The professional era

CAOT IN THE 1950'S & 1960'S

By Lynn Cockburn

G.F. Strong Rehabilitation Centre, Vancouver, B.C.

… one family whose collective opinions, as expressed through its Board, can indeed be a consensus of occupational therapists. — Dr. Hoyle Campbell, 1950.

In the two decades following World War II, Canada grew politically and economically, and began to confront the challenges of a modern society, including health care. These challenges created opportunities for occupational therapy and led to great growth in both CAOT and the profession at large. In her keynote address to the Association in 1968, Muriel Driver noted that in the first part of the century, the profession had established itself and grew despite many controversies.She believed that CAOT had made a "gradual shift to the professional era" since WWII and had come of age as a profession (Driver, 1968). The organizational structure of the Association developed and expanded, many new educational programs were initiated, and occupational therapists across the country were continuing to broaden their scope of practice and to become more involved in research and academia.

An evolving organization

The organizational structure of the Association changed several times during the 1950s and 1960s. Influential leaders within the Association, including prominent doctors and occupational therapists on the Board of Management, became more aware of the importance of occupational therapists themselves taking responsibility for running the Association. In his 1950 presidential address to the members, Dr. Hoyle Campbell called on the group to be "one family whose collective opinions,as expressed through its Board,can indeed be a consensus of occupational therapists" (Campbell, 1950).

In the early 1950s,the number of occupational therapists serving as officers on the Board of Management and as Provincial Representatives gradually increased. The National Advisory Council had been established with at least one occupational therapist representing each province and the Council met with the Board at the CAOT annual conference. Dr. Campbell was president from 1948 to 1960, and Dr. Norrie Swanson from 1960 to 1966. A major milestone in CAOT's development was reached in 1966 when Thelma Cardwell was elected as president, becoming the first occupational therapist to hold this position in the Association.

The Executive Council of the Board of Management became the Board of Directors in 1964. A review of the reports of several volunteer committees, which were published annually in the *Canadian Journal of Occupational Therapy* (*CJOT*), provide an indication of the extent and increasing complexity of the tasks that were undertaken. In the early 1950s,the Standing Committees covered the following areas: editorial, educational, appointments, examination, and clinical training. There were also several special committees responsible for areas such as the convention,standardized equipment, nominations, uniforms, supervisors and the Association's constitution.

With the revision of the constitution in 1963,CAOT was able to award Life Memberships for the first time. These awards were designed to honour occupational therapists who had made outstanding contributions to the profession, who had assumed responsibilities for the affairs of the Association beyond the duties of the position, who had advanced and pro-

Dr. Norrie Swanson's retirement party.
Left: Dr. Norrie Swanson, CAOT President 1960-1966.
Left to right: Helen Jensen, Peg Trow and Sheila Irvine.

Ethel Smith and Dr. Norrie Swanson in 1965 at Ethel's retirement party. Ethel served as Executive Director of CAOT from 1939 to 1965.

moted occupational therapy, and who had at least twenty years of practice and active membership in CAOT. The first five recipients, honoured in 1965, were Elsie Jackes, Amy deBrisay, Jean Hampson, Helen LeVesconte and Ethel Smith (Cardwell, 1965).

Representation takes on larger role

As public recognition of occupational therapy increased, the representational work of the Association expanded, reflecting the increased demand to act in an advisory capacity to governments and other organizations. The Executive Consultant reported in 1950 that several organizations had requested occupational therapy representation in their committees and discussions. Examples included the Canadian Foundation for Poliomyelitis, the Toronto Branch of the Canadian Cancer Society, the Canadian Welfare Council, as well as the Provincial-Dominion Conference on Rehabilitation struck by the Federal government (Smith, 1950). Every annual report includes such requests. In 1952, CAOT was a member of the executive committee of the newly established National Advisory Committee to the Federal Government on the Rehabilitation of Disabled Persons (Campbell, 1951; Campbell, 1952). In 1962, CAOT presented a carefully researched brief to the Royal Commission on Health Services, strongly recommending that CAOT or qualified occupational therapists be consulted in the development of occupational therapy departments (Driver, 1963; Smith, 1962). This commission prepared the most comprehensive report to that date (1965) on health services in Canada and subsequently led to the enactment of the Medical Care Act of 1966. In 1963, Ethel Smith, CAOT's Executive Secretary was invited to participate as one of 15 people on a working group to prepare recommendations to revise the National Building Code, intended to increase accessibility of both private and public buildings (Smith, 1963).

