



CAOT - ACE  
Canadian Association of Occupational Therapists  
Association canadienne des ergothérapeutes

September - October 2006  
Volume 8 - Number 5



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## Greetings from the Editor

Our stories have the power to touch us, connect us and inspire us. With this issue of OT NOW, we hope to share stories such as these about the values of the profession of occupational therapy and our leaders from the past, present and future.

This issue is a true reflection on the generosity of spirit, both from the writers and the people that took time from their full and busy lives to share their stories with us. Without question, these individuals that we profiled for this issue inspired us; not only with their passion, but with the grace and warm welcome that we received during our interviews. It was indeed a privilege.

As we spoke to each of these leaders, it was clear that their occupational therapy beliefs regarding the intrinsic value of occupation, importance of the person and client-centred practice has formed their inner compass that has directed their careers. Regardless of their area of practice, these leaders are clearly grounded in what matters to all occupational therapists.

*Fern Swedlove*  
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### New Evidence-Based Web Portal

The new Evidence-Based Occupational Therapy Web Portal is now available for occupational therapists at [www.otevidence.info](http://www.otevidence.info). This web portal has been designed to provide strategies, knowledge and resources to discover and apply evidence in occupational therapy practice.

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#### Occupational Therapy Now

is published 6 times a year (bimonthly beginning with January) by the Canadian Association of Occupational Therapists (CAOT).

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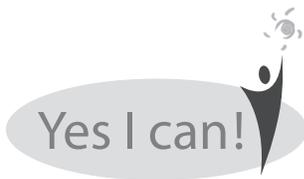
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CANADA POST AGREEMENT #40034418

ISSN: 1481-5532

# MESSAGE FROM THE CAOT PRESIDENT

## The Leader Within



There are a number of perspectives on leading and leadership in the world of occupational therapy. One of these perspectives is described in Jane Davis' article, in this edition, where the tenets of occupational therapy and the principles of leadership are paralleled and several natural linkages highlighted. These insights are grounded in the occupational therapy, occupational science, education, business and management literature. It is a perspective that is agreeable to the profession and inspiring for emerging leaders.

This and other perspectives were articulated at the June 2006 Leadership Forum attended by representatives from the five national occupational therapy organizations. One perspective suggested during this forum was that the language of occupational therapy is one of empowering others, focusing away from ourselves and suggesting that leadership is invisible or behind the scenes rather than overt. Leadership is not displayed in the accomplishments of occupational therapy, but rather in what the profession has enabled others to do. While enabling others is the basic premise of occupational therapy and powerful in itself, it may have a contrary effect on exhibiting leadership such as fostering self-effacing presentations, under-acknowledgement from others, and feelings of low value. This was labeled a culture clash between the desire to lead and the ideals of occupational therapy; an unsettling view that presents an element of professional angst.

These two perspectives, compatibility between leadership principles and occupational therapy tenets and the culture clash, likely co-exist. There are ground-breaking initiatives in the understanding and recognition of the importance of occupation in everyday life. The theoretical structure of occupational therapy practice, redirection to social justice issues, and the increasing public expectation to have meaningful daily lives despite adversity has positioned the profession and anchored the relevance of expertise in occupation. Socially and culturally occupational therapists infuse practice with a social conscience that has made great impact(s) on how everyday life concerns and practices are recognized, voiced, and addressed. This is exemplified by Jeannette Edwards profiled in this edition, an outstanding community advocate and leader, who says that

“the health care system [must] pay attention ... and understand that people need health services delivered in a broader context.” Frank Kronenberg in his presentation at the 2006 WFOT congress in Sydney, Australia pushed this ideal and challenged occupational therapists to take leadership and “make eye-contact with the politics of occupational therapy.”



Susan Forwell, PhD, OT(C), FCAOT  
President, CAOT

Nurturing the occupational therapy leader from within necessitates a consciousness from each of us about these varying perspectives. Using the analogy of starting a perennial flowerbed, to grow a leader requires a bulb to be planted in the fertile soil of strong academic programs that aptly prepare the next generation of professionals and watering generously with inspiration, creativity and mentorship. When the leaves come forth in their occupational therapy work place, and should aphids appear accompanied by frustration and tension, tend by role modeling with patience and strength. As the first bud of leadership appears with any professional success, seize the opportunity to nourish the flower by positioning it in the sun - publicize accomplishments at meetings, in reports and public forums; toast colleagues; host a reception; make a certificate; or nominate for a recognition, whether it be a professional award, prized lectureship, or civic honour. In full bloom, support the leader's good ideas and resist being threatened and thus focusing on barriers for why change cannot occur.

Leaders emerge and are regular people, living in regular homes, in regular jobs, doing irregular, radical things. Leaders create a buzz, inspire others, and are role models for subsequent leaders. The nurtured leader will create facilitators to make change happen in the context of diverse perspectives and tensions within the profession; a leader that the whole community had a role in developing from within.

# Enabling a Person's Occupation: Congruence Between the Values of Occupational Therapy and the Characteristics of an Effective Leader

By Jane A. Davis

Effective leaders are crucial to the development, promotion, image, culture and sustainability of any profession, and they reflect the values of their profession. Occupational therapy leaders are no different. As you read the profiles of the key leaders contained within the pages of this magazine, it becomes apparent that the core concepts and fundamental values of the profession of occupational therapy are close to the hearts of these leaders.

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*... occupational scientists and occupational therapists believe that people are occupational beings and that engagement in meaningful and purposeful occupation is a basic human need.*

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A mark of any great leader is whether he or she “enables the successful performer to do her [sic] work” (Drucker, 2004, p. 31). Great leaders invest their time and energy to enable the successful pursuits of others (Cox, 2001). If this sounds familiar, that is because it is congruent with the domain of concern of Canadian occupational therapy - to enable occupation. This is what is unique about the profession of occupational therapy and what occupational therapists do. The fundamental ideas behind enabling occupation and the basic values of the profession provide a backdrop for realizing the affinity between the profession of occupational therapy and

the characteristics and values of a great leader. The fundamental values of Canadian occupational therapy have been outlined in *Enabling Occupation: An Occupational Therapy Perspective* (CAOT, 2002), an internationally recognized document published through a collaboration of Canadian leaders in occupational therapy, including educators, researchers and clinicians.

## Occupation and leadership

With the publication of the Enabling Occupation document and the concurrent, yet independent, creation of the discipline of occupational science in the late 1980s, came the declaration that occupation was a key concern of occupational therapy. This has placed occupation front and centre within the profession, now viewed, unequivocally, as a core concept of both occupational therapy and occupational science. Since their focus is on occupational performance, occupational scientists and occupational therapists believe that people are occupational beings and that engagement in meaningful and purposeful occupation is a basic human need. Inherent within the profession and discipline are foundational beliefs and values related to the nature of occupation and the person, which come together within the concept of client-centredness. There is remarkable congruence between these beliefs and values and those of effective leadership!

## About occupation\*

*Occupation gives meaning to life:*

Effective leaders encourage the people around them to do what is important to them and strive to be successful at it (Cox, 2001). Occupational therapists work with individuals who have difficulties in performing their daily occupations or activities. **They enable people to** re-engage in meaningful and purposeful occupations, or engage in new occupations, which can provide their clients with meaning and **a sense of** fulfillment, and

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structure and organize their everyday lives.

*Occupation develops and changes over a lifetime:*

Effective leaders view change as an opportunity, and because of constant societal **shifts**, it is viewed as the only way to survive and succeed (Drucker, 2004). Leaders encourage change, not the status quo (Cox, 2001). They understand that life improvements come through change. Occupational therapists believe that an individual's occupations are constantly developing across an individual's lifespan. One individual may become more competent in a certain occupation, while another individual may transform his or her occupation into a **different one requiring similar skills**.

*Occupation shapes and is shaped by environments:*

Effective leaders believe that through their actions they can alter the environment around them, and when motivating, this environment can then lead to growth and change in others (Bennis, 1994; Cox, 2001). Occupational therapists understand that people engage in occupations that their physical, social, cultural and institutional environments afford. And in response, people's engagement in occupations influences the environments, in which they live and work. Occupational therapists strive to create environments that allow to fulfill their goals, meet their needs, and uncover occupational opportunities.

*Performance, organization, choice and satisfaction in occupations are determined by the relationship between persons and their environment:*

Effective leaders believe that an individual's ability and potential to perform and achieve are best enabled when there is a fit between the individual and his or her environment (Cox, 2001; Drucker, 2004). Occupational therapists create nourishing and enabling environments for their clients and students that promote occupational choice, development, performance, and satisfaction.

**About the person(s)\***

*Every person is unique, having diverse abilities and capacities for engagement in occupations:*

Effective leaders believe that all possess abilities and capacities that are unique (Covey, 1992), thus every individual has something to offer (Drucker, 2004). Occupational therapists view this diversity as enriching, since no one individual can have all the answers (Walls, 2003), or do everything. Thus, occupational

therapists promote and support the diversity and uniqueness of their clients.

