

Prospering through change

CAOT FROM 1991 TO 2001

By Mary Clark Green, Michelle Lertvilai and Kammie Bribriesco

Occupational therapists have not only managed change—they have prospered by it...

*The voyage is your career, and together with others across Canada,
it shapes the history of occupational therapy and CAOT.*

—Sandra Bressler, CAOT President, June, 1997

COPM launch in 1992 at the Clarke Institute, Toronto, ON. Authors from l-r: Nancy Pollock, Mary Ann McColl, Helene Polatajko, Sue Baptiste and Mary Law; CAOT Executive Director Anne Strickland. Missing, Author Anne Carswell



During the 1990's occupational therapists continued to be challenged with change. Reduced public spending led to health reforms that directly affected day-to-day practice and created shifts in every aspect of the profession, from our scope of practice to our education standards, from the ways we worked, to where we worked. At the CAOT Conference in 1991 keynote speaker Steven Lewis, former leader of the national New Democratic Party, acclaimed occupational therapy as "the only health profession that had fully embraced the concepts of: health promotion and prevention, community-based care and the individual as centre to the process (Perspectives '91 – Taking the Initiative, National Newsletter, September 1991, page 11). The vision and solid foundation inherited from previous years gave CAOT confidence when met with opportunity, innovation when faced with perceived impossibility, and resilience at times of adversity.

Changing Practices

Shift to health promotion

CAOT's strong positioning with the Federal Government in the previous decade was rewarded in 1990 with funding of \$1.25 million from the Seniors Independence Program of Health & Welfare Canada for the Seniors Health Promotion Project entitled *Responding to the Challenge of Aging Population*. The goal of the 30-month project was to reorient occupational therapists to a new vision of health and thereby assist in the promotion of health and independence of older

Canadians

(CAOT, 1993). Activities occurred at both a national level and in two pilot sites (St. John's, Newfoundland and Winnipeg, Manitoba). During the project three issue papers were published that outlined the challenges for occupational therapists in adopting a health promotion framework. An important outcome of the project was *For the Health of It! Occupational Therapy within a Health Promotion Framework*, published by CAOT to assist occupational therapists and other health professionals to learn about and engage in the process of health promotion in their own communities (Letts, Fraser, Finlayson & Walls, 1993).

Enabling occupation

To further advance the profession's commitment to occupational performance and client-centred practice, CAOT continued to invest in the development occupational therapy guidelines, as described by Trentham (2001) in *Diffident no longer: CAOT in the 1980's*. Both the *Occupational Therapy Guidelines for Client-Centred Practice* and the *Canadian Occupational Performance Measure (COPM)* gained international recognition throughout the 90's. By 2001, the COPM was used in over 25 countries, and either the measure and manual or the measure were translated into 20 languages. (Law, October 1, 2001, personal communication). >



In 1993, the first collaborators meeting was held to update the Guidelines. Members present at this meeting include: (l-r standing) Helene Polatajko, Tracey Thompson-Franson, Cary Brown, Christine Kramer, Liz Townsend. (l-r sitting) Mary Law, Sue Stanton, Sue Baptiste.

From 1994 until 1997, the CAOT Client-Centred Practice Committee developed new guidelines through a national collaboration of occupational therapists representing administrative, clinical, consulting, educational and research perspectives from across Canada (CAOT, 1997). The result: *Enabling Occupation: An Occupational Therapy Perspective*.

Papers presented at CAOT National Conferences and articles in the *Canadian Journal of Occupational Therapy (CJOT)*, the *National Newsletter* and *Occupational Therapy Now* reflect the profession's desire to continue to refine, measure and practise its core philosophies of occupation and occupational performance. The Person-Environment-Occupation Model (Law, Cooper, Strong, Stewart, Rigby & Letts, 1996), the Occupational Performance Process Model (Fearing, Law & Clark, 1997) and the Canadian Model of Occupational Performance (CMOP) (CAOT, 1997) demonstrate the profession's advance in theory and clinical practice.

