



OCCUPATIONAL THERAPY•NOW

november/december 2008 • VOLUME 10 • 6

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OT Now is indexed by: ProQuest and OTDBase.

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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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Call for Papers

Occupational Therapy Now Special Issue - September, 2009

Sensory processing and occupation: Their intersection and impact on everyday life

Guest Editor:

Winnie Dunn PhD, OTR, FAOTA

Introduction:

Nancy Pollock M.Sc., O.T. Reg. (Ont.)

We are looking for papers that:

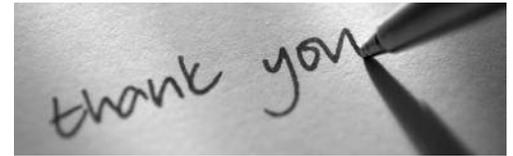
- Describe situations in which a person's sensory processing patterns may be supporting or interfering with participation in everyday occupations.
- Outline the role of occupational therapy as we support participation using our sensory processing knowledge.
- Explain and illustrate strategies with which we can differentiate participation that has a sensory processing basis from other types of participation challenges.
- Examine how we can link sensory processing knowledge with interdisciplinary practice models and frames of reference.
- Consider how occupational therapists link participation issues with differences in sensory processing.
- Review how occupational therapists are addressing participation challenges using sensory processing knowledge:
 - With which populations?
 - With what age groups?
 - What is effective, what isn't?
- Examine what the research tells us about sensory processing and occupational therapy.

Deadline for submission: April 1st, 2009

If you have a question, or an idea for a paper, please contact:

Brenda McGibbon Lammi blammi@caot.ca
Managing Editor, OT Now

Year end editorial



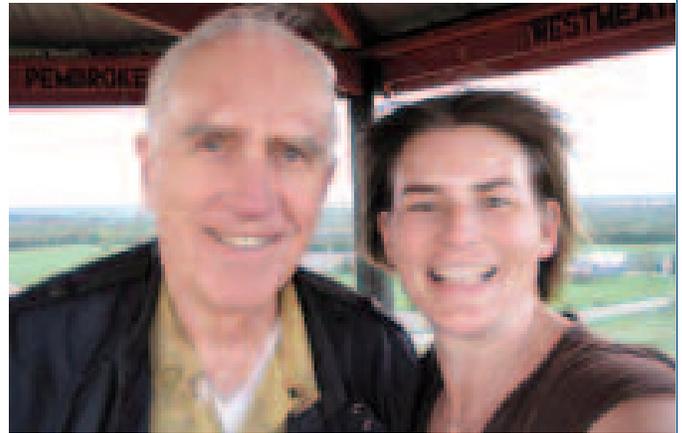
Brenda McGibbon Lammi

I don't yet feel fully entitled to be writing the year end editorial as it's only been a few months since I became the Managing Editor. I do feel entitled, however, to pass on my gratitude to the many people who have shown incredible patience and support as I have made the transition into this position. Everyone at CAOT, Fern Swedlove, Marcia Finlayson, the CAOT editorial board, the OT Now column editors, Jay Peak (graphic designer) and Luce Ouellet (translator) are all owed a debt of gratitude as they have responded to my endless questions with patience and humour. Thank you for making the transition as easy as possible.

In putting together this CAOT themed issue of OT Now, I realized two things. First, I realized the depth and strength of the work the CAOT is doing on our behalf. Reading through the position statements and the 'On Your Behalf' section made me realize that the CAOT is not only reacting to the current situation of occupational therapy in Canada, but it is also laying down a foundation for occupational therapy in Canada in the future.

The second realization was through reflection on the theme of the next CAOT conference in Ottawa, 'Engaging in Healthy Occupation'. This past summer, my 80 year old uncle paid my family a visit. Arriving in his rented car, portable GPS and iphone in hand, my uncle had independently made the trip from California and was visiting nieces and nephews in the Ottawa area, previous to which he had been in New Brunswick for a reunion at Mount Allison University. It dawned on me that Uncle Lloyd is not only a perfect example of health aging, but also of health living at any age. Uncle Lloyd is a cancer-survivor, has had a hip replaced and has difficulty with his hearing yet he continues to learn new skills, learn new occupations and fully engage in life. His example confirms (yet again) for me the value of occupation and the potential impact of our profession on the lives of others.