*Every person has intrinsic dignity and worth:*

Effective leaders show empathy towards others, value others' knowledge, believe in others (Covey, 1992; Drucker, 2004) and have a high standard of personal ethics (Cox, 2001). Occupational therapists follow a code of professional ethics and have a strong belief in the value and worth of people and communities. They hold a respect for all persons, which helps them to enable their clients toward successful occupational engagement. They offer encouragement, realistic hope, and direction.

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*The task of a great occupational therapy leader ... is to multiply the occupational performance capacity of their clients and students.*

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*Every person has the capacity for making choices about their life, for self-determination, and for personal change:* Effective leaders focus on an individual's strengths and ability to change, instead of their weaknesses (Drucker, 2004). They enable momentum and encourage change, which leads to improvements in one's accomplishments and abilities (Cox, 2001). Occupational therapists strive to create an environment for their clients, which promotes and enables change. They offer ideas, but allow their clients to make the choices to determine their unique occupational trajectory.

**About client-centredness\***

*Clients have experience and knowledge about their occupations and are active partners in the occupational therapy process:*

True leaders do not lead, they serve others (Covey, 1992). All leaders need to have a general knowledge of the work that has to be done. However, they also recognize that they do not know all there is to know. Thus, effective leaders work with the around them and not above them (Cox, 2001). To do this, effective leaders must be excellent communicators, including being a great listener of people's experiences (Covey, 1992; Cox, 2001; Walls, 2003). Occupational therapists view their clients as experts of their own strengths, weaknesses and experiences, thus first

and foremost they listen to their clients and ask questions about their occupational lives. They enable their clients to set and achieve their occupational goals.

*Risk-taking is necessary for positive change:* Effective leaders are risk takers (Bennis, 1994; Cox, 2001). They have the courage to try new things based on their knowledge, are creative, and think outside the box (Covey, 1992; Cox, 2001). This focus provides momentum and enables change, not consistency and complacency. Occupational therapists understand that to enable a client to perform occupations they must create a relationship of mutual trust and be willing to take risks. They will do what is required to adapt their skills to the unique occupational needs of their clients and make situations work for all involved.

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*... occupational therapists have the ability to be effective leaders because of the congruence between leadership values and those of the profession of occupational therapy.*

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*Client-centred practice in occupational therapy focuses on enabling occupation:*

“Leadership is the lifting of a man’s [sic] vision to higher sights, the raising of a man’s performance to higher standard, the building of a man’s person beyond its normal limitations” (Drucker, 2004, p. 6). The basics of effective leadership are having a clear vision, passion, and integrity (Bennis, 1994). Effective leaders are goal oriented and provide the co-ordination, organization, and prioritization required to achieve positive outcomes in various tasks (Cox, 2001). They have gained the trust of others, radiate positive energy, and are optimistic, enthusiastic and hopeful (Bennis, 1994; Covey, 1992; Cox, 2001). Enabling occupation requires leaders to inspire others and encourage their participation in achieving the desired outcome. Occupational therapists work with their clients to set goals, and once these goals are set they strive along with them to achieve them, through many creative means. Occupational therapists enable occupation by forming a relationship with their clients built on trust and honesty, and instilling realistic hope. One way of providing hope is to “pick some low

hanging fruit” (Wall, 2003, p.26); working with clients to achieve small goals, will help create momentum.

Effective leaders are those individuals who reflect many of these values in their everyday personal lives. Occupational therapy leaders exemplify these values to the extreme; occupational therapists have the ability to be effective leaders because of the congruence between leadership values and those of the profession of occupational therapy. As well, they enable their clients to be leaders in their own occupational recovery, strive for positive change in their occupational lives, and reframe their occupational trajectories. The task of a great occupational therapy leader is “not to change human beings”, it is to multiply the occupational performance capacity of their clients and students by enabling them “to use whatever strengths, whatever health, whatever aspirations” they have (adapted from Drucker, 2004, p. 107), and by creating an environment open to positive occupational change.

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\* These values are taken, with minor adaptation, from CAOT (2002).

# Through the Looking Glass: Occupational Therapy in the Future

By Donna Klaiman, CAOT Director of Standards and Professional Affairs

*"One can't believe impossible things," said Alice. "I dare say you haven't had much practice," said the Queen. "When I was your age, I always did it for half-an-hour a day. Why, sometimes I've believed as many as six impossible things before breakfast."*

From "Through the Looking Glass" by Lewis Carroll

In 1872, when Lewis Carroll wrote his famous book "Through the Looking Glass", the glass was simply a mirror leading Alice to a strange and mysterious world. Fast forward to 2006, where a looking glass is no longer a simple mirror, but may be a video mirror, worm hole drive or a software program; one might wonder what the future will resemble given this rapid rate of technological advance? How will this impact the profession of occupational therapy?

One can expect many changes in our society in the coming years, such as transformation and changes in financing of health services, continued growth of private practice, advances in research and greater Canadian involvement in security. These changes will likely impact the occupational therapy profession in a myriad of ways; the future will feature changes in more conventional career tracks and the emergence of opportunities in new areas for occupational therapists.

The occupational therapists featured in this issue of OT NOW clearly demonstrate how their careers evolved by strategically addressing the future trends in areas such as health policy, community development, research and health financing. With one foot grounded in the present and the other foot planted in the future, they had the foresight and planning to use the knowledge and

skills acquired as occupational therapists to become leaders of the profession.

## Transformation of Health Services

Overwhelming changes are taking place within Canada's health system. The transformation of health services in Canada is addressed at all levels of government and has an impact on the clients served and the people that deliver the services. Donna Campbell and Jeanette Edwards are two occupational therapists (see their profiles on page 13 and 18) who have spent their careers using the concepts of occupation and occupational performance to make a difference in the health of Canadians. Both very prominent leaders in the field, they have been very influential in effecting system changes through creative and innovative solutions.

As in the past, many other occupational therapists will be applying their skills within publicly supported organizations and programs. But in the future, there will be a difference in the approach as occupational therapists will be working as members of collaborative multidisciplinary teams in primary health care environments. Collaborative team and leadership skills and a strong emphasis on occupation that addresses health are the necessary ingredients for a successful career in this area.

Expanding opportunities of this type were identified over the course of the Canadian Association of Occupational Therapists (CAOT) involvement in two important initiatives: Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) and the Canadian Collaborative Mental Health Initiative (CCHMI). All the participating professional groups recognized that they need to work collaboratively and that there is an essential role for occupational therapists in delivering primary health care. CAOT's Pan-Canadian Awareness Campaign has continued to press for occupational therapy's recognition as an integral part of primary health care.

Meeting this challenge will require ongoing revision of occupational therapy education and competencies as well as continuing professional development. This process is very important to us as well as our member organizations, such as the Association of Canadian Occupational Therapy University Programs (ACOTUP) and Association of Occupational Therapy Regulatory Organizations (ACOTRO). We are revising the Profile of Occupational Therapy Practice in Canada to set out a vision for occupational therapy along with the competencies needed for new and expanded roles. The Profile provides three valuable functions: informs the development of the certification exam, provides an outcome indicator for academic accreditation and helps guide members in their professional development.

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*There are endless possibilities to developing a career with a degree in occupational therapy when one considers the possibilities.*

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### **Continued Growth in Private Practice**

More opportunities for business development will emerge as public and private sector health organizations increase contract services from private providers. Examples of these initiatives can be seen through the innovative work of COTA Health. Over the past 30 years, this successful business has provided occupational therapy and other multidisciplinary services to a growing urban population. COTA is profiled on page 10. In addition, there has been a growth in individual practices that specialize in driving, mental health and fall prevention. For more examples of occupational therapy practices visit [www.otworks.ca](http://www.otworks.ca).

As more occupational therapists establish their practices, they will require information of the economic value of their services. This will be necessary for advocacy for increased access to services as well as planning. As a result, CAOT is conducting an economic analysis to obtain more evidence of the value of occupational therapy services which will be available in December 2006.

### **Changes to Financing Health Care**

Canadian provinces and territories will continue to confront major challenges in financing their existing health commitments. However, there is

scope for expanding public access to occupational therapy services through third party insurers. CAOT is continuing to press for broadened coverage that will include occupational therapy services among the supplementary insurance benefits offered by extended health insurers. Tax deductions for corporate expenditures on wellness programs are another possible funding avenue, including occupational therapy services for employees. As noted in our 2004 position paper "Workplace Health and Occupational Therapy", worker health should be at the top of the business priority list. Canada must move from treating disease to promoting wellness in order to improve its economic productivity. According to one very recent estimate (J. Rifkind, 2006) "for every dollar spent on health promotion and prevention, companies save 3 to 5 dollars in the form of reduced costs and gains in productivity." In a globalizing world, there will undoubtedly be increased corporate

pressure on government to recognize company expenditures on the health of their employees as an investment essential for remaining competitive.

### **Growth of Knowledge and Innovation**

As occupational therapy continues to refine its body of practice and knowledge, exciting opportunities will emerge for those pursuing a career in teaching and research. The activities associated with generating new knowledge do not respect international boundaries.

