law, this may change in future, perhaps as a result of a Charter challenge. At that point, practice will have to respond quickly. This PIF highlighted the need for more conversations on these complex intersecting realms of practice.

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CAOT Professional Issue Forum

Collaboration on inclusive education

Tal Jarus and Alison Douglas

The occupational therapy community is committed to promoting equitable participation of persons with disabilities. Yet we face challenges about ensuring that the profession's education, licensing processes, and practice are fully inclusive of persons with disabilities. We must seek balance between ensuring development of safe and effective competencies for practice and maximizing opportunities for genuine inclusivity. Universities have policies about equitable participation. Professional colleges have policies related to duty to report (disclosure) and safe practice. The challenges lie across implementation. We must clarify our understandings of a complex mix of factors: the various roles of educators, fieldwork supervisors, learners, and employers; a balance between the need for reasonable accommodation and the demonstration of competencies; and, the time and resources required to address challenges that may arise.

Professional Issue Forum

To address some of these issues, the Canadian Association of Occupational Therapists (CAOT) hosted a Professional Issue Forum (PIF) at its 2018 conference. Tal Jarus facilitated the session with planning assistance from Alison Douglas. The aims of the session were to 1) introduce topics regarding challenges and facilitators for the inclusion of persons with disabilities in occupational therapy education and training; 2) to bring together experts in education, human rights, and disability studies; and 3) encourage discussion and provide recommendations on ways to promote inclusive education and practice in Canada.

Panel presentation summary

Tal opened the panel discussions by providing findings from studies undertaken at University of British Columbia (UBC). Her findings show, first, that students with disabilities needed to legitimize their ability to perform as current students and future practitioners, through negotiating their identity, disclosure, and engaging in advocacy activities (Easterbrook et al., 2015). Secondly, students and practitioners with disabilities experience marginalization at three levels: at the societal level, via dominant ableist discourses; at the institutional level, via discriminatory, rigid program designs; and at the personal level, via disempowering interpersonal interactions (Bulk et al., 2017). Thirdly, the UBC studies confirm that stakeholders—

including faculty, clinical supervisors, disability advisors, and representatives from professional associations—question the citizenship of students with disability; they do so by challenging these students' rationality, limiting their autonomy, and questioning their productivity (Easterbrook et al., in press).

Margot Young, professor in the Allard School of Law, UBC, provided a legal perspective on the concept of equality and its implementation in human rights law. While American analysis tends to juxtapose the concepts of equality and equity, Canadian law largely employs the notions of "formal equality" and "substantive equality" to capture important aspects of equality implementation and analysis. Formal equality is the idea of treating likes as alike (e.g., having all students write a test in the exact same conditions). This idea of enforcing sameness is a powerful way to address simple and obvious instances of discrimination but doesn't account for times when different treatments may be required. The solution to this too-simple an understanding of difference in the real world is the idea of substantive equality (e.g., providing extended time to write an exam for students who needs such accommodations).

A substantive framework for understanding equality and inequality considers the larger context of power differentials and the dynamics of the allocation of resources based on needs. Such a paradigm of equality analysis is well-suited to our work with inclusive education. Substantive equality demands a contextual analysis—one with an understanding that individuals are shaped by their social and economic context.

In law, our rights to equality are recognized by both the *Canadian Charter of Rights and Freedoms* (1982) and provincial and federal human rights legislation. The Charter speaks to the actions of government and, as such, serves as an important guarantee of adequate statutory human rights protection. In British Columbia (BC), the *Human Rights Code* (1996) requires that persons with disabilities are not denied reasonable accommodation, and BC provincial courts have understood the statute to require a three-step test to determine whether a currently held standard is a violation of human rights. The complainant must show that they have a characteristic protected from discrimination, that they have experienced an adverse impact with respect to a service customarily available to the public, and that the protected characteristic was a factor in the adverse impact (*Moore v. British Columbia*, 2012). Once discrimination is shown, the

burden switches to the respondent, who must show that the discriminatory treatment is a true requirement. Among other things, this involves showing that accommodation would entail “undue hardship” on the part of the respondent (*British Columbia v. BCGSEU*, 1999). For example, human rights case law has required employers to show that they have engaged in a comprehensive investigation into the true cost of accommodation, including an assessment of all sources of funding available. Margot closed her discussion by challenging participants with the thought that civility is in the eye of the powerful, and that disruption of what counts as “normal” is often necessary for an equality-based transformation of our institutions and practices.

Kathy Corbett (the registrar of the College of Occupational Therapist of British Columbia) next offered one regulator’s perspective on regulatory issues related to inclusion. The regulator’s duty is to protect the public in a context in which the public expects to be able to trust a health care provider’s competency, to know that they will act safely, and to act always in the client’s best interests. The regulator expects all registered practitioners to provide safe, ethical, and effective services, and to practice autonomously, being accountable for their own actions. From a regulatory perspective, inclusivity issues may arise in relation to disclosure, consideration of duty of care, and duty to report. Kathy emphasized the principle of transparency, noting that, to protect the public, there may be a need to disclose information about the possible or real impacts of a disability on one’s ability to practice. Such disclosure would not be required when issues related to a practitioner’s disability have no impact on practice, such as when safeguards are in place and risks are mitigated.

As health profession regulation is a provincial jurisdiction, occupational therapists must know their local occupational therapy regulator’s requirements about disclosure. Duty of care reinforces the obligation of occupational therapists to provide a proper level and standard of care. Acting within one’s competence—and to not act, or fail to act in a way that results in harm—are important considerations in meeting the duty of care obligation. Each individual occupational therapist is responsible for meeting the competencies defined in the *Essential Competencies of Practice for Occupational Therapists in Canada*, and for ensuring their abilities align with client needs. In summary, Kathy described accountability as being at the heart of professional practice. How the various systems interconnect and work together to support accountability can ensure we all attend to each client’s best interests and support safe, ethical, and competent practice.

Alison Hoens (clinical professor and knowledge broker, UBC Department of Physiotherapy) concluded the panel presentations with the perspective of a practitioner living with inflammatory arthritis. She provided lived experience on issues related to pre-licensure training, such as placement opportunities, employment such as eligibility, competitiveness, and accommodations. Alison noted that employers may perceive practitioners with disability as adding a financial burden or causing operational problems in scheduling or coverage. She also described the possible perceptions of

colleagues and patients, and shared examples of dilemmas regarding disclosure of information to employers, colleagues, and clients. Alison ended her discussion by noting that the extent of the challenge may not be fully displayed in the classroom or workplace, either by the individual living with the disability or those with whom they interact.

Roundtable discussion summary

Participants discussed two case studies while integrating information from the panelists. The case studies described students with visible or non-visible disabilities, and participants reflected on the rights and responsibilities of each party involved, disclosure issues, the role of the clinical site employer and supervisor, and considerations about job demands, accommodation, and competency requirements.

For each case study, participants discussed the burden placed on the person with disability to resolve the issue when the system is not proactively inclusive. Employers often do not have an understanding of occupational therapy job demands and solutions, or the reasons why an occupational therapy job may be performed in a certain way. There was discussion about acknowledging stigma within our education and health systems. Participants noted that occupational therapists are in a privileged position and may be responsible for advocating for inclusion. It was also acknowledged that an occupational therapist with a disability may have developed additional—and possibly hidden—skills such as advocacy, innate understanding of disability, knowledge of the system, and solution-finding. We as a profession need to determine what a “novice” practitioner looks like, to enable accommodation of novice students. Finally, participants discussed the ongoing need for resources and linkages to assist with promoting inclusive education.

Future directions

Participants’ feedback about the PIF highlighted the need for more information sharing and networking about inclusive education. They provided suggestions for further workshops or networking opportunities that may be included at the CAOT conference, or in networks of educators and regulators. CAOT and ACOTUP have a joint position statement in progress that will provide recommendations for specific topics for collaboration, including working with placement coordinators and preceptors, examining university policies, and creating clear competencies for novice practitioners. Finally, nurturing on-campus collaborations (e.g., between law and occupational therapy) can help advance inclusive education.