Since taking on this position in February, I have been astounded by the number of submissions and the dedication of the column editors and contributors in getting their work into OT Now. Combined with the experience of attending the conference in Whitehorse, I have become even more aware of the



Managing Editor, Brenda McGibbon Lammi, pictured here with her Uncle, E. Lloyd Graham, who, at the age of 80, has recently and successfully taken up the occupation of scuba diving.

commitment and enthusiasm we bring to our profession. I aspire to meet your needs for OT Now, and welcome your comments, criticisms, feedback and suggestions to make this your magazine and to reflect your enthusiasm.

Looking forward to the journey,

Brenda

Brenda McGibbon Lammi, OT Reg (Ont)
Managing Editor, OT Now

In Memoriam: Isobel Robinson – 1915-2008

Graeme Burke

Teacher. Innovator. Founder. Academic. Teacher. Mentor. These are some of the words that come to mind when reflecting on the passing of Isobel Robinson. Isobel died at the age of 93 on April 22. She leaves a legacy to the profession of occupational therapy that will not diminish over time.

Isobel had a passion for occupational therapy that was incomparable as evidenced by her achievements over the decades. Through her leadership, she changed the course of occupational therapy education in Canada, helped found a number of key organizations that greatly aided the development of the profession, and provided key contributions at provincial, national and international levels.

Born in 1915, Isobel grew up in Hamilton and while a student at McMaster University became interested in occupational therapy after hearing about the work done by an occupational therapist at the “Hamilton San”, the Hamilton Mountain Sanatorium (a sanatorium for people suffering from tuberculosis). She moved to Toronto to attend the program at the University of Toronto and received her diploma in occupational therapy in 1939. Her first clinical work was at the Ontario Hospital in Toronto, which is now a part of what is known as the Centre for Addiction and Mental Health.

In 1943, Isobel was asked to teach in the occupational therapy diploma program at the University of Toronto. Her career as an academic would span more than four decades and saw the education of occupational therapists move from a diploma course taught in the extension department at the University of Toronto to a four year program culminating in a Bachelor of Science (OT). Isobel’s leadership was instrumental in this move toward enhancing the profession’s academic credentials. She also helped ensure that a program was put in place to allow diploma graduates to upgrade their qualifications to a degree.

Isobel became director of the Division of Occupational Therapy in the University of Toronto’s Department of Rehabilitation Medicine in 1967. Eager to get other occupational therapy educators communicating with each other, she was one of the driving forces in what eventually became the Association of

Canadian Occupational Therapy University Programs. During this time Isobel also completed her own bachelor’s degree, underlining a commitment to life-long learning.

Having taught for 37 years, Isobel retired from academia in 1981. She continued working all the same. She became committed to the need to record the history of the profession and became CAOT’s first archivist. She also looked to the future and was keen to develop the profession further. In 1973, Isobel was involved in the incorporation of Community Occupational Therapists and Associates (COTA), a community-based not-for-profit agency that brought occupational therapy into the community.

In 1983, she helped found the Canadian Occupational Therapy Foundation (COTF) which was established to support research and scholarship in the field of occupational therapy and continues its work today. COTF awards the Isobel Robinson Historical Research Grant to assist people studying the history of occupational therapy in Canada.

It is fitting that in her wide-ranging career, Isobel was given an honorary degree from the University of Alberta. She was also a life member in the Ontario Society of Occupational Therapists, the Canadian Association of Occupational Therapists and the World Federation of Occupational Therapists—three organizations which Isobel served in a wide range of influential positions.

In her Eulogy, Dr. Judith Friedland, Professor Emerita of Occupational Science and Occupational Therapy at the University of Toronto—herself a student of Isobel’s—said: “Isobel’s passing, marks the end of an era in occupational therapy. We were all blessed to have her among us and she will be well remembered.”

Announcing the 2008 CAOT Award Recipients

The CAOT awards celebrate contributions to the Association and to the profession of occupational therapy.

CAOT Fellowship Award

This award has been established to recognize and honour outstanding contributions and service made by an occupational therapist over an extended period of time. Fellows of CAOT are eligible to use the credential FCAOT.

Dr. Terry Krupa

Terry has served as both an ambassador and advocate for the profession while remaining focused on her primary passion of full citizenship and community inclusion for people with mental illness. Terry's involvement in the mental health field focuses on the promotion of client-centred practice, the occupational issues experienced by persons with mental illness and the development of mental health systems that truly integrate rehabilitation and treatment principles and practices.

As an educator, Terry has won multiple awards for her exceptional skills in teaching, guiding and inspiring students. Terry is a mentor to many students who have chosen to practice in mental health.