As recently confirmed by a stimulating discussion on Research Without Borders at the 2006 CAOT conference in Montreal, there is a strong desire to bolster collaborative research internationally. Participants from other countries stated that they are looking to the Canadian profession to continue to play a leading role in new and emerging areas of research.

Canadian occupational therapists have a strong tradition of leading research. The Canadian Occupational Performance Measure and Enabling Occupation are only two examples of research publications that have been translated into numerous languages and have contributed to the advancement of occupational therapy internationally. CanChild, an interdisciplinary research group at McMaster University is an important example of how occupational therapists have provided leadership and have influenced the direction of research through their perspective of health and occupation. You can

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*Occupational therapists are the inventors of their careers and future.*

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read more about CanChild on page 15.

The profession's position coincides with government's recognition of the importance of innovation in all walks of life (Industry Canada, 2001). In the area of health, innovation, knowledge and creativity will continue to make a significant contribution toward achieving better outcomes for children and adults with a wide range of occupational performance problems. Small businesses are designing the next generation of wheelchairs that will alleviate muscular, joint and other health problems of the user, thereby reducing the barriers to occupational engagement. Advances in electronics, materials sciences, and biotechnology, to name but three fields, will undoubtedly spur the adoption of new practices, products and services by the profession.

CAOT has been active in identifying opportunities for occupational therapists to obtain funding for research and innovation. Our recent partnership with Research Canada, an advocacy association, allows us to showcase occupational therapy as a potential source of innovation through research.

Because of its collaborative multidisciplinary character, occupational therapy provides an excellent grounding for dealing with the many professions and outcomes addressed by health policy. Occupational therapists offer a unique perspective of health and client-centredness, which resonates with the inclusive holistic approaches required in designing health policies. Diane Watson, a leader in health policy analysis and development is profiled on page x. She is one of a growing number of occupational therapists who are playing increasingly prominent roles in the design and implementation of federal and provincial health policies.

Government is now expanding spending on security. Given the growing engagement of Canada's armed forces in peace-making, it is highly probable that there will be a resurgent need for our services to deal with such consequences of war as post-conflict mental and physical trauma, and its extended impact on the occupational performance of soldiers, their families and communities.

Future career prospects look very bright for

occupational therapists. There are endless possibilities to developing a career with a degree in occupational therapy when one considers the possibilities. "Knowledge is the main source of competitive advantage, and it is people who embody, create, develop and apply it" (Industry Canada, 2001). Occupational therapists are the inventors of their careers and future.

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# CHANGING COMMUNITY-BASED SERVICES

## COTA Comprehensive Rehabilitation and Mental Health Services

By Tanya Baglole, CAOT Communications Coordinator

In 1973, five occupational therapists were becoming increasingly frustrated by the limited occupational therapy services offered in Toronto hospitals. They recognized that clients were being discharged without much follow-up care and there was a real need in the community for their services. At the same time, three of these women were starting their own families and recognized that without part time employment, their only options were to work full time or leave their jobs to raise their children.

So these innovative women – Wendy Campbell, Marsha Godfrey, Karen Goldenberg, Sue Peace and Barbara Quinn – decided to explore new ways to help Canadians lead healthy and productive lives, and community-based, client-centred occupational therapy services and self-employment practice was born.



(L-R) : COTA founders Sue Peace, Karen Goldenberg, Barbara Quinn, Marsha Godfrey, Wendy Campbell

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*... its greatest achievement is providing client-centred care to 21,000 people every year to facilitate their greater independence and participation in their valued occupations.*

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These women didn't envision that 33 years later, COTA - Community Occupational Therapy Associates – would be an accredited, not-for-profit, multi-disciplinary health and social services organization with a dedicated team of 550 members across the Greater Toronto Area, southwestern and eastern Ontario. Today, COTA Health provides community-based rehabilitation, mental health and support services in the home, school or workplace for people of all ages. "It proved to be a roaring success," says COTA founder Barbara Quinn.

Back in 1973, occupational therapy services were only available on a limited basis to mostly in-patients. By bringing occupational therapy into clients' homes, COTA's founders were helping to lay the foundation for client-centred care that continues today.

Each founder put in \$75 into their partnership, split the city into five regions, and started providing services referred from the home care programs of Metropolitan Toronto, Durham, York and Halton.

"Referrals came verbally over the telephone, from a coordinator in the hospital. You had to be at home to take this call. This was pre-cell phone, pre-fax, pre-everything. We handwrote the referral. We took whatever came," says Barbara Quinn. In the first six months, they treated about 150 clients, she says, adding that each founder had different areas of specialty. "Word went through the OT community, and people were calling to work for us. These were women home with children who had no options. It was still on the cusp of women maintaining a career and caring for their children," she says.

At the time, COTA's structure was informal and the founders were learning on the go. Over time as demand for their services exploded, they were flexible and innovative, introducing fee-for-

service work with part-time hours. This allowed COTA to lower financial risk and enabled women to fulfill their goals for both their careers and families.

“We couldn’t afford to pay salaries. That is how the self-employment practice developed. We were a leader in Canada,” explains Barbara Quinn. COTA’s founders started fielding calls from across Canada from Edmonton to Halifax from occupational therapists wanting advice about how to set up their own practice. COTA gave free consultations over the phone, shared copies of contracts, guidelines for practice and other advice and strategies.

COTA was a pioneer in advocating for the people with a mental health disability and securing community support for them at a time when only people with physical disabilities received home care services. In 1976, COTA received its first ministry grant to launch a Mental Health Aftercare Program as relapse for these clients was a major concern. COTA was a pioneer in reforming home care legislation to focus on this need. In the program’s first year, over 300 clients were admitted. “Occupational therapists are very good at identifying need and determining a way to serve that need. They are very good at seeing opportunity, being creative in developing programs in new and different ways,” she says.

COTA’s founders understood how essential it was to forge partnerships to improve community-based care. They worked very hard to form relationships at hospitals, community agencies, senior’s centers and in the political sphere to find new clients and build a network, not only to get referrals, but also to refer clients on to other community services available. COTA was also an innovative leader in setting up other programs, including a group program for stroke survivors, clinical placements for occupational therapy students, psychogeriatric program, and a research and program development fund.

At the close of the first decade of its existence, COTA had become one of the largest community-based rehabilitation and mental health service providers in the Greater Toronto Area. During its second decade, COTA continued to create innovative programs and successful partnerships. For example, it created a Head Injury Adjustment Program and with the Queen Street Mental Health Centre, Community Resources Consultants of Toronto and the Supportive Housing Coalition, funded an apartment project.

## Highlights of COTA History

- 1973 COTA founded by five occupational therapists
- 1975 COTA becomes a not-for-profit organization, appoints board of directors
- 1977 Mental Health Aftercare Program with 300 clients
- 1978 Occupational Therapy Student Placement Program
- 1979 Psychogeriatric Program (now called Geriatric Mental Health)
- 1981 Boarding Home Site Support Program
- 1983 Volunteer Program
- 1986 Case Management Program
- 1987 Hostel Outreach Program
- 1988 COTA Health changes focus to multi-disciplinary service provider
- 1990 Adult Protective Service Worker Program
- 1991 Name change to COTA Community Occupational Therapists and Associates
- 1992 Head Injury Community Adjustment Program
- 1994 Community Support Services Program
- 1997 Physiotherapy, Speech Language Pathology, Social Work and Dietetics services
- 1999 Name change to COTA Comprehensive Rehabilitation and Mental Health Services
- 2000 Full accreditation from the Canadian Council on Health Services Accreditation
- 2000 - 2001 Executive Director Barbara Quinn retires; Sandra Hanmer becomes new executive director
- 2001 Dual Diagnosis Program
- 2002 Adams House Housing Site Support Program
- 2003 Accreditation renewal by the Canadian Council on Health Services Accreditation,
- 2004 Expansion into southwestern Ontario and Ottawa

By 1988, COTA decided to evolve from a community-based occupational therapy agency to a multi-disciplinary service provider, which included community support workers for mental health. In 1991, COTA Health changed its name to COTA Community Occupational Therapists and Associates to better reflect the range of service providers associated with the organization.

Until the mid 90s, COTA had a monopoly on community-based occupational therapy services in the city. "We provided a professional service as well as education and community support services. We were more sophisticated than any other programs. We enjoyed a monopoly for a long time," says Barbara Quinn. But with the creation of community care access centres during its third decade of existence, COTA decided to offer physiotherapy, speech language pathology, social work and dietary services in 1997 to thrive in an increasing competitive health care environment. Two years later, COTA again changed its name to COTA Comprehensive Rehabilitation and Mental Health Services. In 2000, this agency was one of the first community-based organizations to get full accreditation from the Canadian Council on Health Services Accreditation, a three-year term which has been awarded in 2003 and 2006.

Over time, COTA evolved and its founders became regarded as experts in community health

care and were invited to give presentations at conferences and universities with OT programs. "We went through many gyrations. We were working out of our homes, working out of one of our partner's father's office, before we were renting a space of our own. It just mushroomed," she reflects.