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Anyone interested in forming a network of practicing occupational therapists with disabilities is asked to contact Laura Bulk at: inclusive.campus@ubc.ca

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The 2018 Canadian Association of Occupational Therapist awards ceremony

The Canadian Association of Occupational Therapists (CAOT) recognizes the accomplishments and contributions of occupational therapy researchers, practitioners, students, educators, and advocates from across Canada each year. In 2018, winners for most of the awards were announced at the CAOT Annual General Meeting on March 26, 2018, and then all winners were celebrated with colleagues from across Canada at a ceremony at CAOT Conference 2018 in Vancouver, British Columbia. 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 Interim Vice-Chair and Director for Saskatchewan), and included CAOT Board members Martine Brousseau, Lisa Diamond-Burchuk, Terry McLaughlin, and Fellow Bill Miller.

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

Muriel Driver Memorial Lectureship Award 2018- honours a CAOT member who has made an outstanding contribution to the profession through research, education and the practice of occupational therapy.

Susan Forwell

Susan is recognized for her contributions to the profession not only through her leadership, teaching, research, and influence on practice, but also for her outstanding contributions to CAOT, including a past presidency and involvement with 17 different committees since 1991. Her dedication to the field of chronic illness, specifically multiple sclerosis, has led to the development of a comprehensive strategy to assess fatigue and enable interventions to target its wide-ranging causes and improve quality of life.

Susan was the first scholar working in Canada with a doctorate in occupational science and has since brought this perspective to all aspects of her career. It was under her leadership that the occupational science stream began at CAOT Conferences. In her various roles at the University of British Columbia (UBC) over the past 26 years, Susan has become well known for her teaching ability- she offers clarity of concepts, engaging dialogue on relevant social issues, and a participatory style to ensure a well-rounded experience for the students she teaches and mentors. She currently heads the Department of Occupational Science and Occupational Therapy at UBC, where she continues to contribute in a wide

variety of ways to the advancement of occupational therapy in Canada.

Susan Forwell will deliver her Muriel Driver Memorial Lecture at the 2019 CAOT Conference in Niagara Falls, Ontario.



Nicola MacNaughton, Susan Forwell, Christine Fleming, and Janet Craik

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

Lori Cyr

In all her roles as occupational therapist, including researcher, practitioner, and CAOT president, Lori has demonstrated a passion and commitment to the profession. She has contributed important advancements to evidence based occupational therapy practice, particularly related to arthritis, and has served on committees of the Osteoporosis Society of Canada and the Association of Rheumatology Health Professionals. Her work on the production of evidence-based templates for joint protection and arthritis for the Ministry of Health Outpatient Working Group project in 2012 also supports her work in this field. She has received a Clinical Faculty appointment at the UBC, where she is a Member of the Community Advisory Committee.

Tal Jarus

Tal is recognized for her accomplished career as a researcher, educator, and volunteer, and for her influence on the practice of occupational therapy in Canada and internationally. Tal's ground-breaking research has guided the application of motor learning theories and methods in rehabilitation practice. Her

dedication to enhancing the participation of people with disabilities in the health and science professions has influenced educational practice and helped to reshape the emerging workforce. Tal has also made notable contributions to the Association of Canadian Occupational Therapy University Programs (ACOTUP), and skillfully guided the organization through restructuring as their President from 2010-2014.

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.

Heidi Cramm

Her tireless work in military and veterans' health research has established Heidi as a visionary leader and an effective advocate for the role of occupational therapy in this field. She has led several successful research groups, received over \$8 million in funding, and has 65 publications to her name in support of her work. Her involvement with the Canadian Institute for Military and Veteran Health Research (CIMVHR) has ensured many exceptional opportunities for profiling the role of occupational therapy in military family health. Her involvement with their 2017 conference, in partnership with the Invictus Games Toronto 2017, increased the visibility of occupational therapy significantly and provided a platform for CAOT to meet with key decision makers and circulate resources on this topic.



Nicola MacNaughton, Heidi Cramm, Christine Fleming, and Janet Craik

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

Jane McPhee

Jane's advancement of occupational therapy in Saskatchewan as well as on the national stage through ongoing committee involvement with CAOT has set her apart as an outstanding leader. She is a strong voice, advocating for improved access of Canadians to occupational therapy services. As the Director and Professional Leader for Occupational Therapy with the Saskatoon Health Region she succeeded in increasing the number of occupational therapy positions,

and has long supported the establishment of a school of occupational therapy in Saskatchewan. Jane is also passionate about working with seniors and the implementation of a multidisciplinary team approach for clients with dementia, and since retirement continues to be involved with the Council on Aging.

Patty Rigby

Patty has had many exceptional opportunities for profiling the role of occupational therapy. Her attention to the influence of environment on occupational performance has had a broad impact on occupational therapy practice and research in Canada and internationally. Patty is also committed to enabling play and participation of children and youth with physical disabilities, which has led to the development of effective seating technologies for children with neurodevelopmental disorders. She has authored 41 peer-reviewed publications and 20 book chapters in occupational therapy textbooks, and is valued as an educator for her teaching methods and content expertise.

Ann Bossers

Ann is recognized for her outstanding leadership and pioneering role in competency-based fieldwork education over the last 30 years. Colleagues describe Ann warmly as a positive and motivating influencer with endless enthusiasm for her field. She is an exceptional international ambassador for Canadian occupational therapy education. Ann was instrumental in implementing the use of portfolios to foster reflection in education, and, in this regard, she has developed practical resources, offered workshops, and contributed to OT Now.

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

Stephen Epp

Stephen is well-known in the British Columbia occupational therapy community for his work in mental health and addictions at Vancouver Coastal Health (VCH), where he has supervised over 60 occupational therapists across acute, community and tertiary programs. He is passionate about creating pathways for people to live beyond their illnesses and recover meaningful lives through individual, group, peer and community-based interventions and approaches. To this end, he has developed several psychosocial rehabilitation programs for people living with mental illness and substance abuse disorders in Vancouver's Downtown Eastside. Stephen initiated the CAOT-BC Special Interest Group on mental health which has facilitated the collection of ideas and the identification of gaps in occupational therapy service to advance the mental health agenda in BC.

CAOT-Qc Outstanding OT of the Year Award- recognizes a member in Quebec who has made an outstanding contribution to the profession throughout his or her career.

Marie-Josée Tessier

Marie-Josée has distinguished herself through her outstanding involvement in clinical teaching and her innovative practice in the field of dysphagia and sensory disorders. She has presented several workshops on this topic in Quebec and internationally, developed a multidisciplinary dysphagia clinic, and founded the Sensory Integration Interest Group in Quebec. She is a beloved leader and a role model for her colleagues.



Nicola MacNaughton, France Verville, Marie-Josée Tessier, Christine Fleming, and Janet Craik

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

Wendy Wood, Jenna L. Lampe, Christina A. Logan, Amy R. Metcalfe, and Beth E. Hoesly

“The Lived Environment Life Quality Model for Institutionalized people with Dementia” was published in the February 2017 issue of CJOT (pp. 22-33). Through qualitative content analysis of interviews and focus groups with occupational therapists, the authors assessed and developed the Lived Environment Life Quality Model as an innovative dementia-specific conceptual practice model of occupational therapy in institutional facilities. Their findings suggest that this model is indeed client-centred, ecologically valid, and occupation-focused, and may introduce positive occupational perspectives into institutional homes to uplift the quality of life of people with dementia in their current experiences and over time as their dementia progresses.

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

Isabella Cheng

Isabella has shown leadership in the field of end-of-life care and in advocating for interdisciplinary care. She is a member of a pioneering working group that is currently developing a path for engagement of occupational therapists to integrate a palliative approach to care in their everyday practice, and has affected the expansion of the role of occupational therapy in the emergency department at the Princess Margaret Hospital. She is known to connect with clients and colleagues alike in a

meaningful and compassionate way that builds their capacity to achieve goals. Isabella is recognized for her significant contributions to the profession through these achievements in clinical practice and leadership, and for her teaching at the University of Toronto.