By the end of CAOT's first 75 years, the profession's direction was becoming one of "enabling occupation" to further liberate the profession from the constraints of a medical model. Polatajko (2001) in her review of the evolution of our occupational perspective, encouraged occupational therapists

"to learn to fully understand the occupational human and the nature of enablement, to push forward a science of occupation in conjunction with a science of enablement. If we do this well, our opportunity and privilege will be to enable the occupation of all peoples, to go beyond the medical mission of preserving life to enabling living."

Evidence-based practice

Pressure to provide evidence of occupational therapy's value by linking outcomes with costs mounted over the decade as competition increased for both public and private funding in health care. CAOT responded by publishing a special issue of *CJOT* on evidence-based practice in 1998 and conducting a study to explore occupational therapists perception of evidence-based practice (Dubouloz, Egan, Vallerland & von Zweck, 1999). *A Joint Position Statement on Evidence-Based*

Occupational Therapy (CAOT, Association of Canadian Occupational Therapy University Programs, Association of Canadian Occupational Therapy Regulatory Organizations and President's Advisory Council, 1999) was developed soon afterwards along with further resources such as *A Programme Evaluation Workbook for Occupational Therapists: An Evidence-based Practice Tool* (1999).

Both the quantity and quality of research produced in Canada was reflected in *CJOT* and rewarded internationally. By 2001, *CJOT* appeared in over 17 indices including the prestigious Index Medicus.

Throughout the 1990's CAOT continued to contribute substantially to the operating costs of the Canadian Occupational Therapy Foundation, thereby supporting Canadian-based occupational therapy research. In 2000, continuing the commitment to fostering best practice, CAOT and its partners (University of Ottawa and University of Toronto) received funding from the Office of Learning Technologies, Human Resources Development Canada, for the project, *Enhancing research use through on-line action research: A project to help clinicians use research in their practice*.

The autonomous therapist

During the 1990's many occupational therapists moved from traditional, hospital settings to community-based practices embracing new roles, such as consultants to municipalities and case managers in insurance companies. In some instances this was due to drastic cuts in public health spending resulting in hospital closures and increased stress from expanding caseloads, but it also occurred as services were transferred to the community and alternative funding for private practices increased. Some occupational therapists were leaving health care altogether and using their enabling occupation perspective to carve out new opportunities. CAOT membership statistics report that in 1990, 3.4% of the membership was self-employed; this figure jumped to 23.1% by 2000 (CAOT, 2001). In 1993, CAOT President Carole Mirkopoulos described this shift as a "de-institutionalization



In March, 1997 Elizabeth Townsend (2nd on left) received one of the first copies of *Enabling Occupation: An Occupational Therapy Perspective*. CAOT staff present include: Pam Robinson, Geraldine Moore and Hans Posthuma.



Manitoba Provincial Resource Group of the CAOT Seniors' Health Promotion Project receive certificates of appreciation from CAOT. From l-r: Jeannette Edwards, John Rankin, Mary Wilson and Manitoba Pilot Coordinator Marcy Finlayson.

of the profession.”

Many occupational therapists, who remained in hospital practice, also experienced a new autonomy as they found themselves placed in program management models and no longer responsible to, or supported by, an occupational therapy department or manager. Chilton (1996) remarked that change, as a fact of organizational life, [should] not be ignored.

With this new autonomy, occupational therapists looked towards their professional associations for practice support. Not only were resources needed to update their clinical skills but information on business practices, ethical decision making and the use of support personnel were in high demand. CAOT Publications ACE* offered a solution again by publishing a series of resources such as a special issue of the *National Newsletter on Ethics* (1994), *A Guide to Professional Responsibility for Occupational Therapists* (1996), *Professional Development and Reflective Practice* (2000) and *Mentoring and Supervision* (2001). Several ToolKits were also developed on topics such as organizational change, self-employment and the use of support personnel. *The National Newsletter* was replaced in January of 1999 by *Occupational Therapy Now*, a practice-oriented magazine. Available in print and online, it represented the first major step to bringing practice information to members via the Internet. In the mid-90's the Board passed a bilingual policy to ensure that all major documents published by CAOT Publications ACE were available in both French and English.

