
Change, expansion and reorganization

CAOT IN THE 1970'S

By Lynn Cockburn

I wish to comment briefly on a subject which I believe is in the mind of many of our members. It can be summarized in one word: change. ...If we all do our share, then the Association and the profession of occupational therapy will continue to expand and to adapt to the changing needs of the community around us. — Helen Jensen (1972a), CAOT President.



As the 1970's began...

The broad social changes that were occurring in Canada and around the world at the beginning of this decade were reflected in the activities of the Canadian Association of Occupational Therapists. The Association, celebrating 50 years in Canada, was well established but still grappling with many issues. New challenges were on the horizon globally, nationally and within each of the provinces. Canadian occupational therapists were becoming more active internationally, with plans to host the first World Federation of Occupational Therapy Council Meeting and Congress to be held in Canada. The introduction of national medical insurance was dramatically changing the face of health and related services across the country. CAOT recognized the need to change in anticipation of, and in response to, these and other trends.

CAOT's Board goes National

To assist the Association with its planning, two reports were commissioned during this decade. The first was an organizational review conducted by Kates, Peat, Marwick and Co. (KPM) in 1971. Recommendations included a review of the operation of the Board, the location of the National Office, suggesting consideration of a move to Ottawa, and the creation of a panel of consultants for each province. Over the next few years, a committee chaired by Joy Huston acted on these recommendations, resulting in a revised Association

structure and the formation of a National Panel of Consultants (Jensen, 1972b). The panel was continued for several years before disbanding. However, for several reasons, the move to Ottawa would not occur for another two decades.

The KPM review of the organizational structure emphasized the growing recognition that the membership needed better representation at the board level, and led to the first National Board of Directors in 1974. Previously, Board Directors were not selected based on geography, and as a result most Directors were from Ontario, with the Association receiving information from provincial representatives. Following this change, Board Directors from each province attended all board meetings. To accommodate the travel time and expenses, frequency of meetings changed from monthly to three times a year. In 1976, Anne Gaylard of Ottawa became the first president to reside outside of Toronto. In her first address to the membership she expressed hope that future presidents and members of the executive would come from all across Canada (Gaylard, 1976). Throughout the decade, these relationships continued to be discussed, with attempts at both the national and provincial levels to strengthen collaboration (Madill & Brintnell, 1979).

Auxiliary personnel

The second study, *Occupational Therapy: The Diffident Profession* (Maxwell, 1977), explored concerns about the future of the profession and the potential roles of occupational >



therapy aides, assistants and technicians. Two sociologists, James and Mary Maxwell from Queen's University, completed their report in 1977, which informally became known as the Maxwell Report after its authors. The report's title drew on Thelma Cardwell's inaugural presidential address in which she encouraged occupational therapists to become more political and assertive: "We are too diffident a group, both individually and collectively" (Cardwell, 1966).

The Maxwells surveyed all occupational therapists in the country as well as other groups of stakeholders to understand the direction and future of occupational therapy, and the desirability of establishing differing levels of personnel to provide occupational therapy services. The extent of the study and the gravity of its recommendations led to discussion within CAOT and the profession for several years.

Financially viability

Reviews of the financial situation revealed that membership fees were considered too low to support the work of the Association. In 1974, after several decades, the Ontario provincial government grant of \$5,000 per annum was ending. Predicting the amount of income from memberships was also problematic. After considerable discussion at the Annual General Meeting that year, the annual fee was increased from \$45 to \$75 (CAOT, 1975). In order to legitimize this increase, the Association worked on increasing member services.

Publications

As part of the increasing concern for improved communication and more businesslike approaches, the *Canadian Journal of Occupational Therapy* (CJOT) introduced a new, larger format and a significant increase in advertising rates. In turn, these changes led to the hiring of a part-time editor, Rosalie Kupfer-Halstuch (O'Shea, 1977) and the separation of the Journal's finances from the operating budget of the Association. For several years the Journal's Editorial Board was based in Montréal and CJOT was printed there by the Atelier de Sourdes (a sheltered workshop for people who were hearing impaired). Slowly, more articles and other sections were being published or translated into French. CJOT increased from four issues to five in 1979.

The *National*, a small, informal publication, was introduced in 1974 to complement CJOT. It was designed with the assistance of Tom Mortensen, an artist friend of CAOT. At this time, it was a bilingual publication, translated entirely into French.

World Federation of Occupational Therapy Congress

The 1974 WFOT Council meeting in Victoria, B.C. and Congress in Vancouver were significant events, although somewhat of a leap of faith for Canadian occupational therapists to take on at a time of postal strikes and energy shortages. Through CAOT, Canadians had played major roles in the establishment and ongoing development of the WFOT. However, hosting over a thousand international occupational therapists was a new venture, and required considerable planning, especially since the site was outside of Ontario. The Congress was a huge success, despite a small financial loss, paving the way for CAOT's emerging national profile and establishing Canada's position as a powerful contributing member of the WFOT (Mendez, 1986).

National Office

Change was also apparent in the daily operations of the Association. In 1972, CAOT's National Office moved from 331 Bloor Street to 4 New Street where it would remain for the decade. A small organization on a tight budget, the office was informal but the staff of three (the executive director, bookkeeper, and secretary) were able to accomplish a great deal. Their tools were the telephone, the typewriter, a Gestetner machine for making copies, some very old nameplates for members' addresses and the postal service.