In 1961, the name was changed from the Canadian Association of Occupational Therapy, to the Canadian Association of Occupational Therapists. Five years later the CAOT offices moved from 331 Bloor Street West,an old three story house, to a modern office building at 57 Bloor Street West in Toronto. Although not a big move geographically, the move to a more modern building represented a "close to the early chapters in the history of occupational therapy"(Hood, 1967).

During this time Mrs. Smith continued as the Executive Consultant and Secretary. In 1953, CAOT was asked to identify someone who closely represented the Association to receive a Coronation Medal.Mrs. Smith was selected,and she accepted the honour on behalf of all the occupational therapists in Canada. After 26 years of service to the Association, Mrs. Smith resigned in 1965. The two year period following her resignation was difficult for CAOT as a replacement was not found until Mrs. Joan Hossack Bernd accepted the position in September of 1967. Until she was hired, the work of the Association was carried out by other members of the Board on a voluntary basis.

Employing occupational therapists

CAOT continued to be closely involved with the employment of occupational therapists across the country. A significant portion of the Executive Consultant's time was spent on arranging student internships and placements on behalf of individual therapists and employers. Appointments and resignations were published regularly in *CJOT*. Salary scales were also published annually, and throughout the 1960s became more complex, with several levels of remuneration related to experience and extent of responsibility. By 1969, a Grade 1 Occupational Therapist could expect a starting salary of $6,000 per year, while a supervisor of a large department was paid between $10,000 and $12,000 per annum (1968-69

Uniforms, still worn by therapists, were an important issue for many therapists during this time.

Salary Scale for Occupational Therapists, 1969). Uniforms, still worn by therapists, were an important issue for many therapists during this time. Gradually, uniforms were becoming more practical,from a green cotton dress with large pockets, to therapists having more choice in what to wear. By the mid to late 1960's more variations in uniform styles, including miniskirts and street clothes, were allowed (Cleather, 1995; Friedland, 1996; Stark, 1961; Pat Fisher, personal communication).

Advances in education

One of the key distinguishing features of these two decades is the growth in Canadian educational programs. CAOT continued to maintain strong links with the University of Toronto (U of T),and developed links with other programs as they began. In July of 1950, the U of T Faculty of Medicine took over the courses in occupational therapy as well as physical therapy from the Department of University Extension. These programs were combined into a three year Diploma Program in Physical and Occupational Therapy. McGill University added occupational therapy to its diploma program in physical therapy in 1950, and in 1954, the Université de Montréal established a combined occupational and physical therapy diploma program. CAOT was active in advising and reviewing these programs. Reports made to membership indicate that these combined programs were controversial: "Canada is aware of the stormy criticisms that this new venture into combined training has provoked" (Editorial, 1951). One of the concerns was that significant numbers,at times up to 70% of the members of the combined programs chose to practise only physiotherapy upon graduation (Bernd, 1969).

Nevertheless, the demand for occupational therapists continued to grow, and CAOT felt that new courses were slow to start in the universities. As a result in the early 1950s, CAOT decided to mount an advanced standing "Special Course" in Occupational Therapy. Planning for this program, including obtaining government funding took several years. Finally, in 1959, the 18 month program began under the direction of Muriel Driver. Concerned with having a strategic location with the potential for university links, Kingston, home of Queen's University, was seen as a suitable site. There were 11 students in the first class, with a total of 75 graduates overall. During the first few years, at least 13 men had enrolled in this program (Smith, 1962). Despite the expense to the Association,the course was seen as being very effective, with a lower attrition rate than other programs. The Special Course was discontinued when Queen's University began an occupational therapy program in 1967.

Several other universities had also decided to offer programs in occupational therapy, with University of Manitoba initiating a course in 1959, University of Alberta in 1960, and University of British Columbia in 1961. The University of Western Ontario had plans underway, and the course began there in 1970. During this 20-year period, nine programs had been initiated, including the special course in Kingston.

Since one of the challenges of these programs was finding instructors, teacher training courses were offered at various locations and times across the country. U of T offered a two year post-graduate course for instructors in physical and occupational therapy, for therapists with at least two years of practice (Forbes, 1951). The Association of Canadian Occupational Therapy University Programs was founded in the late 1950s as a way for the programs to share information and to support each other (Isobel Robinson, personal communication).

Despite the increase in programs, the shortage of practicing occupational therapists continued. Many therapists left the profession soon after graduating, to marry and raise families. However, beginning in the 1960s the schools and >

The WFOT Congress Meeting held in Israel,1964. From left to right: Isobel Robinson (Alternate Delegate to WFOT),Muriel Driver (WFOT Delegate), Helen Levesconte (Alternate Delegate to WFOT),and Anita Cardigas (WFOT Delegate from Portugal).