The portable therapist

The issue of professional mobility grew in importance as Canadian occupational therapists could no longer always rely on obtaining positions without re-locating. During the mid-90's, this was particularly true of new graduates, many of whom moved to the United States for employment. The North American Free Trade Agreement (NAFTA), effective

*With the anticipated publication of the COPM, CAOT officially instituted its own publishing house called CAOT Publications ACE. This allowed the Association to publish independently, negotiate appropriate contracts with authors and create a new revenue source to support Association activities. (G. Moore, September 26, 2001, personal communication)

January 1, 1994, allowed occupational therapists the freedom to practise throughout North America. Talks with the American Occupational Therapy Certification Board to develop of reciprocity of certification examinations began again but an agreement could not be reached (Brown, 1994).

The portability of occupational therapy as a profession within Canada also increased. The Agreement on Internal Trade (AIT), effective July 1, 1995, removed barriers to facilitate mobility of Canadian health professionals across provinces.

The Use of Support Personnel

The drive to decrease health care costs by utilizing less expensive health care services brought the issue of support personnel to the forefront in the 90's, echoing the impact of similar concerns dating back as early as the 1950's (D. Klaiman, September 25, 2001, personal communication). By 1997, 15% of all practice inquiries to CAOT were related to support personnel (CAOT, 1997 & 1998). CAOT responded by producing several documents including the *Guidelines for Supervision of Assigned Occupational Therapy Service Components* (1997) and position statements in 1991, 1994 and 1998. CAOT endorsed dual or multidisciplinary training programs for support personnel but recommended the identification of minimum competencies for occupational therapy support workers. Work began on this competency document in 2000.

Changing Organizations

Move to Ottawa

At the 1991 Annual General Meeting, after several years of careful consideration, CAOT members supported the relocation of their National Office from Toronto to Ottawa. On October 26, 1995, a reception was held to celebrate the opening. Locating in Ottawa allowed for closer collaboration, networking and lobbying with other national organizations and the Federal Government.

However, the move proved to be more costly than anticipated and combined with a financial loss from the 1996 CAOT

Conference, the Association's financial reserves were significantly reduced. The CAOT Board responded quickly to implement a six-year plan to restore CAOT's net assets (Lenahan, 1997). In 1999, CAOT Bylaws were amended to change the board structure and enable a policy model of governance to ensure the Board's effectiveness (Reimer & Cox, 1998).



The WFOT 1998 Congress Co-convenors, l-r: Huguette Picard and Francine Ferland, accept amethyst crystal from Margaret Ellis of the 1994 Congress.

Networks and partnerships

Maintaining established alliances along with the creation of new strategic partnerships between CAOT and other organizations strengthened the voice of occupational therapy in Canada and internationally. By 2000, CAOT was representing occupational therapy's interest in over 25 different coalitions, task forces and alliances.

Relationships with other occupational therapy organizations continued to grow and change. In the early 1990's both CAOT Presidents Jackie McGarry and Carole Mirkopoulos responded to members' wishes to review the relationship with the President's Advisory Council (PAC) to try and reduce duplication of services. Some inroads were made and CAOT continued to partner with different PAC members on specific activities, such as awareness campaigns and annual conferences.

By the year 2000, occupational therapy was regulated in each province. Issues such as inter-provincial mobility, criteria for entry into the profession and assessment of continuing competency fell under the jurisdiction of the provincial regulatory organizations. CAOT's role on these issues became more of a consultative one with the Association of Canadian Occupational Therapy Regulatory Organizations.

CAOT's partnering with the Association of Canadian Occupational Therapy University Programs (ACOTUP) led to the Fieldwork Education Site Approval Program (FESAP) in 1998. This innovative program was designed to ensure consistency among the many, varied fieldwork sites offered across Canada and to ensure that these sites provided a positive learning environment (Forwell, 1999).

In 1994, CAOT and the AOTA hosted *Cultural Connections*, a Can-Am Conference held in Boston which drew over 7000 occupational therapists from the two countries. This increased collaboration between the two organizations as well as the British and Irish associations.