Nicola MacNaughton, Isabella Cheng, Christine Fleming, and Janet Craik

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

Mary Forhan

Mary’s early practice in palliative care, substance abuse, and acute psychiatry and eating disorders prompted her to examine factors that contribute to participation in healthcare for persons living with severe obesity, and, in 1997, to become the first occupational therapist in Canada to define the role of occupational therapy in obesity treatment. This work led to the Professional Issues Forum on Obesity and Occupation at CAOT Conference 2008, and a subsequent Position Statement on Obesity and Healthy Occupation. She has since become leader of the only bariatric rehabilitation research program in Canada at the University of Alberta. Her exceptional leadership and innovation in the area of obesity is testament to her dedication, passion and professionalism and is matched by her commitment to excellent client service provision and education of students at the University of Alberta.



Mary Forhan

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.

- Holly Hergesheimer - *University of British Columbia*
- Candis Derksen - *University of Alberta*
- Courtney Denman - *University of Manitoba*
- Paula Szeto - *University of Toronto*
- Andy Beecroft - *University of Western Ontario*
- Caroline Stewart - *McMaster University*
- Ellie Lambert - *Queen's University*
- Laura Barber and Monica Bourque (co-supervisors)- *University of Ottawa*
- Josée Simard - *University of Montreal*
- Masoud Mehrzad - *McGill University*
- Hélène Tremblay - *l'Université de Sherbrooke*
- Marie-Josée St-Pierre - *Université du Québec à Trois-Rivières*
- Julie Hamilton - *Université Laval*
- Jessica Rankin - *Dalhousie University*

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

- Pharmasave (Broadmead Location)- *CAOT-BC*
- Brian Clapson - *Saskatchewan Society of Occupational Therapists*
- Eddy Gesualdo - *Manitoba Society of Occupational Therapists*
- Just TV - *Manitoba Society of Occupational Therapists*
- Alliance du personnel professionnel et technique de la santé et des services sociaux (APTS) – *CAOT-Qc*
- Guylaine Chiasson - *New Brunswick Association of Occupational Therapists*
- Hank Mills - *Nova Scotia Society of Occupational Therapists*
- Marg Murray and Bev Cadham - *Nova Scotia Society of Occupational Therapists*
- Autism Society of Newfoundland and Labrador (ASNL) - *Newfoundland and Labrador Association of Occupational Therapists*

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

- Paige Lund - *University of British Columbia*
- Erin Bethune- *University of Alberta*
- Pamela Singh - *University of Manitoba*
- Danielle Brown - *University of Toronto*
- Joni Soans - *University of Western Ontario*
- Christine Newbigging - *McMaster University*
- Amanda Dufour - *Queen's University*
- Laurie-Anne Laberge-Desjardins and Julie Massé - *University of Ottawa*
- Valérie Locas - *Université de Montréal*
- Myriam Massicotte - *McGill University*

- Laurie Filion - *Université Laval*
- Jordane Trépanier - *Université Sherbrooke*
- Geneviève Tremblay - *Université du Québec à Trois-Rivières*
- Kaitlin Sibbald - *Dalhousie*

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

- Carolyn Kelly
- Jean-Pascal Beaudoin
- Catherine Backman
- Huguette Picard
- Marie-Hélène Raymond
- Annie Carrier
- Sandra Hobson
- Isabelle Matte
- Danielle Hogan
- Janna MacLachlan
- Andrea Dyrkacz
- Lori Murphy
- Claire-Jehanne Dubouloz
- Nadine Larivière
- Catherine Vallée
- Edward Collister
- Mary Forhan
- Julie Brose
- Katie Churchill
- Sharon Brintnell
- Elizabeth Taylor
- Michele Moon
- Katelyn Teske
- Karin Werther
- Mary Roduta Roberts
- Shu-Ping Chen
- Elly Park
- Susan Mulholland
- Suzette Bremault-Phillips
- Cori Schmitz
- Kimberly Coutts
- Katie Verhulst
- Karla Crawford
- Yvonne Thompson
- Heather Gauthier
- Michelle Higgins
- Marilee Miller
- Colleen MacPherson
- Heather Cutcliffe
- Manon Gallant
- Nathalie Archambault
- Suzanne Mak
- Marie-Michèle Lord
- Émilie Petit
- Geneviève Fafard
- Nancy Forget
- Simon Cardinal
- Matthieu Ouellet
- Carole St-Pierre
- Nancy Boudrault
- Lisane Pelletier
- Zoe Campbell

Submitting a successful abstract to CAOT Conference 2019

Ben Mortenson, Claudine Auger, Skye Barbic, Katie Lee Bunting, Debbie Field, Patricia Mortenson, and Julia Schmidt

The annual conference of the Canadian Association of Occupational Therapists (CAOT) is the premiere educational event for practitioners and researchers in occupational therapy across Canada. The conference provides the opportunity to hear about cutting-edge research, learn new skills, and improve practice. We would like to encourage everyone to share important occupational therapy research and practice knowledge by submitting an abstract to next year's conference in Niagara Falls, Ontario. This article provides a description of the abstract submission process and suggestions to increase the likelihood that an abstract will be accepted.

The submission and selection process

You submit your abstract via the CAOT website. You will need to write a 250-word abstract that must use the following headings (depending on whether it is a research- or practice-based presentation, respectively): 1) Introduction OR Rationale, 2) Objectives, 3) Methods OR Approach, 4) Results OR Practice Implications, and 5) Conclusions. You will also need to include a 50-word summary for publication in the program. Each abstract undergoes blind peer review by three occupational therapists, selected among practitioners and academics from across the country. Abstracts with conflicting reviews are subjected to additional review. The Conference Scientific Program Committee (CSPC) uses these evaluations to inform the selection of presentations. The aim of the CSPC is to create a balanced, scientifically rigorous conference that addresses contemporary issues and covers the breadth of occupational therapy practice.

Choosing the format for your presentation

The first thing to consider when writing an abstract is the medium through which you want to convey your message. There are four main categories currently proposed for CAOT Conference 2019:

1. A **poster** allows all information about a study to be presented simultaneously, and poster presentations are a great venue for informal dialogue. The poster format may suit presentations of preliminary results or shorter messages that do not require a longer session. This format may be appealing for first-time presenters.
2. The **podium presentation** involves a formal oral presentation with time for questions at the end.
3. A **symposium** includes several presentations that address a common theme. Questions are reserved until all presentations are completed, at which point presenters respond in a panel format.

4. An **extended discussion** actively engages delegates throughout the session using formats like small group discussions, case studies, and demonstrations. Because these interactions are what distinguishes extended discussions from other types of presentations, your abstract must specify how you will engage participants.

If you are primarily interested in abstract acceptance and are willing to be flexible, it is best to indicate that you are willing to present in any format. In 2018, by increasing the number of poster spots available and reintroducing symposia (which included three presentations per hour), we were able to accept 80% of the abstracts that were submitted (i.e., 353 abstracts of the 448).

Writing a compelling abstract

Abstracts may be submitted in French or English. Currently, we judge abstracts according to three main criteria: 1) quality of the presentation's content, 2) educational value, and 3) quality of the writing. It is crucial to write the abstract in a logical way that is easy to follow. In terms of presentation quality, we grade an abstract based on how well it addresses each of the five required headings. For example, repetition of material under each heading should be minimized. There should be no surprises (e.g., results that are not congruent with the methods that you described). Although you may provide projected or preliminary data for research abstracts, abstracts will score higher if completed study results are specified. Practice-oriented presentations should be evidence based. In terms of educational value, it is important to convey how the presentation appeals to occupational therapists and to state how it contributes to theory, research, or practice. In terms of the written quality of the abstract, appropriate grammar and skillful language use are extremely important. Given the high calibre of submitted abstracts, ensuring yours is well written (i.e., logically organized, grammatically correct) and contains innovative ideas/methods will greatly increase the likelihood it will be accepted.

The following is a list of tips compiled by the 2018 scientific committee members.

Before you write, make a plan:

- Start writing your abstract early. You will want to gather as much input as possible, especially from all your co-authors.
- Consider how your abstract aligns or resonates with the conference's theme. While explicit connections with

the conference theme are not necessary, identifying alignments can help your abstract stand out.

- Contact all co-authors with a work plan. Indicate your plan to write the abstract. Indicate the dates that you will be seeking feedback from them. All authors must approve the final draft. It is unethical to submit an abstract that has not been reviewed and approved by your co-authors.