As a researcher, Terry has demonstrated leadership in all areas of research, including grantsmanship, publication and knowledge translation. Terry's work has focused primarily on community and work integration for persons with serious mental illness.

Adapted from the nomination letter for the Muriel Driver Lectureship Award written by Dr. Krupa's colleagues.

Award for Leadership in Occupational Therapy

The Award for Leadership in Occupational Therapy has been established to recognize and honour the exceptional contributions of an individual occupational therapist who has been in the forefront of activities that provide strategic leadership and direction for developing the profession.

Élisabeth Dutil

Élisabeth has been an occupational therapist for 41 years and has been a professor at the Université de Montréal since 1970. She was one of the first occupational therapists in Canada to complete graduate studies when she obtained her Master's in the mid-1970s. She has been a full professor since 1990. This

recognition comes in part from her dedication to occupational therapy, her teaching and her outstanding research career to which her numerous grants attest.

Élisabeth has published many articles and is regularly invited by French-speaking countries to present her work on the ADL Profile and the Leisure Profile. Her teaching has been rewarded numerous times within her program, faculty and university from students, peers and her employer. Élisabeth has shown great administrative skills and leadership as the head of the Occupational Therapy Program at the Université de Montréal from 2002 to 2007. She has headed numerous committees both research and profession-oriented. Her accomplishments have been recognized by the Ordre des ergothérapeutes du Québec. She received their two highest distinctions in 1986 (Prix de Mérite) and 1998 (Prix d'excellence). Élisabeth was a member of the organizing committee for the CAOT annual conference held in Montreal in 2006. She has been a consistent leader in occupational therapy, education, administration and research for over four decades.

Adapted from the nomination letter for Élisabeth Dutil

Award for Innovative Practice

This award was established to recognize and honour the exceptional contributions of an individual occupational therapist who has shown innovation and leadership in clinical practice.

Marie Brine

Marie is in private practice in Prince Edward Island. She has been nominated for this award based on her community development work and her innovative strategies in implementing the Tools for Living Well and Stable, Able and Strong programs. Her nomination included the following quote: "Marie understands well that community development starts with knowing your community and the people in it. She interpreted and adapted each goal and activity with her exceptional insight into the culture and norms of Prince Edward Island."

Award of Merit

The Award of Merit is given to acknowledge significant contributions to the profession of occupational therapy by occupational therapists and non-occupational therapists.

Patty Brady

Patty works as a Senior Program Analyst for Human Resources and Social Development Canada. She played an instrumental role in the Foreign Credentials Program of the Government of Canada and was actively involved in several projects specifically related to occupational therapy in 2006 and 2007 including a workforce integration project and the development of an access and registration framework for internationally educated occupational therapists.

Debra Cameron

Deb has expanded the training of students through her work as the International Fieldwork Coordinator at the University of Toronto. In the past few years she has facilitated student placements in many countries including 35 placements in Trinidad. The placements have not only contributed to the training of future occupational therapists, but have allowed clients in Trinidad to receive services otherwise unavailable to them.

Canadian Institute for Health Information (CIHI)

CIHI worked with provincial occupational therapy regulatory bodies and CAOT to define a standard dataset for the collection of human resources data for occupational therapists. The data will inform health and human resources policy and will result in increased exposure for the profession at the national, provincial and territorial level.

Canadian Occupational Therapy Foundation

This year marks the 25th year since COTF was founded. During this quarter century, many Canadian occupational therapists have become established researchers as a result of the initial assistance provided by the Foundation and Canadian research has grown in volume, richness and significance for the practice of occupational therapy.

Jacque Ripat

Under Jacque's direction, a Conference Abstract Review Board was developed, procedures were written to guide the review process and an evaluation was carried out to assess the effectiveness of the

changes. Jacque also wrote articles for OT Now each year of her term as Chair of the Conference Scientific Program Committee to increase awareness among CAOT membership of the process for abstract submission and review.

Catherine Vallée

Catherine successfully led the Editorial Board through an important strategic planning process to set a direction for the Canadian Journal of Occupational Therapy. Catherine oversaw the development of a member survey and organization of focus groups in order that feedback could be included in the strategic planning session.

CAOT Provincial/Territorial Citation Awards

These awards acknowledge the contribution to the health and well-being of Canadians by an agency, program and/or individual within each province/territory who is not an occupational therapist.