Indeed, COTA's achievements were possible due to the power of women who had a vision and the ability to collaborate. "To my knowledge, COTA was the first of its kind. There were therapists doing private practice, but not on the same scale that we managed to arrive at fairly quickly. Our client population was in the thousands and we used a contractual model with occupational therapists," says Barbara Quinn, co-founder and executive director, who retired in 2001.

From its modest inception in 1973 when it served 150 clients, COTA Health now relies on 120 staff, 240 self-employed service providers, 200 volunteers and has a yearly budget of \$26 million. COTA Health has expanded into southwestern and eastern Ontario. And its greatest achievement is providing client-centred care to 21,000 people every year to facilitate their greater independence and participation in their valued occupations.

# CHANGING COMMUNITY DEVELOPMENT

## Primary Health Care: Opportunities for Innovative Practice

Jeanette Edwards

By Fern Swedlove

When Jeanette Edwards was director of an inner-city day hospital in Winnipeg, she recalls an experience working with a homeless person. Although he had a stroke, this man was still determined to continue his occupation of getting in and out of dumpsters in search of treasures. Like any good occupational therapist grounded in client-centred practice, she went out and found a dumpster for this man to practice his meaningful occupation. Thankfully, he was able to get out safely.

As Jeanette Edwards recounts this story in her cozy downtown Winnipeg office, her eyes twinkle as her mind races back to this moment. For her, this experience focused on what was important in her work over the years: listening to consumers, enabling occupation and not losing sight of what truly matters to clients. Never satisfied with the status quo, Jeanette Edwards has continued to find ways to put these principles into practice, not only on an individual basis with clients but in her work in community development through her position as Director of Community Development for the Winnipeg Regional Health Authority (WRHA). Recently, she has also assumed the program leadership role for primary care and is now the Regional Director, Primary Health Care with the WRHA.

Jeanette Edwards is the quintessential occupational therapist – modest, self-effacing and accomplished. She graduated in 1976 as an occupational therapist from the University of Manitoba and began working at a senior's day hospital at the Deer Lodge Centre in Winnipeg. In 1980, she moved into the position of coordinator of the first day hospital in Winnipeg that was not physically connected to a hospital but affiliated with a community health centre. Jeanette then became the Executive Director of this community health centre called Health Action Centre which continues to be operated by the WRHA and provides a wide range of health and social services,

including a senior's day hospital.

In 1991, Jeanette Edwards completed her Masters of Health Administration from the University of Minnesota and in 2000 began her current position with the WRHA, which includes developing organizational capacity building, creating partnerships across different sectors of health care organizations and mechanisms for meaningful citizen participation. She was instrumental in developing a framework, an inventory and guide for the WRHA's involvement in community development, creating community health advisory councils and broadening the knowledge of her staff about community development approaches and how they can be used to advance health sector goals.



Jeanette Edwards

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*When planning for health care needs, she believes that "the community knows best."*

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She has also worked in a part-time capacity as a facilitator with the Primary Care Reform Branch of Manitoba Health. Jeanette Edwards is a Certified Health Executive, Canadian College of Health Service Executives, holds Advanced Credentials of Health Care Administration, University of Minnesota and a Certificate of Gerontology, University of Manitoba. She is an occasional teacher with the University of Manitoba and University of Minnesota, as well as working as a surveyor with the Canadian Council on Health

Services Accreditation. In this capacity, she has assisted in the development of the AIM standards, the First Nations and Inuit Health accreditation processes and in surveying independent organizations and health systems across the country. She credits this work as helping her to keep the connection alive between practice and planning.

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*"It is time to move beyond identifying with the illness system alone and truly identify with health as occupation."*

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Jeanette Edwards is a strong advocate for the occupational therapy profession and believes that occupational therapists have all of the necessary skills to meet the changing health care needs. She has continued to maintain all of her professional occupational therapy memberships in provincial and national associations over the years. In addition to her work and involvement with the Canadian Association of Occupational Therapists (CAOT) Seniors Health Promotion Project as chair of the Manitoba advisory group in 1993, Jeanette Edwards has also helped author many papers on the role of occupational therapy in primary health care, including Occupational Therapy and Primary Health Care: A Practice Paper, Occupational Therapy Primary Health Care: Exemplars of Practice and helped develop the position paper Occupational Therapists and Primary Health Care (MSOT, 2005). This year her commitment to the occupational therapy profession was acknowledged with a CAOT Award for Innovative Practice. This award honours the exceptional contributions of an occupational therapist who has shown innovation and leadership.

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*With each step of her career, Jeanette Edward's occupational therapy lens has been clear and focused.*

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With each step of her career, Jeanette Edward's occupational therapy lens has been clear and focused. She has taken the principles of client-centred practice and enabling occupation and applied them with her approach to community

development. When planning for health care needs, she believes that "the community knows best." Jeanette Edwards has put these concepts into practice through the development of six community advisory councils throughout the city of Winnipeg, as well as volunteer services to build capacity in the community.

Through all of this work, she says that the ultimate goal is "for the health system to pay attention to those who need it and to understand that people need health services delivered in a broader context to address issues such as poverty and employment." Jeanette Edwards fears that if the health care system does not pay attention to this need, the present system will continue to work in a band-aid fashion and with a very high price tag that potentially could absorb all of our tax dollars.

Her extensive contributions involving community development, consumer advocacy, policy development, education and fieldwork have positively impacted clients, students and the community and have also advanced occupational therapy practice. Jeanette has always been one step ahead, for example, moving the profession of occupational therapy forward in the area of primary health care at all levels of government. Jeanette Edwards is passionate in belief in the power of the community and occupation to improve the health of Canadians. "It is time to move beyond identifying with the illness system alone and truly identify with health as occupation. We need to go back to the very basics – it is about life, a healthy life," she said.

## CHANGING RESEARCH

# CanChild Centre for Childhood Disability Research

By Tanya Baglole, CAOT Communications Coordinator

The tangible benefits of CanChild Centre for Childhood Disability are most evident when Nancy Pollock meets with families of children with disabilities who she finds are caught in a “real cycle of angst.”

Recently, for example, Nancy Pollock assessed a young boy in Grade 2 who kept falling down and getting fractures. He also had difficulty with self-care activities, academic tasks and despite going to many service providers which included doctors, pediatricians and psychotherapists, his family still couldn't get an accurate determination of his condition.

That is until they met her. “His family always got an opinion, but never got a sense it was right on,” she explains. Nancy Pollock knew the boy showed all the characteristics of a disorder she specialized in, but went to CanChild's web site to access information that she always finds is practical, clear, neutral, scientific and based on high quality research. She then asked the family to read the material to see if it resonated with them.

The family felt a weight lifted off their shoulders when they discovered their son had developmental coordination disorder, which occurs when a child lacks motor coordination to perform age-appropriate tasks, given normal intellectual ability and the absence of other neurologic disorders. “It was a huge relief. It was like, eureka! Now we know what to do,” she says. An occupational therapist and physiotherapist are now working with this young boy, and his Grade 2 teachers are eager to lend a hand. “CanChild's materials will help them. Everyone has had a big ‘ah hah’ about this disorder and this child. Everybody is on board and moving forward,” she says, her voice filling with enthusiasm.

Seventeen years ago, CanChild was a dream envisioned by Mary Law, an occupational therapist who had completed her doctoral training in health and social planning, as well as two developmental pediatricians, Peter Rosenbaum and

David Cadman. They imagined a research centre that would give families of children and youth with disabilities current research with practical solutions to meet their varied needs, rather than research that sat on a shelf collect-



Mary Law

ing dust with no discernable value. “The end goal of research is to improve the services that occupational therapists deliver, to improve the knowledge that we have as occupational therapists in order to help clients and families, and to make a difference in their ability to lead healthy, meaningful lives,” says Mary Law. The unique idea of CanChild became the foundation for a very successful organization based in Hamilton, Ontario, that is multi-disciplinary in focus, involving collaborative partnerships with service providers, which today is respected around the globe.

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*... today what makes CanChild distinct is its intertwined involvement with families.*

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Back in its infancy, CanChild's founders planned to seek external grants for specific projects, which CanChild continues to do. But they wanted a base to support the knowledge translation, education and partnership activities not typically supported by separate research grants. Opportunity arose with the Ministry of Health in Ontario for funding of health system linked research grants, in which research centers were established with clinical partners.

Since its inception in 1989, CanChild has received continuous funding from the Ontario Ministry of Health and Long-Term Care. As its major sponsor, McMaster University provides significant in-kind support. CanChild has also received almost 150 research grants totaling over \$17 million in research funding. Today, CanChild's clinical partners are the Ontario Association of Children's Rehabilitation Services and the Ontario Community Care Access Centres. Their policy partner is the Ontario Ministry of Children's and Youth Services.