Once you start writing:

- Write using the active voice. This makes your writing more compelling and less wordy.
- Keep your writing succinct. Refer to the writing resources below for editing tips.
- Avoid generic sentences that lack specific information and do not advance the abstract.
- Avoid jargon (i.e., overly technical words). Remember that your reviewers may not be content experts in your area.
- Describe the knowledge gap addressed by your work and keep background information brief. The bulk of your abstract should be about what you will present, not what is already known on the topic.
- Focus on building your “take-home” message. If you are writing a research abstract, consider what made your research unique and why the findings are important. If you are writing a practice abstract, consider what is innovative about your practice topic and how it applies to others. Keep your content evidence based. In an abstract for an extended discussion, specify how you will structure your session and how you will engage participants.
- Citations are allowed. Include them if they are relevant and support your abstract’s content.

While you are writing:

- Check your grammar and spelling. Word processing programs have grammar and spell check functions to identify common errors (e.g., run-on sentences, subject-verb agreement problems, use of passive voice).
- Ensure your writing is clear. Use websites

hemingwayapp.com or the [Writer’s Diet Test](#) to identify areas to revise.

- Integrate strategies from recommended resources such as:
 - [Writing Short is Hard: A Blog for Researchers](#)
 - [University of North Carolina Writing Centre – Handout on Abstracts](#)
 - [University of North Carolina Writing Centre – Handout on Style](#)
 - [University of Toronto Writing Centre – Wordiness: Danger Signals and Ways to React](#)

After you have completed your draft:

- Have peers read your abstract to catch any missed grammatical and spelling errors. Ask them for specific feedback on overall readability.
- Seek feedback from peers on the content of your abstract. It may be of benefit to ask those who are knowledgeable about your topic as well as those who are unfamiliar with it to ensure the content is both appropriate and easy to understand.
- Ensure that your methods and approach, as well as results and conclusion, support your objective(s) and aim(s).
- Ensure that the conclusion does not repeat the results. The conclusion should summarize the impact of your work and emphasize your take-home message(s).
- *Revise and revise some more.* Eliminate unnecessary or descriptive words. Revise again.
- Submit to the CAOT conference!

For many occupational therapists, presenting at our national conference is a highlight of their careers. Not only does this afford you the opportunity to add an extra ribbon to your conference nametag, but, more importantly, it helps you become more engaged in the profession. This is a wonderful opportunity for you to share your passion with others and absorb their enthusiasm in return. We look forward to seeing you present at the next conference!

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A CAOT Conference 2018 workshop: Excellence in quality care for patients with severe obesity

Mary Forhan, Maureen Fowler, and Elly Park

It is estimated that up to 35% of patients admitted to hospital have a body mass index (BMI) of 35kg/m² or more, classified as moderate to severe obesity (Health Quality Council of Alberta, 2015). Patients with obesity in health care settings are at a significantly higher risk for injury and complications due to inadequate facility design, equipment, or staff competencies in their care (Padwal, Wang, Sharma, Dyer, 2012; Terada et al., 2016). These factors also contribute to a longer in-hospital length of stay up to twice as long as patients with similar health conditions who do not have obesity (Padwal et al., 2012).

Creating bariatric friendly care settings that address these issues have the potential to reduce risk, increase safety, decrease stigma, save money, and improve the patient experience. The aim of our workshop session at the Canadian Association of Occupational Therapists (CAOT) Conference 2018 was to increase awareness about the challenges of respectfully and effectively carrying out occupational therapy interventions for clients with moderate to severe obesity, and to provide participants with key resources and recommendations to assess and plan safe and sensitive care for patients with bariatric care needs.

Approximately 25 delegates attended the session, which included a presentation by the authors, followed by a question-and-answer period, to discuss bariatric needs and equipment options for seating, mobility and bathing with exhibitors.

Session content

Presenters included Mary Forhan and Maureen Fowler, with content contributions from Elly Park. Mary provided an overview of the results from a project focused on improving the quality of care for hospitalized patients with obesity. She identified the key performance gaps in hospitals that restrict access to and engagement in appropriate health care. For instance, patients with bariatric care needs spend up to twice as long in hospital waiting for discharge and report weight bias and discrimination by health care practitioners, and patients with unmet bariatric care needs are admitted to health care facilities with avoidable health issues. Mary also presented key standards and recommendations in the form of guidelines for providing care for hospitalized patients with bariatric care needs. Recommendations and interventions focused on supporting occupational therapists to work effectively and compassionately with patients with obesity, to develop

competencies in patient and staff safety, and to delineate processes for patients' transitions between hospital units and across care settings.

Based on the aforementioned performance gaps, guidelines for the care of hospitalized patients with bariatric care needs are being developed in collaboration with Alberta Health Services, Obesity Canada, and the Department of Occupational Therapy, Faculty of Rehabilitation Medicine, University of Alberta. The initial release of these guidelines is expected early Fall 2018. The guidelines will include information relevant to multidisciplinary care teams and will be of value to occupational therapists in acute care and long-term health care settings.

In addition, Mary shared the results of a survey completed by staff at Alberta Health Services about their experience of working with patients with obesity. Staff reported not being trained in bariatric care, not having access to appropriate equipment—or when it is available, not knowing how to use it—and expressed a belief that patients with obesity get less effective care. Persons living with obesity who had experience as a patient in a hospital were also surveyed. They reported feeling disrespected by staff, experiencing delays in care, feeling at risk by having staff not know how to lift or transfer them, and not having access to appropriate size equipment or care spaces.

Mary also presented a method to identify patients who have bariatric care needs that focuses not only on body weight, but also the size and shape of a patients' body and their mobility status. A standard protocol that requires a patients' body weight to be taken at the time of admission is being proposed for use by all hospitals. If a patient weighs 113kg or more, a mobility assessment should be requested. If a patient does not require assistance with mobility, then the focus should be to ensure that any beds, chairs, stretchers, or other devices used with the patient are able to support their body weight. If assistance with mobility is required, an algorithm cues the staff to determine what equipment is needed, whether the equipment has the appropriate weight capacity and dimensions to support the patient, and that equipment needs are clearly communicated to the receiving unit or program.

Mary also demonstrated the use of a bariatric risk assessment that staff can use to assess the care environment with regards to access, weight capacity of the bed, toilet, lifts, seating, grab bars, and any other equipment that may be needed for use by or with the patient.

A discharge planning algorithm was shown to participants that guides steps to discharge planning for patients with bariatric care needs. This algorithm can begin to guide health care providers well before the patients is ready for discharge home or to a rehabilitation or long-term care facility.

As we are moving into complete electronic medical recordkeeping, a discussion was also opened on paying special attention to identifying bariatric care needs—not just to reporting body mass index. Occupational therapists have an opportunity to emphasize the need to consider function and promote health and safety.

A particular focus of the session was on patient safety with regard to reducing weight bias and stigma from health care professionals, as well as safe patient handling protocols using bariatric rated equipment and mechanical lifting techniques.

Maureen Fowler reviewed an activity that she led with staff at the Medicine Hat Regional Hospital that involved multidisciplinary focus groups including nurses, physical therapists, occupational therapists, physicians, patients living with obesity, and representatives from across the hospital departments. The results of this activity were shown as a concept map which identified all of the potential touch points that a patient has when they enter a hospital, be it through the emergency department or as an elective, pre-planned admission. All key departments or services that a patient may have interactions with were identified. Barriers to providing quality care for patients with bariatric care needs were captured on a systems map. These areas become opportunities for interventions, including access to equipment and weight bias and sensitivity training; widening of doorways; provision of appropriate waiting room chairs, gowns, blood pressure cuffs, and crutches that will support a patient with bariatric care needs; and consistent communication platforms and practices.

Next steps

During the discussion period, participants in this session identified a need to have a Canadian Community of Practice to which therapists can ask questions and find resources to work effectively and compassionately with patients who have bariatric care needs. Mary stated that she will work with Obesity Canada and industry partners for support to develop and sustain an online platform to share resources and to serve as a communication hub for health care professionals, including occupational therapists interested in promoting

quality care for patients with bariatric care needs.

Occupational therapists were encouraged to advocate for access to appropriate mobility, lifts, and transferring devices for use with clients who have bariatric care needs. They were also asked to help to contribute to bariatric care training and education for occupational therapy students in the classroom and in the field.

Participants in the session were shown where to find education and training information on reducing weight bias and safe patient handling. Links to these resources are provided at the end of this article.