CAOT noted that there were several therapists who expressed interest in returning to practice, and refresher courses were initiated at several sites across the country .

CJOT reflects the times

The *Canadian Journal of Occupational Therapy* continued to publish four issues annually. Articles reflected the breadth of occupational therapy practice within the emerging field of "rehabilitation". Authors urged therapists to become involved in research (Jobin, 1967; Whillans, 1953), continuing education (Hood, 1963) and new areas of practice which were developing as result of technological advances (Pearson, 1968). Professional Notes addressed a specific topic periodically, such as "Support of the weakened shoulder in poliomyelitis" (Ostoff, 1950). Book reviews were regularly included, and in 1964 a new section called "Ideas Exchange" was introduced. A Suppliers Directory was published for the first time in 1950,and provided a picture of the wide range of craft,art and other materials that therapists were using at that time. There were many fascinating articles illustrating the breadth and creativity of occupational therapists. For example, one explored the remarkable invention of Velcro®, (Bryce, 1960) and another reported the use of the hallucinogenic drug, LSD-25, by a therapist recommending the experience as a way to better understand the experiences of the patients at a psychiatric hospital (Bolton, 1961).

In recognition of the francophone members of the profession, in 1960 *CJOT* published the first article in French. Gisele Bergeron reported on her visit to study at the Georgia Warm Springs Foundation, known for its work in fitting and correcting protheses, for the treatment of physical disabilities arising from poliomyelitis,arthritis and other long term, disabling conditions (Bergeron, 1960). Gradually, more French articles, summaries of English articles and translations were included.

Although research studies had been carried out by therapists since the early days of the profession, it was during the 1960s that research became a stronger theme in the profession. By the late 1960s more research studies carried out by therapists were showing up in the literature (Ernest, 1966; Friesen,1967; Griffiths & Tate, 1969). As the decade drew to a close, Muriel Driver predicted that the next era for the profession would be one of research (Driver, 1968).

International Relations

Internationally, Canada began the 1950s with news that the American Medical Association would no longer list and approve of courses outside the US, and that the American Occupational Therapy Association would therefore not recognize any reciprocity between the two associations. This issue became one which CAOT would be involved with for some time (Levesconte,1951; Levesconte, 1952).

Canadian occupational therapists continued to share their expertise in a variety of locations around the world, including Puerto Rico, Venezuala and India (India-bound grads get award, 1962; Hamilton, 1955; Hennessy, 1952). Canada played a significant role in the establishment of the World Federation of Occupational Therapists, beginning with planning and attending the first Preparatory Commission in 1952, and continuing with Canadians being involved in several key roles,including Thelma Cardwell who was named president-elect in 1966, and served as president from 1968-72 (Mendez, 1986).

Conclusion

In his 1950 presidential address, Dr. Campbell (1950) reiterated three main concerns for the profession:

One: The shortage of therapists and the need for more courses in occupational therapy.

Two: The attitude of Canadian medical and university thinking in rehabilitation and physical medicine, as this led to the belief that occupational therapy should be combined with physiotherapy in education and practice, to form a stronger rehabilitation team.

Three: The necessity for a strong national association properly integrated on a Federal basis.

Nearly 20 years later, as the Association reflected on the celebrations of Canada's centenary and anticipated moving into the 1970s, there had been much progress in several of these areas. Courses had developed across the country, major shifts were apparent in the attitudes of the public, the medical profession and the universities, and the Association had become stronger across the country. However, many issues remained. The demand for therapists continued to exceed supply. The work of CAOT was done by a few paid staff in the National Office and many hardworking volunteers across the country. The profession was continuing with its challenge to be "much better prepared than in the past to define and document our function" (Bernd,1969). However, there was no question that occupational therapy, with CAOT representing and contributing to the ongoing professionalization of its members, had contributed to Canada's growing health and education systems, and had established an important role in the health and well being of Canadians.

References

1968-69 Salary Scale for Occupational Therapists.(1969). *Canadian Journal of Occupational Therapy, 36,* 20.

Bergeron,G.(1960). Voyage d'Etude a la Georgia Warm Springs Foundation. *Canadian Journal of Occupational Therapy, 27,* 15-18.

Bernd, J. (1969). Executive Secretary/Consultant's Report. *Canadian Journal of Occupational Therapy, 36,* 149-153.

Bolton, W. B. (1961). Schizophrenia produced by LSD-25. > *Canadian Journal of Occupational Therapy, 28,* 55-61.

Bryce, T. E.(1960). Velcro. *Canadian Journal of Occupational Therapy, 27,* 77-80.