The number of members was still less than 1000 during this decade. With a major amount of volunteer time and effort from members and others the work was done. About once a month, clients (patients) from the Toronto Rehabilitation Centre, as part of their therapy, would come in to prepare mass membership mailings at the long table in the foyer. Committee reports were typed by the person who was writing them, and then copied for distribution at the Annual General Meeting.

photo on left:
WFOT Delegates in Victoria, BC
during August, 1974 WFOT Council Meeting



photo on right: Opening of the WFOT Congress
Vancouver, BC, 1974

Helene LeVesconte, by this time retired for several years, visited the office regularly to go through the files to better understand the history and to keep up with current issues. She had spent almost 50 years devoted to the profession and the Association, and thus continued to assist with committee work and to have a keen interest in its affairs.

The Executive Director, the President or another member of the Board personally answered all letters to the Association. Both Sheila Irvine, President from 1968-1971, and Wendy Campbell, Executive Director from 1973 – 1977, recall many late nights at the office or kitchen table, writing out letters in longhand for the loyal and hardworking office staff, Margaret Stott or Joyce Bradstock to type. In her first report to the CAOT membership in Winnipeg, Wendy Campbell described her work in detail with the recurring refrain “... and always the paper, more and more paper.”

Honouring occupational therapists

As pride in occupational therapy grew, CAOT decided to establish a prestigious annual lectureship to honour an occupational therapist who had made a significant contribution to the profession. It was decided that this award would be named in memory of Muriel Driver, an active member of the Association, the profession, and a Senior Teacher and Assistant Professor at Queen’s University at the time of her death in 1972 (A tribute to Muriel Driver, 1972; Cardwell, 1966). The first Muriel Driver Memorial Lecture was delivered by Joy Huston Bassett in June 1975 on the topic of the position and potential for growth of the profession (Bassett, 1975).

Education programs

Changes were also underway on the educational scene. After two decades of combined training, efforts were underway to separate occupational therapy and physical therapy education, and to replace the diploma or certificate with a baccalaureate degree as the basic requirement for practice. By the mid-1970’s there were no longer any combined programs, except for UBC which “de-combined” in 1983. The Canadian Association of University Programs in Occupational Therapy had its first official meeting in 1975 (Teachers’ group formed, 1975). At this time of the introduction of degrees, there was

one situation that consumed considerable time and energy. In 1974, the Ontario government decided to introduce a new three-year diploma course at Mohawk College, a new community college. Despite strong protestations from CAOT and from several individual members, the program was launched. It was several years before this issue was resolved and the course became part of the McMaster University program.

The National Office continued to individually match and arrange student internships for students from programs across the country. There were also many requests from foreign-trained therapists about how to register and practice in Canada. Discussion and planning regarding a national certification examination, begun years before, continued. Despite many efforts, it was not until the mid-80’s that the first examination was offered.

In contrast to previous decades, increasing numbers of women were continuing to work or to return to work despite marriage and children, and there were calls to encourage “mother occupational therapists” to remain in the profession (Zink, 1975). Attempts were being made to unionize occupational therapists in several parts of the country and malpractice insurance was introduced at \$25 per year.

Provincial legislation

Change was also apparent as provinces began to initiate licensing legislation. Several provinces, including Saskatchewan, Quebec, Manitoba, Prince Edward Island (PEI) and New Brunswick, had enacted legislation with respect to standards of practice of occupational therapy. One of the legends in the Canadian occupational therapy world is the story of how three persuasive occupational therapists in PEI – Liz Baglole (now Townsend), Mary Bassoletti and Judy Irvine – were able to shepherd a well formulated piece of provincial legislation into place. Wendy Campbell recalls how impressed she was when she went to PEI to see the third reading of this bill. When she was met at the airport, she was informed that they would be stopping on the way for a meeting with the Minister of Health. CAOT continued to act on behalf of provinces that did not have legislation governing standards of practice through its process of registering members (Tate, 1975).

New models of practice

The profession was maturing and increasing efforts were being placed on articulating, expanding and researching viable theoretical foundations for practice. Medicare was now established nationally, and despite calls for occupational therapists to consider other models and practice settings, the medical model was firmly entrenched. Under the federal insurance scheme, occupational therapy services were covered in hospitals but generally not in other settings. Margaret Trider (1972), the Director of the Program in Occupational Therapy at the University of Western Ontario clearly called for change, stating: "No therapist should be supervised by or report to a member of another health profession, e.g. a physiatrist. Occupational therapy must be seen to be an autonomous profession, and peer supervision and evaluation only is acceptable." Despite this kind of strong recommendation, it was not an easy transition for many.

However, occupational therapists did begin to move to more autonomous practice. One innovative way in which occupational therapists took on these challenges was to establish new models of practice. Innovative practice in community settings was being explored across the country. In Toronto, several therapists initiated COTA, Community Occupational Therapy Associates (Campbell, Godfrey, Peace, Quinn & Raminsky, 1975). Others were starting unique ventures in PEI, Vancouver, and Montreal, and in schools (Bell & Burch, 1977) and workplaces (Lewchuck, 1980).

Research

Research had been used and conducted by occupational therapists since the early days, but there were more calls to base their practice on research. The first study to examine the role and function of Canadian occupational therapists in clinical research revealed that educational programs were beginning to incorporate research courses into curricula, that research was being conducted by a small number of therapists, and that there was interest in conducting further research in clinical settings (Hunter, 1976).

And finally...

As the decade drew to a close, the Association reflected on several years of change and expansion, discussion and reflection. CAOT now had an organizational structure that reflected its national mandate. Several other actions had been taken, but there was more to be done. In the late 1970's, CAOT convened a symposium of over 70 therapists from across the country to identify and discuss issues of significance (Brintnell, 1979). CAOT, still less than a thousand members strong, was preparing for the next stage in its development.

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