Occupational therapists interested in applying bariatric care guidelines and recommendations to places they provide services are asked to contact Mary for details on how to do so. Several pilot projects are planned across Canada. Adaptation of the guidelines discussed at this workshop are being developed for use in home care and supported living settings, and will be available in late 2019.

Safe client handling resources

Lift Supported Ambulation Using a Walking Sling:

https://www.youtube.com/watch?v=_ulj6Y0kXA8

Lift supported re-positioning and log rolling:

<https://www.youtube.com/watch?v=6em4bjS2Pl4>

Bed to wheelchair transfer using a total lift:

<https://www.youtube.com/watch?v=99KAZVVAIzk>

Panniculus and limb lifting:

<https://www.youtube.com/watch?v=iIT3nVxmOvk>

A fall in acute care:

<https://www.youtube.com/watch?v=EV-r2QefKGY>

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Maureen Fowler, OT Reg. (AB), is an occupational therapist at the Medicine Hat Regional Hospital in the bariatric specialty clinic and chronic disease management program, and the allied health representative for the Medicine Hat Bariatric Friendly Hospital Initiative.

Elly Park, PhD, OT Reg. (AB), is an occupational therapist and a postdoctoral research fellow, Faculty of Rehabilitation Medicine, University of Alberta. Elly is leading a project using digital storytelling to better understand the experiences of patients with obesity and osteoarthritis, with a particular focus on those who are participating in the GLA:D™ program in Alberta.¹

For any questions or comments about this article, please contact: forhan@ualberata.ca

¹Good Living with osteoArthritis Denmark (GLA:D) is a neuromuscular exercise program for adults with osteoarthritis. This program has been implemented across Canada, including Alberta.

Setting the right fees for private practice

Karen Ng Wan

In recent years, many occupational therapists are shifting into self-employment to begin their own private practices (Millsteed et al., 2017). For occupational therapy business owners, establishing the right price of service is important, as it greatly affects the growth of the company (Info Entrepreneur, 2018). Unfortunately, very little—if any—business management courses are offered in the Canadian occupational therapy curriculum (Bridle & Hawkes, 1990). In recent years, many occupational therapists have contacted the Canadian Association of Occupational Therapists (CAOT) to request improved guidelines for setting service fees. These calls have not gone unnoticed and have led to the organization of a *Conversations that Matter* session during the CAOT Conference 2018, titled “Setting your Fees for Practice.” This interactive forum allowed members to discuss their uncertainties and share their ideas about, and solutions to, determining the price of their services. The following overview surveys the topics that were discussed during the forum and provides guidelines on the aspects that need to be considered when setting fees for practice.

Advocate for occupational therapy coverage in insurance plans

Over ten CAOT members from different provinces in Canada were present at the session. Some were proprietors of their own businesses, while others were highly interested in starting their own practice. The discussion began with most occupational therapists acknowledging the importance of advocate for coverage for occupational therapy services in insurance plans for their clients, regardless of the service fees set. An interesting tip was to have clients call their insurance companies to inquire specifically about occupational therapy coverage, since services may already be covered but simply not advertised nor listed on each company’s website. A CAOT initiative “Ask for it” is a great resource to help advocate for occupational therapy services coverage by insurance companies.

Evaluate your time and work

Many members admitted feeling overwhelmed when trying to evaluate how they spent their time to set their fees for practice. The issue is not exclusive to the breakdown of hours spent within a day, but also entails the cost to cover

professional fees, depending on the type of assessment or intervention provided. For instance, a feeding assessment with a child may take more than an hour to complete and may require more time to write the report. Some participants suggested being creative and not feeling the obligation to bill every single minute; instead, it may be more useful to use some other billing method. It may not be necessary to bill a short telephone call if you’re a case manager, as things will balance out somewhere else. To estimate the cost for running a business, all the extra responsibilities that come with being an owner (e.g., hiring and managing staff; bookkeeping) must be taken in consideration when setting the service fees, as an additional workload is being taken on.

Keep track of expenses and get a good accountant

Many agreed that it is important to get a good accountant when owning your own business. They can educate on little tips and tricks that can be applied and in turn help set your practice fees. For instance, expenses can be claimed for tax purposes if you are working at home or using your personal vehicle for work. One occupational therapist discussed how filing systems are key to organize and keep track of expenses. She mentioned how such a system helped her organize and keep track of her expense, thus knocking down income taxes on her personal private practice and helping her financially. Expenses can include but are not limited to home expenses, plumbing, computer use, educational expenses, and so on. Keeping a separate credit card for all business expenses (e.g., cell phone bills, occupational therapy membership fees, conferences) can help you be organized. Such expenses can help decrease the taxes that you must pay, and a good accountant can help you to guide these decisions. Keep a record of your purchases, whether by filing your receipts or by using a credit card dedicated for your business expenses.

Respect the value of your occupational therapy profession

As occupational therapists, we have gone in the profession with the aim of helping people, and not necessarily to make big profits. While some occupational therapists are hesitant and question asking for reasonable pay, many strongly advocated the need to value the services we offer. We must put value to the assessments, interventions, and reports we

complete as regulated health care professionals, and must refrain from undermining what we do through lower rates. We must push and promote our profession until the rates we offer become the norm. In addition, the more occupational therapy private practices emerge, the more strength we will have as a profession. We must build a community instead of being competitive and undercutting one another. We must build the occupational therapy community and support each other in the rates we provide.

CAOT has put out various initiatives to support occupational therapists in private practice. While the association should not be setting fees for their members, many during the meeting expressed gratitude for CAOT-BC's "Private Practice Occupational Therapy Services in British Columbia: Survey Results and Suggested Fee Guidelines" (2017). Many participants mentioned using this document to determine a price to charge. The guidelines also reassured private practitioners that they were being consistent with their peers, setting their fees within an allotted range, all while being confident that they were putting value to their skillset. Another CAOT member agreed that this survey was easily accessible online and helped during personal and professional negotiations, giving occupational therapists authority for the fees they are suggesting, all while validating the profession. The next step for CAOT is to conduct private practice fee surveys from each region in Canada, to give better and more specific tools for all provinces in Canada.

Conclusion

There is no clear-cut recipe when setting your fees for practice. However, this *Conversation that Matters* forum allowed occupational therapists to discuss the various aspects that need to be taken into consideration when setting occupational therapy service fees. Whether it's properly evaluating your time and work, getting a good accountant and keeping track of your expenses, or respecting your profession's worth, many factors are to be considered. No matter what service fees are set, remember to keep building our occupational therapy community and advocating for the coverage of occupational therapy services in insurance plans. Also, be sure to use the CAOT resources that are readily available, such as "Ask for it" or the "Private Practice Occupational Therapy Services in British Columbia: Survey Results and Suggested Fee Guidelines" (2017), and be on the lookout for more CAOT initiatives that are on their way!

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About the author

Karen Ng Wan, BSc, is currently completing her occupational therapy degree at the University of Ottawa and has a special interest in hand therapy and working with athletes. She completed a student placement at CAOT in 2018 and hopes to one day run her own occupational therapy business. She can be reached at: ngwan.karen@gmail.com

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Conference highlights: Meaningful occupations for older adults

Cherry Au and Catherine White

Elder Roberta Price, of Snuneymuxw and Cowichan First Nations, set the tone for the Canadian Association of Occupational Therapists (CAOT) Conference 2018 in Vancouver by sharing a ceremony taught to her by her elders, using cedar boughs to brush away negative energy, and inviting participants to join hands in a ceremonial connection to past, present, and future. Roberta highlighted the value of Elders as knowledge keepers in families and cultures, and said that the loss of an Elder represents the loss of a national treasure. As the conference progressed, many presentations also had a focus on older adults, and the important roles played by occupational therapists who work with older people. Themes of alternative housing, innovative interventions, and emerging practices that seek to challenge organizational and systemic barriers rose to the surface, engaging conference participants in rich discussions.