Association of Yukon of Occupational Therapists

Yukon Council on Disability

Saskatchewan Society of Occupational Therapists

1. Dan Cooper, Chaplain, Palliative Program in the Regina Qu'Appelle Health Region
2. Ron Knaus, Executive Director of Saskatchewan Health, Workforce Planning Branch

Manitoba Society of Occupational Therapists

1. Darlene McPherson
2. Manitoba Riding for the Disabled Association

Ontario Society of Occupational Therapists

Canadian Mental Health Association, Ontario

Ordre des ergothérapeutes du Québec

Centre d'Action en Prévention et Réadaptation de l'Incapacité au travail

New Brunswick Association of Occupational Therapists

Ruth Carter

Nova Scotia Society of Occupational Therapists

1. Lynde Harding
2. Lake City Employment Services Association

Prince Edward Island Occupational Therapy Society

Ruth Phillips

Newfoundland and Labrador Association of Occupational Therapists

Cheryl Power

President's Medal

CAOT is providing a new recognition for presidents of CAOT for their commitment and leadership as president. In this, the inaugural year of the President's Medal, all past presidents of CAOT will be honoured and given the medal.

Past Presidents:

Sandra Bressler
Sharon Brintnell
Donna Campbell
Heather Chilton
Anne Gaylord
Raymonde Hachey
Sheila Irvine
Hilary Jarvis
Helen Jensen
Helen Madill
Mary Manojlovich
Jacqueline McGarry
Diane Méthot
Carole Mirkopoulos
Barbara O'Shea
Huguette Picard
Joanne Stan
Thelma Sumsion
Margaret Tompson
Seanne Wilkins

CAOT 2007 Student Award Winners

Each year, CAOT provides a student award to a graduating student at each Canadian university who demonstrates consistent and exemplary knowledge of occupational therapy theory throughout the entire occupational therapy program.

Cathy Alexander, Dalhousie University
Alison Barnfather, University of Alberta
Joanna Chung, University of British Columbia
Jessica Déry, Université Laval
Lisa Engel, University of Toronto
Emily Ewert, University of Western Ontario
Caroline Gaudet, University of Ottawa
Valérie Gauthier, Université de Montréal

Sarah Lepine, McGill University
Alissa Miki, University of Manitoba
Maria Mullaly, McMaster University
Rebecca A. Newar, Queen's University

Certificates of Appreciation

The diversity and success of CAOT activities rests largely on the work of a great number of active volunteers. Certificates of Appreciation are given to individuals who have volunteered their time to contribute to the ongoing work of the CAOT.

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Kimberly Larouche

Representative to the Canadian Cochrane Collaborating Centre

Laurie Snider

Representative to the Quality End-of-Life Care Coalition of Canada

Cynthia Stilwell

Contributing author to Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-being and Justice through Occupation

Annette Rivard

Russian language edition of Enabling occupation: An occupational therapy perspective

Maiya Kogan

2008 Muriel Driver Memorial Lectureship Award

Dr. Nicol Korner-Bitensky



Nicol is an associate professor in the School of Physical and Occupational Therapy, Faculty of Medicine, McGill University, Montreal. She obtained her BSc in 1976 in occupational

therapy from McGill University. Ten years later, after a dynamic period of clinical and administrative responsibilities, Nicol completed an MSc in rehabilitation sciences; her thesis was on visual functioning in neonates in the first hours of life.

Her research career started as a research associate (1986-1987), after which she was appointed co-chief of research (1987-1992), then director of research (1992-1997) at the Jewish Rehabilitation Hospital. She made a significant contribution to setting up an internationally renowned Research Center. She was chair of the research review committee, chair of the research ethics committee and member of the education committee that aimed to develop and organize strategies to translate research results into practice.

During that active period of research, Nicol obtained her PhD (1989-1993) in rehabilitation sciences with an additional major in epidemiology and biostatistics from McGill University. In her thesis, she identified the reliability and validity of a telephone follow-up system enabling widespread use of telephone monitoring of high-risk clients being supported in the community after discharge from in-patient rehabilitation. She then did a one-year post doctorate at the Université de Montréal studying cost analyses of health services and the cost effectiveness of innovative rehabilitation interventions. As a result, she developed a prototype of a visual monitoring system for use by health professionals to interact with high-risk rehabilitation clients in their homes. She was a precursor of telerehabilitation.

Nicol is highly committed to education in occupational therapy at McGill University. In addition to having been involved in teaching many courses at both the undergraduate and graduate levels, she recently co-created a graduate distance learning course to train occupational therapists to perform pre-road and on-road driving assessments. In 2007, she received an award of merit from CAOT for leading the national CAOT working group on driving. She also created the internet-based graduate course Research Methods for Health Professionals.