Campbell, H. H. (1950). President's Address: The Canadian Association of Occupational Therapy twentieth annual convention. *Canadian Journal of Occupational Therapy, 17,* 117-119.

Campbell, H. H. (1951). President's address: The Canadian Association of Occupational Therapy twenty-first annual convention. *Canadian Journal of Occupational Therapy, 18,* 105-107.

Campbell, H.H. (1952). President's address: The Canadian Association of Occupational Therapy, Twenty-second annual convention. *Canadian Journal of Occupational Therapy, 19,* 105-108.

Cardwell, T. (1965). Life Memberships. *Canadian Journal of Occupational Therapy, 32,* 147-152.

Cleather, J. (1995). *Head, heart and hands: The story of physiotherapy in Canada.* Toronto: Canadian Physiotherapy Association.

Driver, M. F. (1963). Newsletters W.F.O.T. February 1963 - Canada. *Canadian Journal of Occupational Therapy, , 30,* 77-78.

Driver, M. F. (1968).A philosophic view of the history of occupational therapy in Canada. *Canadian Journal of Occupational Therapy, 35,* 52-60.

Editorial.(1951). *Canadian Journal of Occupational Therapy, 18,* 43.

Ernest, M. (1966). Occupational therapy study on treatment in groups. *Canadian Journal of Occupational Therapy, 33,* 148-150.

Forbes, J. (1951).Goldwin Howland Scholarship-1951. *Canadian Journal of Occupational Therapy, 18,* 132-133.

Friedland, J. (1996).Occupational Therapy. In E.Shorter (Ed.), *TPH: History and memories of the Toronto Psychiatric Hospital,1925-1966* (pp. 259-270). Toronto: Wall and Emerson.

Friesen, M. (1967). Canadian research in myo-electric controls. *Canadian Journal of Occupational Therapy, 34,* 59-64.

Griffiths,A.& Tate,S. W. (1969). The effect of sensory motor training on children with perceptual-motor handicaps. A preliminary study. *Canadian Journal of Occupational Therapy, 36,* 56-60.

Hamilton,M. (1955).Occupational therapy in Venezuela. *Canadian Journal of Occupational Therapy, 22,* 93-96.

Hennessy, P. (1952).Occupational therapy in the rehabilitation of the injured workmen in Puerto Rico. *Canadian Journal of Occupational Therapy, 19,* 45-47.

Hood, M. (1963). Continuing education: A means of survival. *Canadian Journal of Occupational Therapy, 30,* 143-144.

Hood,M.(1967). World Federation of Occupational Therapists Newsletters. *Canada.Canadian Journal of Occupational Therapy, 34,* 124.

India-bound grads get award.(1962). Unknown newspaper article.

Jobin, D. (1967). The problems of the clinician in applied research. *Canadian Journal of Occupational Therapy, 34,* 16-22.

LeVesconte, H. (1951). Report of the Secretary. *Canadian Journal of Occupational Therapy, 18,* 125-126.

LeVesconte, H. (1952). Annual Reports: Report of the secretary. *Canadian Journal of Occupational Therapy, 19,* 115.

Mendez, M. A. (1986). *A chronicle of the World Federation of Occupational Therapists: The first thirty years 1952-1982.* Jerusalem:WFOT.

Ostoff, H. (1950). Professional Notes: Support of the weakened shoulder in poliomyelitis. *Canadian Journal of Occupational Therapy, 17,* 151-153.

Pearson, W. W. (1968). New perspectives on the role of occupational therapists in an age of automation. *Canadian Journal of Occupational Therapy, 35,* 6-9.

Smith, E. C. (1963). Executive Consultant's Report. *Canadian Journal of Occupational Therapy, 30,* 171-175.

Smith, L.C. (1950). Consultant's Report. *Canadian Journal of Occupational Therapy, 17,* 120-125.

Smith, L. C. (1962). Executive Secretary's Report. *Canadian Journal of Occupational Therapy, 29,* 151-158.

Stark,A.(1961). Professional notes: For appearance sake. *Canadian Journal of Occupational Therapy, 28,* 37.

Whillans, M. G. (1953). Occupational Therapy and Research. *Canadian Journal of Occupational Therapy, 20,* 87-92.

Lynn Cockburn, M.Ed., O.T. is the Chair of the CAOT Archives Committee and a Tutor at the University of Toronto. She can be contacted at l.cockburn@utoronto.ca or 1 (416) 978-8541.

Many thanks to the members of the CAOT Archives Committee, especially Isobel Robinson, Judy Friedland and Barry Trentham, and to Pat Fisher, for assistance in preparing this article.