To pinpoint a few, Queen's University researchers (Swanti Deut and colleagues) explored barriers and facilitators to community integration for older adult immigrants, who make up approximately 30% of Canada's current aging population. Their findings showed how a supportive environment that encourages the establishment of one's unique social, cultural, and psychological identity is essential to enable the engagement of older adult immigrants in meaningful day-to-day occupations within their communities. In the "Older Driver Symposium," McGill and McMaster University researchers highlighted the importance of driving for older adults, and addressed assessment challenges and opportunities with a focus on keeping older drivers safely behind the wheel, to support their health and well-being. Clinician Rosanna Wegner and her team discussed elements of a community-based group program ("Boost Your Memory") addressing memory and wellness in Albertan older adults (aged 50+) through health promotion, behavioural change strategies, and chronic disease management approaches. Embarking on the topic from a different perspective, University of Montreal-based presenters (David Pimenta da Silva and colleagues) looked at how health care practitioners' attitudes and interests towards working with seniors and combatting ageism are shaped by practical experiences.

An interesting discussion arose from the "End-of-Life Symposium." Drawing on research completed in hospice care, Laura Bulk (from the University of British Columbia)

presented on how end-of-life is a time for growth, reconciliation, reflection, and closure. Laura highlighted how relationships contribute to quality of life, support occupational engagement, and result in meaning-making. She encouraged occupational therapists to use a range of techniques to support self-expression. These include older adults using "Pictors" (posters and sticky notes) to graphically display social connections and guide discussion around experiences of changing roles and meaningful relationships. Isabella Cheng (from Sunnybrook Hospital), on behalf of her colleagues, introduced us to the CAOT "End-of-life Care Practice Network," focused on palliative and end-of-life care, and invited participants to join the network to benefit from sharing resources and innovations. Isabella described palliative care as importantly addressing physical, psychosocial, and spiritual needs, while also ensuring the person retains autonomy and sense of control, to enhance their quality of life at the end of life. As discussed in a "Professional Issues Forum" (Kevin Reel, Kim Hewitt, Marie-Josée Drolet), in the face of age-related loss of function, dementia, and degenerative neurological conditions, related issues such as medically-assisted dying come to the forefront, and so additional roles for occupational therapists may need to be clarified. CAOT's "End-of-life Care Practice Network" and the "Addressing Suicide in Occupational Therapy Practice – Practice Network" may provide venues for such discussions to occur.

With eyes on the road ahead, Dr. Lili Liu's Muriel Driver Memorial Lecture delved into the increasing use of new technologies in society, speaking to how occupational therapists fit within this paradigm shift. Lili addressed the influence that our current, fourth industrial revolution has on occupations, pointing out that smart homes, driverless shuttles, and robotic pet companions, for example, now exist and can be instrumental to healthy aging. There is a need for therapists to step beyond conventional ways of thinking and doing, recognizing that, in the realm of technology, opportunity abounds. Individuals' occupations are situated within a rapidly-changing, technology-infused environmental context. Here is our chance to be on the cutting edge!

Adding to the robust dialogue at the conference was Rosalind Pfaff (University of Toronto) and her colleagues' discussion that the dichotomy of aging-in-place, as opposed to moving to a care home or other institution, is limiting for

Canada's older population. Rather, an alternate suggestion—"aging-in-community"—was fleshed out, with reference to existing models of shared or co-housing initiatives in Canadian and Swedish communities. Along similar lines, a group of Dalhousie University student researchers (Claire Wilson, Andrea Hannaford, Morgan Hawkes, and Daniel MacLeod), who are interested in expanding the horizons of institutional living, examined the impacts of home-like institutional settings on individuals with dementia. They suggested that, when appropriately designed, such innovative environments can foster occupational development and engagement, as well as yield feelings of social cohesion and enjoyment.

Kayla Ladouceur (with Island Health, Community Health Services, Nanaimo) pointed out that the current national housing situation is unsustainable to meet the diverse needs of aging Canadians. Prevalent misperceptions and cultural

opposition contribute to society's reluctance to invest in inclusive community development strategies that would address older adults' unmet needs. Guiding beliefs that underlie our society's choices stem from capitalist values threaded within ageist and ableist principles; these attitudes are often unconscious, making them difficult—but not impossible—to reframe.

Moving forward—whether in housing, technology, driving, end-of-life care, or the many other concerns of older adults—will require innovative collaboration between different professions and industries, and meaningful involvement of older adults in the design of services and policies that directly impact them. Occupational therapists are well-equipped to embrace the revolution and can aid in the dismantling of structural constraints to create environments that support meaningful engagement in occupations for all.

About the authors

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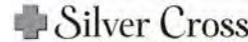
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Responding to the opioid crisis: A call to action for occupational therapists

Alana Marshall and Skye Barbic

As death tolls continue to rise across Canada, an urgent response to the opioid crisis among occupational therapists is critical. But what is the role for occupational therapists in this epidemic, and how can we prepare ourselves to respond? The Canadian Association of Occupational Therapists (CAOT) Conference 2018 plenary session, “The Current State of Canada’s Opioid Crisis,” provided the context for Canada’s leading occupational therapists to better understand the crisis, our role, and our next steps.

The plenary panel

Featuring a diverse panel of experts, the conference plenary provided perspectives of occupational therapists, physicians, researchers, and policy advocates: Dr. Skye Barbic, Dr. Seonaid Nolan, Dr. Niki Kiepek, and Havelin Anand.

Dr. Skye Barbic, panel moderator, is an occupational therapist, assistant professor in the Department of Occupational Science and Occupational Therapy at the University of British Columbia (UBC), and Foundry British Columbia Research Lead.

Dr. Seonaid Nolan is an addiction medicine physician at St. Paul’s Hospital in Vancouver as well as a Clinician Researcher with the BC Centre on Substance Use (BCCSU), Clinical Assistant Professor in the Department of Medicine at UBC, and Physician Program Director for Providence Health Care’s Interdisciplinary Substance Use Program.

Dr. Niki Kiepek is an occupational therapist and assistant professor at the Dalhousie University School of Occupational Therapy and author of *Licit, Illicit, Prescribed: Substance Use and Occupational Therapy* (2016).

Finally, Havelin Anand is the Director of Government Affairs and Policy for CAOT, and represents CAOT on the Coalition of Safe and Effective Pain Management (CSEPM).

Highlights of the plenary

In providing important context for the crisis, Dr. Nolan identified Canada as the world’s second-highest consumer of opioids, after the United States. She offered stark data on the impact of an epidemic felt across the country, with an estimated 4,000 overdose deaths in 2017, affecting all socioeconomic backgrounds, age groups, and genders. Noting a dearth of published estimates of the prevalence of opioid use in Canada, Dr. Nolan discussed trends outlined in the US National Survey on drug use. Illicit drug use data from 2016 shows that, while heroin use among individuals aged 12 years and older is low, illicit prescription opioid use ranks second

after marijuana. She further implicated accidental overdose in the vast majority of opioid-related deaths.

Speaking more specifically to occupational therapists’ role in the opioid crisis, Dr. Kiepek discussed the impact of and response to opioid use on health and rehabilitation. She presented evidence that opioid use is correlated with poorer rehabilitation outcomes, higher disability, higher reports of pain, and poorer return-to-work status, and also cited evidence that shows how the stigmatization of drug use, homelessness, and criminalization influences health care practice. For example, she described how people who use drugs may be dehumanized in health care settings: they may be subjected to physical searches by security guards, intensely monitored by health professionals, denied access to pain medications, and even denied autonomy in their health care decision-making.

To this end, Dr. Kiepek identified immediate recommendations that can easily be advocated for or enacted by occupational therapists. First, harm reduction principles, such as syringe distribution programs and safe consumption practices, must be implemented in primary care settings. Next, since judgmental attitudes about drug use by health professionals may prevent our clients from attending to their health care needs, Dr. Kiepek encourages compassion and patient engagement in medical and rehabilitation settings.

Finally, speaking on behalf of the CAOT, Ms. Anand outlined the association’s initiatives which addresses the opioid crisis from a prevention angle. She described CAOT’s efforts to collaborate with other health professionals in the CSEPM to optimize and deliver non-pharmacological pain management alternatives (see Bridge & Anand, 2017). Additionally, she passionately advocated for the inclusion of occupational



Seonaid Nolan, Skye Barbic, Niki Kiepek, and Havelin Anand

therapists on every primary health team in Canada, and for the inclusion of occupational therapy services in extended health benefits with the aim of reducing the use and impact of opioids in Canada.