Nicol's passion to transfer research knowledge into practice led her to create StrokEngine, a multi-stakeholder knowledge transfer tool for use in acute care, rehabilitation and home web-based information sharing about stroke rehabilitation. In 2003, she was appointed the rehabilitation theme leader of the Canadian Stroke Network, which is a National Center of Excellence. She collaborates with Canadian and American stroke researchers to study evidence-based practice in stroke rehabilitation and variations in practice across Canada and the U.S.. She is member of the steering committee of the Canadian Stroke Strategy, which aims to improve stroke care in Canada.

Nicol reviews research grant applications for many organizations including the Canadian Institute of Health Research, Canadian Occupational Therapy Foundation, CanDrive, Heart and Stroke Foundation of Ontario, and Fonds de la recherche en santé du Québec (FRSQ). In 2006, she was a member of the organizing committees for various events including the 10th Research Colloquium on Rehabilitation at McGill University, the CAOT conference (scientific committee member) and the Canadian Stroke Rehabilitation Outcomes Panel. Nicol has been active in the rehabilitation network of the FRSQ for many years. She also reviews manuscripts for publication in international journals such as *Stroke*, *NeuroRehabilitation and Neural Repair* and *Archives of Physical Medicine and Rehabilitation*.

Nicol has had an outstanding research career. In addition to be involved in large infrastructure grants, she has obtained nearly \$2.5 million in funding for her research over the last 15 years as principal or co-principal investigator. She has also been a co-researcher in more than 30 projects involving many millions of dollars. It is not surprising that with her outstanding credentials, Nicol received the prestigious FRSQ salary award, first in 2004 (for two years) and then a senior four-year award in 2006.

Nicol is particularly committed to knowledge transfer from research to practice. She has published more than 80 articles in peer-reviewed journals, such as *Stroke*, *Archives of Physical Medicine and Rehabilitation*, *Topics in Stroke Rehabilitation*, *Canadian Journal of Occupational Therapy*, *American Journal of Occupational Therapy*, and *Disability and Rehabilitation*. She is author or co-author of near 220 national and international presentations to diverse audiences, and an invited speaker at many meetings.

Nicol's natural talent for scientific research easily translates into a public health benefit due to her rare ability to comprehend and address issues that speak to clinicians. Over the course of her career, Nicole has remained consistently close to the needs of her profession and the clients it serves.

Nicol is a national and well-respected leader with links to health professionals and researchers across Canada and internationally. As evidence of this, she is an adjunct professor at the University of Florida and a team leader for the Canadian Stroke Network with strong ties to the international community of stroke researchers.

Nicol has style, not only in her science, but also in the way she interacts with others and shares her views. She has shown leadership skills in professional, academic, and research circles throughout her brilliant career. Nicol is a true inspiration and positive role model for many occupational therapists, who can look at her to help build their own confidence and self-esteem.

Adapted from the letter of nomination written by Johanne Desrosiers and Louise Demers.

2007 COTF Scholarship Competition Results

COTF Doctoral Scholarship (2 x \$3,000)

Rebecca Gewurtz & Nancy Salmon

COTF Master's Scholarship (1 x \$1,500)

Sarah Mackenzie

COTF/Invacare Master's Scholarship (1 x \$2,000)

Laura Rogers

Thelma Cardwell Scholarship (1 x \$2,000)

Alison McLean

Goldwin Howland Scholarship (1 x \$2,000)

Michèle Hébert

Janice Hines Memorial Award (1 x \$1,000)

Rochelle Stokes

COTF/CIHR-PCE/CIHR-IA Doctoral Research Award (\$66,000)

Arne Stinchcombe

COTF/SickKids Master's Scholarship (\$5,000)

Heather Boyd

2008 COTF Research Grant Competition Results

COTF/CIHR-Mobility in Aging Research Grant (\$10,000)

Louise Demers

COTF Critical Literature Review Grant (\$5,000)

Katya Feder

COTF Research Grant (2 x \$5,000)

Isabelle Gélinas and Jacqueline Rousesau

2008 COTF/Roulston Innovation Award

McGill University

McMaster University

Queen's University

University of Alberta

University of British Columbia

Université Laval

University of Manitoba

University of Ottawa

CAOT Conference 2009 in Ottawa: Join us in the national capital of Canada!