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*"What we now know is that in knowledge translation ... You have to get engaged with people, work in partnership with them, and write things that people understand, so they are applicable."*

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Very innovative at the time, today what makes CanChild distinct is its intertwined involvement with families. "We have parents who are co-investigators on studies, who are authors on papers with us. That is something that we do that is still quite rare," says Mary Law, CanChild's Co-director. One initiative CanChild led was spurred by parents who were frustrated by being asked the same questions over and over again about their child. They also needed a method to organize all the information they received and instruction on the best way to use it to advocate for their child. CanChild met with families who were integral to producing the tool Keeping it Together (KIT). KIT is an organizational tool for parents with children with disabilities to organize information and help them when interacting with different service systems, such as health, education and recreation. The KIT is useful for parents of children with a wide variety of special needs and all developmental ages from birth to 21 years.

The KIT has had an enormous impact says Jan Burke-Gaffney, director of the Hamilton Family Network, a network of parents of children with disabilities, which has collaborated with CanChild for eight years on many research projects, including developing the KIT. "Some of the younger parents, who had children under five, thought they had been given a real gift when

## CanChild Research in Progress

Promoting inter-disciplinary identification and improved service delivery for children with developmental coordination disorder (DCD) and their families

In partnership with the Ministry of Health, CanChild is working to develop, implement and evaluate a new educational package and program of health care delivery that will facilitate earlier identification of children with DCD.

Enhancing participation through knowledge transfer: A model for children with DCD

CanChild pilot tested a consultative model of occupational therapy intervention for children with DCD. A new model was developed and barriers to implementation of a new approach to school-based service delivery were identified.

Establishing valid criteria for classification of mild traumatic brain injury (MTBI) in children

With the Ontario Neurotrauma Foundation, CanChild is working towards establishing criteria for classifying MTBI in children.

Informational needs of extended family members of children with disabilities

CanChild is in the process of developing resources to support extended family members interested in assisting with care giving.

Measuring outcomes for children with special needs in Ontario

Working with the Ministry of Children and Youth Services, CanChild is providing advice and evidence about what outcomes should be measured, and how they should be done in the most reliable and valid way.

Forecasting resources for children with special needs in Ontario

In partnership with the Ministry of Children and Youth Services, CanChild is exploring the development of models of forecasting for Ontario's population of children with complex/multiple needs.

Early identification projects for children with developmental coordination disorder (DCD)

This includes a qualitative research study intended to increase the understanding of children with DCD by examining the observations and experiences of their parents.

Adolescent study of quality of Life, mobility, and exercise (ASQME)

The ASQME study explores patterns of activity, forms of mobility and factors associated with changes of function specific to adolescents with cerebral palsy (CP). The goal is to determine how to optimize mobility and self-care of adolescents with CP.

Evaluation of Opening Doors Project

CanChild's evaluation of Opening Doors Project aims to assist young adults and their families to develop natural support circles and become involved in community activities.

**Working together for change: The role of families in generating, using, and transmitting knowledge in higher education and research**

In collaboration with the Family Alliance Ontario and Ryerson University, CanChild is reviewing and funding demonstration projects that support different models of consumer engagement in research and education within the field of disability.

**Inappropriate living environments with adolescents with acquired brain injury (ABI)**

CanChild is exploring the extent to which adolescents and young adults with ABI in Ontario are living in environments that would be considered inappropriate.

**Knowledge transfer evaluation of education strategies**

The purpose of this study is to determine the relative effectiveness of two interventions to improve therapists' knowledge about disability measures, utilization of these measures and ability to use disability scores in clinical decision-making.

**Youth KIT: Continued research**

With support from the Pollock Foundation, CanChild is working towards the creation of a Youth KIT that will provide youth with special needs the tools they require to organize information and know important information about themselves.

**Focus on function**

In partnership with the US National Institutes of Health, CanChild will compare two treatment approaches that are currently being used for children with cerebral palsy and other developmental and motor delays.

**Trajectories and consequences: Long term follow up of children and youth and their families after ABI**

Through this research, CanChild is filling the knowledge gap surrounding clinical beliefs about the prognosis for children with ABI.

**Moving motor growth research into clinical practice: Do knowledge brokers make a difference?**

CanChild's study evaluates the effectiveness of a multi-faceted knowledge translation strategy using knowledge brokers to facilitate the implementation of evidence-based measures of gross motor function for children with cerebral palsy by physiotherapists in children's treatment centres.

**Rehabilitation training grant/Quality of life**

In association with the Canadian Institutes of Health Research, CanChild is working toward increasing the rehabilitation research capacity by establishing an integrated and interdisciplinary training program at McMaster University and the University of British Columbia. This program targets quality of life through rehabilitation that is focused equally on addressing impairments and promoting healthy participation.

they received this resource. They felt they had some control over this massive information that they didn't know how to handle and they didn't know about navigating through these systems that they'd never been in before," she says.

Research involving a few hundred parents showed the more a family used the KIT, the greater their confidence they had to interact with health, education and recreation systems. As their confidence improved, their satisfaction with the services they received improved. "We showed that it actually did make a difference," says Mary Law.

Indeed, CanChild has also been instrumental in increasing community faculty at McMaster, so that families and people with disabilities speak to university classes and give a view that only those with personal experiences with disability can give. CanChild is now working with the Faculty of Medicine at McMaster, as well as other universities and community colleges to promote this family-centred education.

It is also crucial for occupational therapists and policy makers to have a good working relationship and understand each other's issues, especially with shifts in government. There must be recognition that "research takes time," says Cheryl Missiuna, a leading occupational therapy researcher at CanChild. "If you going to do it properly, if you are going to do it well, research needs to be done thoughtfully, and working with the people who will be affected. Policy makers need to work with the researchers to take the time to find an answer that is evidence-based, not leap into new programs without evaluating them," she says.

Reflecting back on the 17 years since CanChild's creation, Mary Law says that there have been many lessons learned. "What we now know is that in knowledge translation, to move information into practice and policy, you can't just write an article and expect that will happen. You have to get engaged with people, work in partnership with them, and write things that people understand, so they are applicable."

# CHANGING HEALTH CARE ADMINISTRATION

## Bridging the World of Finance, Administration and Clinical Practice

Donna Campbell

By Fern Swedlove

When Donna Campbell began her career as an occupational therapist in 1967 working on the front-lines of health care, administration was one component of her work. "Over the years, I realized the role I should play and could do to have a greater influence, was to work to help the system to change so that occupational therapists, others and clients could do their work better, unencumbered and get what they needed," she said. Almost 30 years later, she is a senior administrator at the Royal Ottawa Health Care Group's Royal Ottawa Hospital, as well as a sought after project co-coordinator for a wide variety of projects which help to improve the health of Canadians through more effective administration.

For many people, when one door closes another door opens. This was certainly the case for Donna Campbell and occurred with the restructuring of the Ottawa Civic Hospital in 1996. At that time, after over 20 years of employment at this facility, her job as head of the occupational therapy department was terminated. She had already been preparing for the future demands needed to work in the growing health care system through upgrading her education as a part-time student in the Masters of Public Administration at Carleton University. She then plunged back into her studies full time, completing the program in 1997.

Donna Campbell began to work as the Administrative Director for the General Psychiatry Program at the Royal Ottawa Hospital while continuing to acquire more knowledge in information systems. This education and training positioned her for a number of different positions which included the Administrative Director for the Substance Use and Concurrent Disorders Program and Project Coordinator for a wide range of programs at the Royal Ottawa Health Care Group. For many of the projects that Donna Campbell has worked on, she describes her posi-

tion as one that "bridges finance and administration with knowledge about the clinical system. Many projects require a marriage between these areas," she said.

As you speak with Donna Campbell, her love of learning and people is clearly an underpinning for satisfaction in her work. She also believes that the core concept of enabling meaningful occupation is a key to her success as an administrator. "Being an occupational therapist, I am very aware of the importance of doing things that have meaning and that the people around you need to do things that have meaning to them," she said. Part of what provides her with a sense of meaning is the enduring quality of some of the work that she has produced over the years. Often, she has seen people refer to projects that she has completed over the years. "It is important to feel that your work has made some kind of contribution," she said.



Donna Campbell

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*"Being an occupational therapist, I am very aware of the importance of doing things that have meaning and that the people around you need to do things that have meaning to them."*

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Over the years, teams have been recognized as an effective method to accomplish a variety of complex tasks in health care and working as part of a team has been an integral component of

Donna Campbell's work. These teams have helped to improve the health care of Canadians through a number of different ways such as facilitating the recovery of clients, implementing a new type of service or developing administrative policies to support care providers. Through participation on teams, her role as an occupational therapist has made a difference. "The more complex the task, the more the team must be representative of different expertise to be effective. This principle applies at the administrative level as well as the clinical level and I have been pleased to have the opportunity to bring my occupational therapy expertise to bear on achieving positive outcomes in diverse and complex assignments," she said.