Next steps

So how can occupational therapists intervene in the opioid crisis? This epidemic clearly has our attention: attendance at the plenary was estimated to exceed 700 conference-goers, who generated over 260 written questions for the panel of experts. Though it was not possible to address each of these questions during the session, they will be summarized and shared with the Canadian occupational therapy community in the near future. Themes for the questions ranged from role clarification, scope of practice, practitioner self-care, and stigma.

Offering clinical expertise, Drs. Nolan and Kiepek both encouraged occupational therapists to seek education, particularly with respect to opioid screening, intervention, and local resources. Additionally, the panel discussed the importance of destigmatizing drug use, with Dr. Nolan encouraging attendees to challenge stereotypes of drug use as a “lifestyle choice” by engaging in conversations and educating peers and colleagues when false, misrepresentative comments arise.

Ultimately, Dr. Barbic summarized the key themes amongst the plenary speakers and recommended three immediate action items for occupational therapists:

- (1) Become trained in how to administer Naloxone. Naloxone is a medication that can quickly reverse the effects of an overdose from opioids. Many provinces have “Take Home Naloxone” programs in place to reduce the harm and deaths associated with opioid overdoses. These programs provide training in overdose prevention, recognition, and first aid response. Dr. Barbic encouraged the conference attendees to find a program near them and get the training. The plenary panel emphasized that administering naloxone is only one aspect of an effective response to an overdose, and occupational therapists responding to a suspected overdose should always first call 911.
- (2) Embed opioid assessment and screening into practice. Dr. Kiepek highlighted that we must take a non-judgmental approach to asking clients about substance use. Both Drs. Barbic and Kiepek highlighted that we cannot intervene or support our clients if we do not ask the questions. Additionally, Dr. Nolan directed attendees to the [British Columbia Centre on Substance Use](#) website where they can take the free Online Addiction

Medicine Diploma to learn more about caring for patients with substance use disorders.

- (3) “Don’t use alone.” Dr. Nolan highlighted that, despite extensive public health efforts, the number of deaths in Canada continues to rise. Dr. Barbic encouraged a public health message for Canadians to not use opioids alone. Dr. Nolan described the new Good Samaritan Drug Overdose Act (Government of Canada, 2018), which provides legal protection for individuals who seek emergency help during an overdose. Occupational therapists are encouraged to learn about the Act and share this information and public health message to any client who uses opioids.

In closing the plenary session, Dr. Barbic called for a pan-Canadian approach to assessment, intervention, and sharing of evidence-based approaches. Occupational therapists were described as leaders in Canada who are trained to navigate complex health problems from a client-centred approach, with the skills and experience to effect positive change in the opioid crisis. In relying on interprofessional best practice guidelines implemented from an occupational therapy frame of reference, we must respond to this call to action by providing frontline interventions, and also developing an evidence base for our services. Further, Dr. Barbic encouraged Canadian and American occupational therapists to continue to offer their perspectives and insights about the epidemic. She thanked CAOT for welcoming this topic at the 2018 conference and encouraged all occupational therapists to contribute to scientific and clinical advances in this area.

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Editor’s note: A future *OT Now* article will profile CAOT’s engagement in the CSEPM, addressing the opioid crisis from a prevention angle.

About the authors

Alana Marshall, BA, is a second-year student occupational therapist at the UBC. Her interest in the opioid crisis arose from personally experiencing the impact of illicit substance use on family. **Skye Barbic, PhD, OT**, is an assistant professor at UBC and was the moderator for this plenary session at the CAOT Conference 2018. For any questions or comments about this article, please contact: skye.barbic@ubc.ca.

Occupational Therapy Canada 2018: A day of reflection and dialogue

Barry Trentham, Sharon Eadie, Alison Gerlach, and Gayle Restall

A follow-up report on the Occupational Therapy Canada (OTC) Reflection Day 2018 workshop - *Disrupting 'business as usual': Enhancing the provision of culturally safe occupational therapy with Indigenous communities, families, and individuals through organizational leadership*

On June 20, 2018, occupational therapy leaders from across Canada gathered in Vancouver for OTC's annual reflection day. Canada's five national occupational therapy organizations were represented: the Alliance of Canadian Occupational Therapy Professional Associations (ACOTPA), Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), Association of Canadian Occupational Therapy University Programs (ACOTUP), Canadian Association of Occupational Therapists (CAOT), and Canadian Occupational Therapy Foundation (COTF). The planning committee, made up of representatives from each organization and chaired by Sharon Eadie of the College of Occupational Therapists of Manitoba, met monthly over the past seven months. The planning group was initially tasked with broadening last year's dialogue on the Truth and Reconciliation Commission (TRC) of Canada's Final Report (2015) to include the applicability of cultural safety frameworks to other historically marginalized social identity groups. After much discussion, the group felt that the work initiated at last year's event was incomplete. True to the reconciliation directives of the TRC, the planners sought to support participants' further reflection on ways to challenge their organizations to first identify and then *disrupt* any of their organizational policies, procedures, and cultures that reproduce structures that can inadvertently oppress Indigenous peoples.

Together with the reflection day's invited facilitators, Alison Gerlach and Gayle Restall, the planning group members fine-tuned the day's objectives. Through dialogue and reflection, the planners aimed to support participating organizations to:

1. Reflect on, and work toward, occupational therapy's responsibility to respond to the TRC calls to action.
2. Explore the relevancy of cultural safety in mitigating health inequities experienced by diverse Indigenous peoples in Canada.
3. Understand key underlying principles of cultural safety and their application to occupational therapy organizations in Canada.
4. Explore the implications of applying three key underlying principles of cultural safety to enhance the capacity of occupational therapy organizations to meaningfully address

health inequities experienced by diverse Indigenous population groups.

5. Identify tangible actions at an organizational level to support occupational therapy organizations and systems to provide leadership in fostering culturally safe occupational therapy with Indigenous peoples.
6. Situate key learnings about cultural safety to inequities experienced by people with other intersecting social identities in Canada.

The day was opened by Elder Roberta Price from the Snuneymuxw and Cowichan First Nations on Vancouver Island, who welcomed occupational therapy leaders from across the country and guests from British Columbia's Provincial Health Services Authority to the traditional, ancestral, and unceded territories of the Musqueam, Squamish, and Tsleil-Waututh First Nations. After reviewing the work done in 2017 on the TRC calls to action, Alison and Gayle posed the question, *in what ways can each of our organizations provide the leadership necessary to foster culturally safe occupational therapy with Indigenous communities and clients?* Background "stimulus" information was provided by Alison and Gayle, highlighting the key and interconnected concepts of cultural safety and health equity. Cultural safety is defined as an outcome based on respectful engagement that strives to address power imbalances inherent in the health care system, and that results in an environment free of racism and discrimination in which people feel safe when receiving health care (Centre for Excellence in Indigenous Health, UBC). Cultural safety is a key component of equity-based health care.

Drawing on the work of Reading (2015), the concept of health equity was discussed in relation to how Indigenous peoples' health and well-being can be shaped by proximal ("leaf"), intermediate ("trunk"), and distal ("root") determinants (see Figure 1). This model highlights how kinship networks spiritual connections to the land, and cultural practices were and continue to be fragmented by colonial policies and practices. A failure to understand the historical and ongoing impacts of social determinants on the occupational lives of Indigenous peoples, risks that occupational therapists will individualize health problems and fail to attend to, or address, socially structured determinants. While occupational therapists may seek to alleviate the impacts of these determinants, therapists and organizations most often remain at the level of the "leaf"—not getting to the distal or root causes of health inequity, and therefore not disrupting colonialist processes that can reproduce oppression. A relational orientation is aligned with the

principles and intent of cultural safety. Relationality forefronts the need for relationship building *and* emphasizes the inseparability between being in relationships with and coming to know about communities, families, and individuals.