Cathie Kissick and Jean-Pascal Beaudoin

Join us in our nation's capital next June! The Canadian Association of Occupational Therapists (CAOT), in partnership with the Ontario



Society of Occupational Therapists (OSOT), is pleased to invite you to its 2009 Conference in Ottawa from June 3-6.

This year's location is thoroughly accessible by plane, train and automobile! With close proximity to Toronto, Kingston, Montreal and Quebec City, Ottawa is an ideal location for a family vacation exploring Central Canada.

National Treasures

Whether coming by yourself, with some colleagues or bringing your family along, there is much to see and do in Ottawa. You can explore our nation's history by visiting the Parliament Buildings, visit a number of diverse museums, and experience cultural treasures at the National Gallery of Canada and National Arts Centre. You can also visit sites of architectural interest during Open Ottawa (June 6-7) which includes the Governor General's mansion, Rideau Hall, several embassies and more. There's even great shopping on Sparks Street, and if your days haven't been full enough, there's a great night life with the restaurants on Elgin Street and the Byward Market.

Ottawa also is a picturesque place for walking, hiking, cycling or even canoeing. See the Rideau Canal, with its many locks, or the Ottawa River. Not to be forgotten is the beauty of Gatineau region across the river in Quebec.

The great thing about visiting Ottawa is that most activities are either downtown or a short drive by bus or car from the city centre. It can't be missed! Ottawa is a great place to have fun, unwind and meet friendly people. For more information, visit www.ottawatourism.ca – a must for those travelling to the National Capital Region.



A much anticipated conference

Come to Ottawa, our nation's capital, to join colleagues and partners in celebrating the importance of engaging in occupation as a pathway to health. Partnering to create a more inclusive society that enables healthy occupation requires a commitment to shared goals and values, open communication and mutual respect, optimism and resilience. Explore how together we can create change that allows people to choose and engage in occupations which give meaning and purpose to their lives.

Conference 2009 promises to engage you through networking, sharing expertise, exploring new ideas, solidifying old partnerships and creating new ones. Come and discuss, debate and exchange knowledge about partnering for change in research, practice, education and professional issues

Ottawa is an engaging city! Come and spend some time with us!



Column Editor: Sandra Bressler

What would you include in the first Dictionary of Occupational Science and Occupational Therapy?

Dr. Matthew Molineux

A message from:

Dr. Matthew Molineux,

Reader and Head, Occupational Science and Occupational Therapy Faculty of Health, Leeds Metropolitan University, UK

I have been asked by Oxford University Press to write a book for their dictionary series - A Dictionary of Occupational Science and Occupational Therapy. As you will appreciate this is a big task and so I will be working with some advisory editors, but I am also looking for suggestions from occupational therapists, occupational scientists, and students as to what terms should be included. Entries in the dictionary will vary in length depending on the term and will range from 50 words up to 1500 words, so it will be possible to discuss some issues in depth (for a dictionary).

You might like to suggest concepts, terms, ideas, biographies of key people in occupational science and/or occupational therapy, or others who have had an important impact on theory, research and/or practice, important organizations, scientific terms, acronyms, theories, models, approaches, movements. You can suggest as many terms as you want using the form at

<http://www.leedsmet.ac.uk/health/osot/form/dictionary.htm> or by emailing the following information to osot@mlmkjw.com

Your name

Your email address

Your country

Your suggested term

What does this term mean to you?

Thanks for your interest!

IN MEMORIAM 2008

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Rohit Dhamija, Burlington- Spring 2008

Lorna Reimer, Edmonton- March 2008

Isobel Robinson, Dundas- April 2008

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Alison Lall, Calgary- May 2008

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September 2008

Canadian Association of Occupational Therapists – On Your Behalf



Announcement

In May 2008, CAOT signed an agreement with the British College of Occupational Therapists (BCOT) for a mutual exchange of our journals for member access. Beginning in the fall of 2008, CAOT members will be able to access online versions of the *British Journal of Occupational Therapy* and members of the British College will be able to access the *CJOT* online. This agreement is a "win-win" for both organizations by providing enhanced member benefits as well as a broader audience for each of the journals.



At the signing of the CAOT and BCOT journal exchange agreement in Hamburg, Germany were: (L to R) Edward Duncan, BCOT Editorial Board Chair; Sue Forwell, CAOT President; Claudia von Zweck, CAOT Executive Director; Julia Scott, BCOT Chief Executive; Dee Christie, BCOT Council Chair; Christine Craik, Director of Occupational Therapy, Brunel University.