Donna Campbell is a strong advocate for occupational therapy and a true ambassador for the profession at all levels of government. She was CAOT president from 1983 to 1985, serving as board director and member-at-large prior to this. She was actively involved in government affairs, first as the government affairs liaison and then as chair of the government affairs committee. Her provincial and local participation included chairing the Ontario Hospital Association's Regional Directors of Occupational Therapy Committee and involvement in several initiatives of the district health council. Donna Campbell has lectured at the University of Ottawa and served for several years on the Telemedicine Canada's Rehabilitation Therapies Planning Committee. She also participated in an ad hoc advisory committee for an auxiliary rehabilitation personnel program at the local community college and was the chairman of the organizing committee for the 1978 CAOT Conference and the 1998 Council Meeting of the World Federation of Occupational Therapists. In 1996, Donna Campbell was awarded the CAOT Helen Levesconte Award of Merit. Donna speaks of these experiences as being extremely valuable and tremendous learning experiences. "I would not be the person that I am without having done this volunteer work with CAOT and other organizations," she said.

Her passion for the profession has not faded over the years. As we speak, Donna Campbell describes her office where she proudly displays her awards and degrees from over the years. She feels strongly that occupational therapists should never abandon their professional identity, even when they decide to work in other areas. She believes that it is very important for occupational

therapists to branch out into other areas of work from direct clinical practice. "Occupational therapists have to be able to have influence at really different levels to make things work," she said.

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*"Occupational therapists have to be able to have influence at really different levels to make things work."*

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For Donna Campbell, there are no immediate plans to retire. There is still a new facility to help plan at the Royal Ottawa Hospital and likely other interesting projects on the horizon. She clearly loves what she is doing and wants to make a difference in how the health care system can best meet the needs of clients and the people who work there. "I still have something to contribute here. I am learning all the time," she said.

# CHANGING COMMUNITIES

## Thinking Globally and Acting Locally

Suzette Montreuil

By Tanya Baglole, CAOT Communications Coordinator

“Certainly the whole orientation of occupational therapy in terms of working with clients to ensure their full participation in life has influenced me a lot and guided my orientation to how I approach situations of exclusion and marginalization,” says community activist and occupational therapist Suzette Montreuil.

Working in Yellowknife for more than 20 years, this fierce and passionate advocate has focused her actions on improving the health of Canadians, enabling occupation and building strong, vibrant, healthy and inclusive communities. As an occupational therapist, social activist, union leader, mother and wife – Suzette Montreuil has been a powerful advocate throughout her career for people who are ill, aged, disabled, poverty-stricken and marginalized.

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*Having witnessed firsthand social injustice, she thinks globally and acts locally to make a difference through her many spheres of involvement.*

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Having witnessed firsthand social injustice, she thinks globally and acts locally to make a difference through her many spheres of involvement. Whether she is assessing the profound impact of a gas pipeline up north, critiquing social and economic policy at the territorial or federal level, overseeing the creation of a francophone school board, managing the opening of a daycare, or coordinating her union’s political action campaign she always brings the perspective of the client to the table. Ultimately Suzette Montreuil is fighting to enable occupation in a healthy community.

She was born in Mattawa, Ontario, about 65 kilometres east of North Bay. After graduating

from the University of Western Ontario in 1985, earning a bachelor degree with honours in occupational therapy, her activism led her from a six-month work term in Ottawa to Nicaragua for a month-long exposure tour. Then she headed to Yellowknife for two years, after she spotted a newspaper ad for an occupational therapist that fuelled her passion to work in a cross cultural setting. Next, she headed to Ethiopia, volunteering at a Catholic Mission hospital for the Canadian Crossroads International. In the Ethiopian town of Awassa, she delivered rehabilitation programs for clients with major physical and developmental disabilities, such as cerebral palsy, and she also coordinated a community outreach polio program.

Suzette Montreuil returned to Ottawa, completing a locum position, before she headed back up north to work as a policy officer for the Government of the Northwest Territories Department of Health and Social Services. In that role, she developed and evaluated policy programs in the community and institutions for aged, disabled and chronically ill NWT residents.

It was in 1992 that she returned to her present position as an occupational therapist at the Stanton Regional Hospital, where she has developed and implemented programs in community-based early intervention, home care and out-patient services, including working with women with breast cancer. She has provided occupational therapy assessments in geriatrics, pediatrics, orthopedics and rheumatology and



Suzette Montreuil

worked with outreach programs to many communities in the Western Arctic. Currently, she is working with outpatients, focusing primarily on orthopedics, rheumatology and venous disorders.

Suzette Montreuil is always actively promoting community development. As co-chair of Alternatives North, a wholly volunteer social action coalition based in the Northwest Territories, she reviews social policy papers, such as the review of income security programs and territorial budgets, organizing community information and discussion sessions. Today the Mackenzie Valley pipeline project, which will be the biggest industrial project in the history of the Northwest Territories, is a serious issue that Suzette Montreuil has been vocal about as co-chair of Alternatives North. The \$5-\$7 billion initiative that would develop and move gas from the Beaufort-Delta to Alberta would mean an influx of billions of dollars to the local economy, but she is concerned with the pipeline's significant socio-economic and environmental impact on territorial residents. "We are a small, remote community. We see some tourists and travelers. But with the onslaught of thousands of workers, these camps of workers will be greater in size than the communities near them. People are concerned about a slue of issues: the introduction of diseases, drugs, alcohol, STDs, pregnancies. And how is this going to affect Aboriginal self-government issues?" she says.

Building a pipeline in permafrost may lead to severe environmental problems, such as unstable ground. "There has never been a pipeline built in this terrain before. There are unknowns there," she says. If there are severe socio-economic and environmental implications, what kind of healthy community is left for residents up north?

When asked what makes strong, vibrant, healthy communities, she answers: "You need to develop an economy that is focused on meeting the needs of its population by providing income security and a plethora of programs to help people develop their skills and overcome or deal with challenges. You put the needs of people ahead of the needs of corporations and the elite." She adds: "We need to stop blaming the poor and looking at obstacles that keep people in poverty and accept that some individuals and families in our society will require long-term support that is the responsibility of a civilized society to provide this."

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*"I see life as a circle and not a ladder. I believe we are all interconnected and both need and rely on each other. "*

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Suzette Montreuil is also extremely involved in her union to help facilitate productive occupation, which leads to a healthy, satisfied workforce. As president of the NWT Area Council of the Public Service Alliance of Canada, a territorial wide political action committee of the largest northern union, since 2004 and past president of the UNW Local 11, which combines the staff of the Stanton Territorial Health Authority, she has focused on labour issues, including recruitment and retention issues in the north. She has also helped build the skills of fellow volunteers, refine their approaches to political action or helped explain to union members their rights.

In fact, in 2002, her dedication and service to the people of Yellowknife and the Northwest Territories was recognized with a Wise Woman award from the Status of Women's Council. "I see life as a circle and not a ladder. I believe we are all interconnected and both need and rely on each other. I don't believe in a ladder approach to life that pits you against, above or below your neighbour. My real skill is probably networking with a variety of groups and sectors. I act as liaison to both organized labor and the churches in my coalition and like seeing the different approaches they all take," she says.

## CHANGING EDUCATION

# Expanding Horizons for Occupational Therapy Students Through Fieldwork Placements

University of Manitoba and Dalhousie University

By Fern Swedlove

Over 10 years ago, the academic fieldwork coordinator for the occupational therapy program at the University of Manitoba began to ask the question: Can students learn the necessary skills needed for practice in a setting that has never employed an occupational therapist? The answer to this question led to the development of the Role-Emerging Fieldwork Project which has become a model for educating future occupational therapists at the University of Manitoba, Dalhousie University and other universities across Canada.

Theresa Sullivan and Marcia Finlayson developed the blueprint for this program at the University of Manitoba. Based on research developed by Ann Bossers at The University of Western Ontario Occupational Therapy Department and their previous experience with similar placements, these fieldwork coordinators designed the program to meet both the needs of the student as well as the placement. "What makes this experience different is that it focuses on creating the just-right educational challenge for the student, not just finding a placement spot," said Theresa Sullivan. Another motivation for the development of this program was to prepare the students for future areas of practice where occupational therapists would be working independently and without the guidance of mentors. This type of placement facilitates the needed skills for practice in this new working environment by facilitating autonomy, flexibility, independence and the ability to do multiple roles.

In role-emerging fieldwork instead of a traditional apprentice model approach, students are active facilitators in the entire fieldwork placement process. The process begins with the students developing an idea for a fieldwork placement or the academic fieldwork coordinator providing suggestions for a potential role emerg-



Sheila Banks  
(Dalhousie University)



Margaret Anne Campbell-  
Rempel (University of Manitoba)

ing fieldwork opportunity based on previous experience or ideas that have developed in the community. Students then work together with the fieldwork coordinator who help identify the site, establish contact and work collaboratively with the site personnel to develop the placement. Developing objectives for the placement is a mutual process with input from the student, fieldwork coordinators and site personnel.

Margaret Anne Campbell-Rempel, the present academic fieldwork coordinator at the University of Manitoba, describes the program as a rich, clinical experience for the students. For example, for the past two summers occupational therapy students from the University of Manitoba have worked in a unique program designed for young adults with intellectual challenges. These students spend the summer working in a cottage in Gimli, Manitoba where the focus is on developing life skills. The Grow in Gimli program provides an opportunity for students to "connect with the people in the community and demonstrate that occupational therapy can provide support," she said.