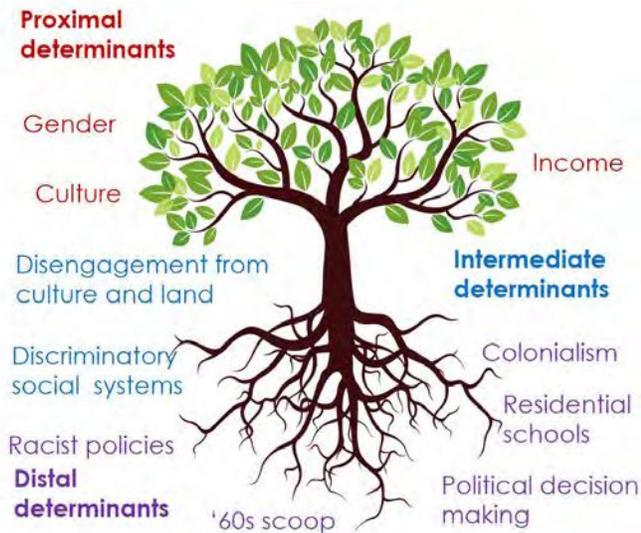


Figure 1. Examples of proximal, intermediate, and distal determinants of health inequities experienced by Indigenous Peoples (based on Reading, 2015; rolandtopor/Shutterstock.com)

In keeping with more recent professional emphasis on reflexive practice, participants were asked to look within their own occupational therapy organizational cultures. After identifying some of the cultural values and worldviews that shape occupational therapy, participants identified aspects of occupational therapy culture that can constrain or support cultural safety. Values that were seen to constrain culturally safe occupational therapy practice included the focus on the individual, a biomedical emphasis on ‘fixing the problem’, a tendency to “fit in” to dominant structures, and accommodation of rather than resistance against processes and protocols that serve systems rather than people.

Participants questioned whether occupational therapy organizations minimize their collective power to make change while not fully considering the aspects of occupational therapy culture that can support culturally safe practice. The group identified the need to build on the strengths of the profession’s historical roots in social justice—its broad, holistic, occupational and ecological perspective that positions the profession well to address the root causes of health inequities. Therapists’ shared identity as flexible, creative, problem-solvers further supports their capability as social change agents.

Each of the five professional organization working groups provided recommendations to support culturally safe practice. For example, ACOTRO considered how understandings of

client risk and harm could be broadened to include collective and community conceptualizations of the client. The ACOTUP table stressed the need for Canada’s 14 occupational therapy university programs to find ways to share effective strategies that support recruitment and retention of Indigenous students. Researchers and educators were also challenged to develop and modify models and tools to better respond to community and collective occupational issues. COTF considered developing funding to support Indigenous student research as well as support for Indigenous-identified research priorities. The recently formed ACOTPA underlined the need to continue a shared conversation on how to make explicit and operationalize culturally safe processes that go beyond simple diversity checklists and instead go toward an examination of organizational barriers and enablers to inclusion of Indigenous members and perspectives. CAOT, in addition to the many existing initiatives, proposed infusing Indigenous cultural safety training in professional development activities as well as exploring the creation of a cultural advisor role.

In summarizing key messages for the day, participants acknowledged that the profession is at the beginning of a long journey of reconciliation. Healing through dialogue, critical reflexivity and truth-telling will be ongoing. Occupational therapy models, values, tools, and terminologies need to better reflect collective and community perspectives while positioning relationship building as an essential starting point for practice. Importantly, as Alison emphasized in her closing remarks, occupational therapists cannot be expected to do this work on their own. Professional leadership organizations must align their policies and processes to better support the work of practitioners in their efforts to provide culturally safe practice and alleviate health inequities.

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About the authors

Barry Trentham, PhD, OT Reg. (Ont.), Sharon Eadie, OT Reg. (MB), Alison Gerlach, PhD, and Gayle Restall, PhD, OT Reg. (MB) made up the event presentation committee. For any questions or comments about this article and a full list of references for the reflection day, please contact: b.trentham@utoronto.ca

CAOT Conference 2019 in Niagara Falls, Ontario

Elizabeth Linkewich and Shaminder Dhillon, co-conveners of CAOT Conference 2019

For the first time, the annual conference of the Canadian Association of Occupational Therapists (CAOT) is to be held in Niagara Falls, Ontario—an area of boundless energy and awe! From May 29 to June 1, 2019, the Sheraton on the Falls Hotel will provide an idyllic venue in which to explore the reach and impact of occupational therapy scholarship. The name Niagara comes from the Indigenous word “Onguiaahra,” meaning “the strait” or “thundering water.” The Niagara region is the traditional territory of Anishinaabeg and Haudenosaunee peoples. This territory is covered by the Upper Canada Treaties and extends from north of Lake Erie to west of Lake Ontario. Many years ago, waterways in the area provided a transportation system and source of fish, including trout, sturgeon, and salmon. Canoes and homes were made from birch bark, maple trees were tapped for maple syrup, and flour was ground from the acorns of white oak trees. The land was cultivated for beans, nuts, corn, berries, pumpkins, and herbs. To this day, the Niagara region provides fertile soil for growing vegetables and fruits, particularly grapes!

Although Niagara’s specialty is ice wine, made from sweet frozen grapes, the Niagara region’s over 50 wineries feature a variety of wines. Those attending CAOT Conference 2019 should consider taking a wine tour by driving or biking through the vineyards to sample the range of wines that Niagara has to offer. The Victorian town of Niagara-on-the-Lake, approximately 30 kilometres upriver from Niagara Falls, offers many wineries as well as excellent shopping and dining options. For those venturing off the beaten path, Jordan Village is a quaint community with its own charm.

Nature enthusiasts will appreciate the views from the Niagara Escarpment, overlooking the vineyards and lakes below. The escarpment is accessed through the Bruce Trail, the oldest and longest footpath in Canada. There are 130 kilometres of the trail in the Niagara region, beginning in Queenston Heights in St. Catharines.

Niagara’s best-known attraction is the 12,000-year-old majestic falls, with an intensity that is sufficient to power electricity in Ontario and New York. The water flows at 55 kilometres per hour over a height of 57 metres, creating a spectacular effect enjoyed by tourists year round. In addition

to their beauty, the falls are revered in part due to the legend of the Maid of the Mist. This is a story about a Seneca girl named Lelawala and her experiences of love, healing, and heroism. Be sure to visit the falls while you’re at the conference and soak in all the splendour!

We hope that you will attend CAOT’s conference next year in Niagara Falls to connect with colleagues and share collective scholarly efforts in an area known for its food, wine, grandeur, and mystique.

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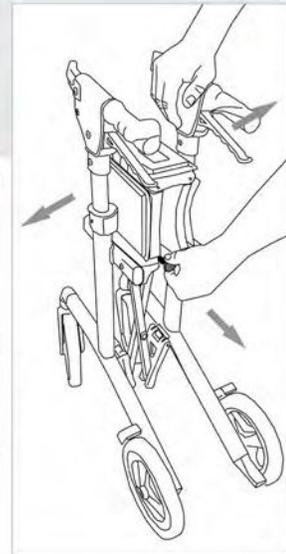
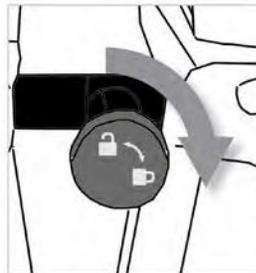


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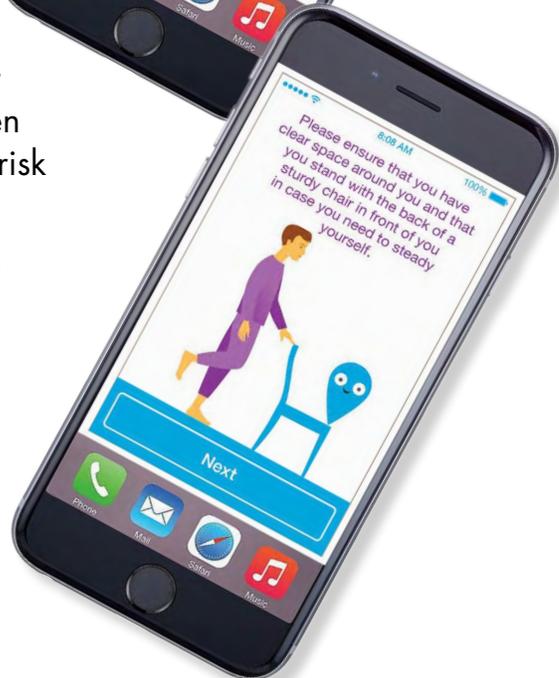
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