CAOT Projects Internationally Educated Occupational Therapists (IEOT) Initiatives

The Access and Registration Framework project was completed in early 2008 within the expected timelines and allocated budget through the Foreign Credential Recognition Program of Human Resources Development and Skills Canada (HRSDC).

The development of an IEOT web portal was a key recommendation of the Access and Registration Framework. A proposal for an IEOT web portal was funded by the Foreign Credential Recognition

Program starting May 2008. The objective of the project is to develop one unified electronic information gateway or portal to centralize information for IEOTs. The portal may also serve as an entry point for employers, domestically educated occupational therapists, settlement agencies, and other organizations working with IEOTs to access coordinated information related to occupational therapy in Canada. The portal will reflect the combined vision of all the stakeholders in this process and have its own recognizable name for easy access. The diversity of occupational therapy practice in each region will be highlighted, as well as differences in provincial regulatory requirements. The portal will be linked to recently developed government web sites for international graduates such as the Working in Canada portal. The portal will be delivered in both English and French.

Practice Profile for Support Personnel in Occupational Therapy in Canada

CAOT is now taking a leadership role to facilitate the development of the Profile of Support Personnel in Occupational Therapy in Canada. Educational programs of support personnel in occupational therapy are pleased to contribute to the development of the Profile through both in-kind and human resources to serve in advisory and working group capacities. The first face to face meeting was held prior to the Conference 2008 in Whitehorse. The project is expected to be completed by October 30, 2008.

Caseload Management Proposal

The proposal for the project Development of an Interprofessional Framework for Caseload Management in Occupational Therapy (OT), Physiotherapy (PT) and Speech-Language Pathology (SLP) in Canada was denied funding support in February 2008. At a meeting on April 3, 2008 held at request of CAOT, CPA and CASLPA, Health Canada officials agreed to support the partners to revise the proposal to meet their requirements. The completion of the revisions was completed by September 30, 2008 for reconsideration of funding by Health Canada.

Stable, Able and Strong Post-Fall Support Project

The overall goal of the Stable, Able and Strong (SAS) project was to develop supports for community dwelling older adults who have experienced a fall to enable them to maintain or resume engagement in meaningful activities in the context of their home and community. This three year project was completed in August 2008. A number of resources were developed for the project including a Program Implementation Manual, a Peer Mentor Training manual, information brochures (Medications, Walkers, Talking to Your Doctor about Falls), post-fall support modules (e.g. Fear of Falling, Meal Preparation and Nutrition, Moving around the Home), and a Resource Database. These project resources are available for free download on www.otworks.ca.

Tool to Develop Occupational Therapy Practice in Primary Health Care

CAOT worked with Dr. Mary Ann McColl of Queen's University to create a tool or framework intended to assist members with the development of a plan to offer occupational therapy services in primary health care. The "Tool" is currently being trial tested for content and usability with the support of CAOT volunteers throughout Canada. Completion of the project is expected in December, 2008.

National Blueprint for Injury Prevention in Older Drivers:

The Older Driver Blueprint for Injury Prevention in Older Drivers project was led by CAOT and Dr. Nicol Korner-Bitensky of McGill University. This project was funded by the Population Health Fund of the Public Health Agency of Canada. The project began October 1, 2007.

This project had five specific objectives related to older driver safety:

- Identify key stakeholders and facilitate their collaboration in the creation, dissemination and sustainability of the National Blueprint for Injury Prevention in Older Drivers.
- Conduct systematic reviews to identify the scientific evidence regarding the effectiveness of driving-related injury prevention interventions, and, the impact of medical conditions on driving safety of older drivers.
- Conduct focus groups of older drivers across the

nation to identify their perceived needs for refresher programs, variations in need across the country, and the structure and content that would be acceptable to older adults.

- Conduct a national survey to identify existing driver refresher programs across Canada, their content and structure and, the facilitators and barriers to providing services to older drivers.
- Identify, using survey methodology, occupational therapists' and other health professionals' capacity building (training, education etc.) needs as related to the provision of older driver safety programs in Canada.