CAOT continued its full participation in the World Federation of Occupational Therapists (WFOT) and

enhanced the profile of Canadian occupational therapy in the international arena as well as sharing expertise with other nations (O'Shea, 1997). Canada's proposal to host the 1998 WFOT Congress and Council meeting was accepted at the 20th WFOT Council meeting in Hong Kong in 1992. In 1998, the Council Meeting was held in Ottawa and the Congress in Montreal with over 3500 delegates from 55 countries in attendance.

A vision for Integrated Health Human Resources Development (IHHRD) was created from a partnering made up of CAOT, the Canadian Dietetics Association, the Canadian Nurses Association and the Canadian Physiotherapy Association. Several documents were published and provided the impetus for a national conference entitled *Towards Developing a Flexible Health Workforce* held in the Fall of 1996 and co-sponsored by CAOT (Salvatori, 1997).

Marking the beginning of the new millennium, CAOT collaborated with the Canadian Physiotherapy Association (CPA) and the Canadian Association of Speech Language Pathologists and Audiologists (CASLPA) to host the Tri-Joint Conference *Forging Ahead Together*, bringing the three professions together to promote understanding and shared knowledge.

Government Relations

CAOT's relationship with other health disciplines and consumer groups were strengthened in Ottawa. The most significant of these, was the Health Action Lobby (HEAL) and its impact on health reform.

As the Federal Government strove ardently to reduce the National debt, the health care budgets became a target. From 1986 to 1997 the Federal Government reduced the Canada Health and Social Transfer (CHST) payments by \$30 billion (Strickland, 1997). CAOT's activities within HEAL assisted in reversing this trend. In February 1999, the Federal Government announced a budget that stopped the decrease in CHST payments and committed to pay the provinces and territories \$11.5 billion over the next 5 years. Accountability would become a key factor to the successful implementation of these new funds and occupational therapists were encouraged to educate their communities regarding the cost-effectiveness of their services (von Zweck, 1999 & 2000).

In addition to lobbying for the reinstatement of CHST

payments, CAOT continued to build bridges with relevant government ministries and projects. *The Profile of Occupational Therapy Practice in Canada* (1996) was the result of a three year partnership between CAOT and Human Resources Development Canada (HRDC) to develop a professional competency profile describing occupational therapy practice in Canada.

CAOT and the Alzheimer Society of Canada received \$141,000 from the 1996/97 Health Canada New Horizons: Partners in Canada Project. *Living at home with Alzheimer's Disease and Related Dementias: A Manual of Resources, References and Information* (1998) was one outcome of the project which consisted of 5 pilot sites across Canada (CAOT, 1998).

Impact of technology

The 1999 Federal Budget also allocated new monies to improve Canada's health infrastructure so that occupational therapists and other health care providers could access the information and communications technologies necessary to improve quality, accessibility, portability and efficiency of the services they provide (von Zweck, 2000). CAOT (2000) published a *Position Statement on Telehealth and Tele-occupational Therapy* and also adopted communication technologies to assist members' professional development and to help increase the general public's awareness of occupational therapy services.

The CAOT web site was first launched in 1998 and grew rapidly to offer web seminars, web workshops, online publications, practice resources and discussion rooms. Providing continuing professional education on the web site and tele-conference series addressed members' needs in the more isolated areas of the country, many of whom lacked the resources to travel and attend educational events in larger centres. To celebrate CAOT's 75th Anniversary in 2001, members were given unlimited access to OTDBASE, an online index of occupational therapy literature from around the world. This and an online version of *CJOT* marked the beginning of the Information Gateway on the CAOT web site.



The Professional Development Committee at the University of Alberta placed a booth in the lobby of the student union building and health centre during OT Week 2000.