## Working with the Parks and Recreation Department in St. John's

"These are great placements, they provide excellent learning opportunities," says Brenda Head exuberantly as she describes the occupational therapy Expanded Fieldwork Program in St. John's, Newfoundland.

For the past five summers, senior students from Dalhousie University have participated in a unique fieldwork placement opportunity with the City of St. John's, Parks and Recreation Department. For these Dalhousie University students, this experience represents a switch from the more traditional occupational therapy placements where the client is generally an individual rather than an organization. The students are self-directed and are required to work with a great deal of autonomy. The placements use a model of supervision that includes an on-site contact person and an off-site preceptor who is an occupational therapist. Students not only find

the experience to be a great learning opportunity, but they are also able to see the positive outcomes of their work from one year to the next.

During the placements, the students work with city staff to address occupational performance issues. Examples of the students work include an accessibility audit of selected parks in the city and recommendations to improve access for anyone visiting the parks such as individual with disabilities, children in strollers and the elderly, as well as providing education and consultation on topics such as how to facilitate inclusion for children with special needs and safe lifting. This summer a student will be gathering information on how other municipalities across the country provide attendant care for children with disabilities. "This is truly a client-centred partnership," says Brenda Head.

At Dalhousie University, the program has evolved slightly differently to accommodate the fact that the university is responsible for the entire Atlantic region. Rather than having one person coordinating the program, provincial fieldwork education coordinators in each province have built on the particular opportunities, resources and community interests in Atlantic Canada. Sheila Banks is the regional fieldwork coordinator located in Dalhousie University. The four regional fieldwork education coordinators include: Brenda Head (Newfoundland and Labrador), Heather Cutcliffe (Prince Edward Island), Michèle Roussel (New Brunswick) and Reg Urbanowski (Nova Scotia).

The program at Dalhousie University is called Expanded Fieldwork, as the goal of the program is to "expand roles and learning opportunities," said Sheila Banks. Their program introduced expanded fieldwork in 1999 and received pilot project funding for off-site preceptors from the McConnell Family Foundation in 2002 and 2003 while evaluating the program and developing resources. At Dalhousie, therapists approach the school with ideas in addition to the students coming up with suggestions for a placement. For

example, recently a therapist approached the program for help with evaluating the impact of a primary health care transition project.

The benefits for the University of Manitoba students and Manitoba community have been evident by the increasing tendency for occupational therapists to be employed in positions that

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*This type of placement facilitates the needed skills for practice in this new working environment by facilitating autonomy, flexibility, independence and the ability to do multiple roles.*

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had not traditionally been open to them, as well as the development of new positions for occupational therapists. This is part of the "emerging from the box," said Margaret Ann Campbell-Rempel; students have the first hand experience of the breadth of occupational therapy from their work with non-profit organizations such as the Multiple Sclerosis Society and Cancer Care



Kelly Moore practices "Loops and Other Groups" with a camper attending Camp Enrichment. This St. John's camp is sponsored by the Learning Disabilities Association of Newfoundland and Labrador.

Manitoba. Occupational therapists in Manitoba are now working in the area of community mental health and as members of health resource teams for seniors which have not traditionally hired occupational therapists.

At Dalhousie University, Sheila Banks has found that the Expanded Fieldwork program has "enabled students to take initiative and to pursue

their own visions of the profession, while simultaneously enabling meaningful occupation as the base for individuals to participate more fully in their communities." Another added benefit has been that students enter an environment where there has been no established role and discover that occupational therapy can add valued knowledge and skills on accessibility, inclusiveness and occupational analysis to community programs. Students develop confidence in their clinical skills while gaining valuable experience in marketing the profession and working as a consultant. Expanded Fieldwork provides a resource to communities, demonstrates the benefits and outcomes of occupational therapy, as well as contributing to changing occupational therapy practice.

As these two fieldwork coordinators speak about the future of the program, there is both excitement and pride in their voices. The beauty of the program is that it is "grass roots and doesn't impose a model on community groups," said Sheila Banks. Not only have students developed greater independence and understanding of the possibilities of the profession, but communities have had the opportunity to see first-hand what occupational therapists can do for them.

# CHANGING HEALTH CARE POLICY

## Achieving Equity in Health Care Through Policy Change

Diane Watson

By Fern Swedlove

It was the search for greater equity in health care delivery that led Diane Watson to her current position as the Director of Research and Analysis for the Health Council of Canada, which was established by Premiers to monitor and report to Canadians on health care renewal. However, the seeds for her career path were planted 20 years ago when she began working as an occupational therapist and was faced with making decisions regarding the waiting list for children needing occupational therapy.

"It was probably in my first year, I was quite frustrated by the lack of direction and consensus about how much we should see people and how often. There was a huge variation across providers and there was little literature on the topic. Equity was really important to me – people should be getting treatment based on relative need and potential to benefit," she says.

Her journey to find solutions began with obtaining the necessary tools to help support decisions regarding resource allocation. First, she completed her Masters in Business Administration in 1993, while continuing to work in the field of occupational therapy both as an educator and writer. But this wasn't sufficient. "At the end of that I realized that I had some tools but it wasn't coupled with the understanding of the complexity of health care nor any social justice training," she said. In 2000, Diane Watson graduated with a PhD from the Department of Health Policy, Management and Evaluation at the University of Toronto which provided her with additional necessary skills for a career in health policy. Since that time, she has been a faculty member at the Centre for Health Services and Policy Research at the University of British Columbia, associate director for the Canadian Institute of Health Research (CIHR) Institute of Health Services and Policy Research, as well as a research associate at the Manitoba Centre for Health Policy at the University of Manitoba. In January, 2006 she

began her new position with the Health Council of Canada, based primarily in Vancouver but with regional offices across the country. Each month she travels to meet with health care policy stakeholders across Canada.



Diane Watson

Diane Watson believes that changing health care policy holds the most promise to improving our health care system and creating a more rational process where future investments in health care can be made to best meet the collective needs of Canadians. "It is the structure and design of the system that have the biggest levers for health care system improvement," she says. Her extensively published research is primarily in the area of equity in the supply and distribution of health services across the population. She is optimistic about health care in Canada: "Research indicates that the Canadian system is reasonably equitable, and more equitable than health-care systems in most other countries. But, there is still room for improvement, particularly in the area of waitlists."

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*"Equity was really important to me – people should be getting treatment based on relative need and potential to benefit."*

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Between 2001 and 2006, Diane's work at CIHR involved commissioning research to meet the needs of health care policy makers and managers. In 2005, she spent most of her time orchestrating the commissioning and dissemination

of research evidence used by Ministers of Health to establish national benchmarks for maximum wait times for high-priority procedures and treatment related to cancer care, cardiac services, hip and knee replacements and eye surgery. Part of this research involved determining the relative risk to wait for a certain procedure such as the amount of deterioration that will take place during the wait period for surgery.

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*"It is the structure and design of the system that have the biggest levers for health care system improvement."*

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Searching for the answers to the complex questions involved in achieving equity in health care delivery continues to galvanize Diane Watson. Clearly her passion, drive and keen intellect are evident as she speaks about her profession. "I love my work. I try to lead and get involved in rigorous research on priority topics, and package our research results so they have a lot of salience and value to the policy community. There is a lot of purchase power in doing population analysis based

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*"Insufficient attention has been paid to the importance of policy makers and managers creating environments that better support clinicians to do their best work."*

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on using data that includes everyone," she says.

There remains a great deal of untapped potential in the area of health policy. "We have squeezed about as much quality improvement as we are going to get by asking clinicians to do this type of work on their own. Insufficient attention has been paid to the importance of policy makers and managers creating environments that better support clinicians to do their best work. One clear example – the dearth of electronic health and decisions support information systems in Canada," she says.

As the past can often inform the present, Diane Watson reflects: "My occupational therapy experience led me down the pathway of trying to figure out and contribute to decisions that drive equity in the delivery of health care. My clinical training and experience became an integral part of who I am."

# CHANGING OCCUPATIONAL THERAPY PRACTICE

## Working With People, Figuring Out Possibilities

### Pat Fisher

By Lynn Cockburn and Judith Friedland

Pat Fisher's career as an occupational therapist spanned five decades and influenced hundreds of clients and therapists. Passion, perseverance, organizational and facilitation skills, belief in the power of education, innovation and evolution: these are the characteristics that are embodied in this remarkable woman. She has received awards in recognition for her work and maintained longstanding friendships with fellow occupational therapists. But what stands out when speaking with her is a fundamental conviction that what is unique about occupational therapy is that the individuals who have worked with an occupational therapist say "look what I have been able to do" rather than "the therapist did so-and-so to me."

The importance of working with a person rather than doing to an individual is evident in the stories that she tells about her work as an early occupational therapist which she describes as "toiling in the wilderness" in a small town in Ontario, as a supervisor at various Toronto hospitals and as an educator with the University of Toronto. She recognizes this important yet often unrecognized perspective as being fundamentally different from other health professions and one that occupational therapists bring to their work in all arenas.

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Although she recognizes how much occupational therapy roles have changed over the years, Pat Fisher does not think that the occupational therapist's fundamental goal - assisting people to deal with the complexity of their everyday situations - has really changed. She speaks about working together with her clients to figure out what they needed to do themselves



(L-R) Pat Fisher in 2005 receiving her University of Toronto 60th Year Anniversary Medal from Nancy Christie.

to achieve their goals, not by telling them what to do. From her beginnings in a veteran's hospital in the mid 1940's where she used crafts to help returning soldiers reengage in civilian life, she moved on to community work where she provided services to children and their families. She then took on supervisory and educational positions in large organizations. In each of these roles, she was a facilitator of processes that created positive change.

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*... she was a facilitator of processes that created positive change.*

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But not unlike other occupational therapists, Pat Fisher also admits to times when she did not maintain such a positive attitude and thought of leaving the profession. At some points in her career she felt that the nature of hospital institutions did not support the goals of occupational therapy: "Here we are trying to encourage our patients to be active and creative, and that doesn't always fit with the rules and order that a hospital

wants to maintain. Besides, we generally don't deal with life and death situations; we deal with quality of life – that too, is a different perspective than what is held by many other health professionals". Her eyes then lit up as she said: "But then I realized that this is me" and spoke about how this perspective about the benefits of engagement in occupations was a key part of her life. She obviously enjoyed problem solving with her clients and colleagues to enable that engagement.

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*Pat Fisher's perseverance is evident in the key role that she played in the development of the OSOT Perceptual Evaluation Tool Kit and Manual.*

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Pat Fisher's perseverance is evident in the key role that she played in the development of the OSOT Perceptual Evaluation Tool Kit and Manual. What began as an idea in the Study Group on the Brain Damaged Adult became a 20-year project. Along with occupational therapy colleagues Marion Boys and Claire Holzberg, she spearheaded a process to develop a tool that therapists could use to better understand the perceptual difficulties that their clients faced. These three occupational therapists, who had little research training, worked with experienced researchers and many practising clinicians to

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*Pat Fisher represents the many other occupational therapists ... continually learning more about their field and their clients, as well as encouraging and supporting students and colleagues to develop their understanding of activity, occupation and occupational therapy.*

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carry out a successful initiative resulting in a resource used by many occupational therapists today. "We recognized that this was just a beginning in this area, but we wanted to get something started so that the huge need could be addressed," she said. The results of the study were published in the American Journal of Occupational Therapy in 1988 and a revised version of the manual was published in 1991.

As chair of the Continuing Education Committee at the University of Toronto Department Occupational Therapy for many years, her belief in professional development was clear. She worked tirelessly and with few resources to provide opportunities for learning across a wide variety of interests. Sixteen years after officially retiring from the profession, she continues to be interested and keep up with current ideas in the field. These days she is learning about how society and environments influence health and is thinking about occupational therapy roles as this new knowledge develops. She is optimistic that the profession's ongoing commitment to developing an evidence base is beneficial and will strengthen the understandings of how occupational therapists facilitate change, but she also hopes that the creativity and innovation that have been hallmarks of clinical practice will not be lost.

Through her work with clients, students, colleagues and many others, Pat Fisher has left a legacy. Her emphasis on facilitation and organization helped to create a network of occupational therapists who share a passion and dedication to the profession. Reflecting on her career, she takes little credit for herself, saying how fortunate she was to work with many people who she admired and respected, but does admit that she was a good facilitator and organizer. Pat Fisher represents the many other occupational therapists across the country who have practiced for years, continually learning more about their field and their clients, as well as encouraging and supporting students and colleagues to develop their understanding of activity, occupation and occupational therapy. These practitioners have also found ways to bring a research perspective to their work even when they are not primarily researchers. She has continually reminded the profession of occupational therapy of its possibilities and how it can grow towards its true vision of "assisting people to deal with the complexity of their everyday situations."

# CHANGING THE WORLD'S HEALTH

## Occupational Therapists in Retirement: Activists in Action

Roma Maconachie and Jacky McGarry

By Fern Swedlove

For occupational therapists Roma Maconachie and Jacky McGarry, retirement did not signify an end to their careers but rather an opportunity to further enable occupations. These two women met when they were on the CAOT board of directors in the 1980's. Both natural and passionate leaders within the occupational therapy profession, they forged a friendship that has endured over 25 years. The journey of these two women - both born in England, both now living in Canada for many years and both lifelong leaders - would eventually lead them to their present occupations. This is an inspiring story of how people continue to find fulfillment in their retirement years and the meaning of friendship.

Roma Maconachie's volunteer work takes place in a suburban 30,000 square foot warehouse in Winnipeg, Manitoba with the International HOPE (Health Overseas Project Education/ [www.internationalhope.ca](http://www.internationalhope.ca)) organization that sends discarded medical and therapeutic equipment primarily to third world countries. After retiring as program manager with Community Therapy Services in 1999, she began to work with this organization as director of volunteers, where she could apply her management skills and her occupational therapy knowledge. Roma Maconachie is now the vice-president of the organization. Not only is this unique organization meeting a huge need in these countries for medical supplies and equipment, but it is also helping the local environment; much of the donated items would eventually end up in the garbage as they are no longer needed or are obsolete.

International HOPE relies on donations from a variety of sources, such as hospitals and nursing homes throughout the country. The warehouse is stocked with items ranging from surgical supplies to walkers and wheelchairs. Some of the items are transported in suitcases by individuals traveling to work in these countries. But most of the items are sent by containers. The containers then



Roma Maconachie



Jacky McGarry

travel by "road, rail, sea, rail and then road" says Roma Maconachie to their final destination which to date has included the Ukraine, St. Vincents and Haiti. She attempts to make sure that the equipment will be suitable for the environment and there are the necessary supports in place to maintain the equipment at the final destination. "There is no point sending an electric wheelchair to a home that does not have electricity," she says.

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*... retirement did not signify an end to their careers but rather an opportunity to further enable occupation.*

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From January, 2001 to December, 2002 Jacky McGarry volunteered with Voluntary Service Overseas (VSO) in Malawi, Africa. Since 1986, she has also been the owner, director and clinician of London Occupational Therapy Services, a community based private practice. Prior to that she worked as the chief occupational therapist in the Children's Psychiatric Research Institute in London, Ontario. While in Malawi, she designed and established a Community Based Rehabilitation (CBR) Program for people with disabilities living in the Bwanje Valley. As part of this work, she trained rehabilitation assistants

to continue the program after her term was finished. Jacky McGarry also helped with a number of administrative functions, such as supervising students, fund raising and working with other organizations to coordinate and improve services. This fall, she will volunteer with VSO again, this time in Guyana to help establish an educational program for rehabilitation professionals.

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*"Once an occupational therapist, always an occupational therapist ... occupational therapy is more than a job, it is a way of life."*

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Jacky McGarry is well aware of the challenges for a white person living in an African community. In addition to the two years with the VSO, she had also lived in Africa, her husband's and children's birthplace, before she moved permanently to Canada. Although she recognizes that her new position will require her to stretch her skill level as she has had no prior experience with needs analysis and curriculum development, she is willing to try. "Surely, there is some way that I can be of help," she says. As occupational therapists are trained to analyze activity, she feels that this will be a useful tool as she begins this new volunteer opportunity.

Even though one person was living in Winnipeg and the other was in London, Ontario and now Kelowna, these two women managed to stay in touch through phone calls, occasional visits and e-mails. As each of them speaks about their relationship, their voices express the sheer delight and admiration for their work and lives; their conversations sing the praises of each other's accomplishments and the valued support that they received over the years. But it was in Malawi where their lives would again coincidentally intersect through the arrival of a shipment from International HOPE for Dr. Steve Mannion, with whom Jacky McGarry was also working. Who would think that their paths would cross again in a sub-Saharan country in Africa?

Although their means of accomplishing their goals may be different, the motives of these two women and the end results are very similar. "Just knowing that there are parts of the world in desperate need for services" says Roma Maconachie "speaks to the importance of what we are trying to do." By providing this medical and therapeutic equipment which is carefully matched to the recipient's environment and

culture, the person's ability to perform their meaningful occupations is improved. For Jacky McGarry, she "believes that occupation is a vital aspect of a healthy life and when this is not possible, people become sick." Through her work in Africa, whether it is designing programs or educating others, enabling occupation is a core value. Ultimately, health is improved through the work of these two women.

As you listen to each of their individual stories, you are struck by the strength of their vision and dedication, as well as how their occupational therapy values have been an underpinning for their work. "Once an occupational therapist, always an occupational therapist," says Roma Maconachie. This is echoed by Jacky McGarry when she says that she "has always felt that occupational therapy is more than a job, it is a way of life." Neither of them sees retirement as a time to be idle; they both feel that they still have much to give. As these two women continue to enable occupation and facilitate the core values of the profession, they will leave a powerful legacy not only for their children and grandchildren, but also for the generations of occupational therapists to follow.