Marketing and promotion

Reaching the general public to make sure all Canadians have access to occupational therapy services was a necessary strategy both in obtaining public funding and influencing insurance providers. In 1999, CAOT along with its PAC partners, launched a new public awareness campaign, *Occupational Therapy:*

Skills for the Job of Living, targeted at women, age 30-50 who were frequent health care recipients and prime decision makers regarding the health care needs of their families. This slogan was recommended by the Alberta Association of Registered Occupational Therapists and originated with the American Occupational Therapy Association who generously allowed its use in Canada. Promotional materials, renewed media relations, insurance lobby materials and a web site, www.otworks.com were developed to reach this target group.

Changing Education

Educational Programs

The membership profiles of CAOT reflected higher levels of academic achievement. For example, the percentage of members with Master's degrees rose from 5% in 1990 to 17.4% in 2000 and those with Doctorate degrees from .03% in 1995 to 1.7% in 2000.

This was driven in part by the educational programs responding to the profession's need for advanced programs. In 1998, the University of Western Ontario began admitting students to the first Master's entry-level occupational therapy program in Canada and more were to follow. These programs reflected the need for new graduates to be able to work independently and make sound practice decisions supported by evidence as occupational therapy departments were disappearing along with available supervision of more experienced practitioners (Polatajko, Miller Polgar & Cook, 1999). Dalhousie University also responded with a masters program available completely by distance, allowing occupational therapists to access a master's level education regardless of their location.

With the North American Free Trade Agreement (NAFTA) allowing Canadian and American occupational therapists to move freely across each others borders, masters



In 2001, Muriel Driver Lecturers were invited to the 75th Anniversary Celebrations at the CAOT Conference, "Back to the Future," held from in Calgary Alberta. Joy Bassett, the first recipient of the award is seated.

degrees in Canada ensured that Canadian occupational therapists remained competitive in a North American market.

Accreditation

In 1996, CAOT revised its Academic Accreditation Standards to address the expanded practice environment of occupational therapists and the new teaching methods and philosophies appearing in the educational programs (Taylor, 1996). The standards ensured consistent educational standards and public accountability as well as international portability for Canadian-educated occupational therapists.

Certification Examination

CAOT continued to require successful completion of the certification exam as a criteria of membership. However in 2000, the Board passed a motion approving waivers for occupational therapists who had supervised students in accredited field-work settings or who held positions in occupational therapy education programs accredited by CAOT (CAOT, 2000).

Celebrating 75 years

In 2001, CAOT celebrated its 75 anniversary proudly. Articles appeared in both *OT Now* and *CJOT* which highlighted the history and gave a perspective of the important themes and initiatives addressed by the profession from 1926 to 2001. At the Annual Conference held in Calgary, Past Presidents, Muriel Driver Award Recipients and authors of CAOT Publications ACE were honoured for their important contribution to the development of CAOT and the profession. Members were also invited to send a message to the future. The time capsule holding these messages will be opened at CAOT's 100th anniversary celebrations in 2026.

The 21st Century

"Due to the success of our predecessors, we enter this new millennium well-equipped," exclaimed CAOT President Huguette Picard (2001). "Our mission is not much different today – advancing excellence in occupational therapy."

Throughout our history occupational therapists have been pioneers, carving out new territories and then revisiting their roles to ensure that our core philosophies of occupation and occupational performance were not lost. CAOT grew along with a profession that could anticipate change and prepare for it; build foundations to support itself in uncertain times and reflect deeply upon future directions. The future awaits us.

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CAOT Presidents

Jacqueline McGarry	1990-1992
Carole Mirkopoulos	1992-1994
Heather Chilton	1994-1996
Sandra Bressler	1996-1998
Lorna Reimer	1998-2000
Huguette Picard	2000-

CAOT Muriel Driver Lecturers

Anne Carswell	1990
Mary Law	1991
Helene Polatajko	1992
Elizabeth Townsend	1993
Huguette Picard	1994
Marie Gage	1996
Muriel Westmorland	1999

Mary Ann McColl	2000
Ginny Fearing	2001
Rachel Thibeault	2002

WFOT

Barbara Posthuma	1988-
Secretary	

Sharon Brintnell	
Treasurer	2000-

CAOT Executive Directors

Margaret Brockett	1985- 1991
Anne Strickland	1992-1997
Claudia von Zweck	1998 -