Copies of the Blueprint and reports related to the project objectives will be available on the CAOT website at <http://www.caot.ca/default.asp?pageid=2190>

CAOT Presentations/Workshops Canadian Obesity Network

The Congress of Aboriginal Peoples contacted the Canadian Association of Occupational Therapists (CAOT) to request a presentation from an occupational therapist on the topic of management of Type 2 Diabetes at their annual Type 2 Diabetes Workshop. This year the workshop was held in Ottawa, Ontario on March 17 & 18, 2008. CAOT approached Mary Forhan, our Canadian Obesity Network representative to do this presentation. Mary Forhan participated in the first day of the workshop with a presentation about occupational therapy services with a focus on the role of occupational therapy services for persons with type 2 diabetes and obesity. Participants in the workshop were community health workers from across Canada working with off reserve Aboriginal Peoples, Metis and Urban Inuit. Many of the participants had not worked with an occupational therapist and were unfamiliar with the profession until the workshop. The presentation was well received with a number of inquiries regarding access to occupational therapy services in urban and remote areas across Canada. Contact information including CAOT and information resources through OT Works was shared with the participants. This was the first time an occupational therapist presented to this group and there is interest to include occupational therapy speakers in future workshops.

Enabling Occupational Performance through Home Modification and Universal Design

CAOT and OSOT were overwhelmed by the success of this workshop held in Toronto May 31 - June 1, 2008 at the Holiday Inn Yorkdale. There was a fabulous presentation by Kathy Pringle, and representatives from Ontario March of Dimes and Canada Housing and Mortgage Corporation (CMHC). The workshop was well attended by 153 registrants, and received generous sponsorship from CMHC, Medichair, Shopper's Home Health and Therapist's Choice Medical supplies.

Here is what some of the participants had reported at the close of the workshop:

- 93% reported that the workshop met their expectations
- 88% believed that the ideas/tools presented would help them in their professional work



Participants reported gaining practical and useful information from Kathy Pringle at the Enabling Occupational Performance through Home Modification and Universal Design Workshop hosted by CAOT and OSOT.

- 94% indicated that they intend adopt or put into practice the information and tools presented at this workshop

Many of the participants commented that the contacts, websites, references, resources and specific products recommended by Kathy were priceless and will enhance their service delivery to their clients.

Thank you to Kathy Pringle; Suzanne Kay, CAOT; Lynne Kozina, OSOT; Carol Kelly, OSOT; Christie Brenchley, OSOT; and Jim Zamprelli, CMHC for organizing this event.

ADL Profile

CAOT hosted a workshop on the ADL Profile June 20-22, 2008 in Vancouver, BC with presenter Carolina Bottari. The workshop was well attended by 23 registrants, and received generous sponsorship from Medichair.

Thank you to Carolina Bottari for advancing excellence in occupational therapy through sharing her expertise and clinical experiences and providing an excellent learning opportunity. A special note of thanks also goes out to Suzanne Kay, CAOT; and Dianna Mah-Jones and Susan Louie for organizing this event.

Tell us how CAOT can continue to meet your educational needs by providing suggestions for future workshops. Let CAOT know if you require assistance to plan an educational event in your region. Contact education@caot.ca

Notice to Members

Are your credentials legal?

A benefit of individual membership in CAOT is the use of OT (C) or erg (C), but only if not prohibited by legislation. You should be registered as an occupational therapist with your regulatory organization to use this credential. Check with the provincial regulatory organization in your province to determine if you are able to use this credential.

Are you listed in OT Finder?

OT Finder is a CAOT service that lists member contact information to help the public find an occupational therapist in their community. You can only be listed on the CAOT OT Finder if you are registered with your provincial regulatory organization. Visit OTworks.ca for more information.

Are you aware that CAOT has new guidelines for occupational therapy in Canada?

Visit CAOT's online store to purchase your copy of *Enabling occupation II: Advancing an occupational therapy vision for health, well-being and justice through occupation*.

CAOT Position Statement: Autism spectrum disorders and occupational therapy

It is the position of the Canadian Association of Occupational Therapists (CAOT) that individuals with autism spectrum disorders (ASD) and their families should have access to evidence-based, interprofessional and collaborative health services throughout the lifespan. Occupational therapy is an essential component of interprofessional services that promote health through engagement in valued occupations.

CAOT Initiatives:

1. Participate in government advocacy initiatives to promote participation in valued occupations throughout the lifespan, including joining the efforts of the Canadian Autism Spectrum Disorders Alliance (CASDA) to realize a National Autism Strategy.
2. Facilitate, support or sponsor activities that promote collaborative interprofessional practice in homes, schools and communities.
3. Work in partnership with stakeholders to support collaborative research to identify best practices in ASD evaluation and treatment based on client-centred values and participation of persons with ASD in the occupations of daily life.
4. Support educational activities to increase knowledge of effective occupational therapy interventions in ASD.
5. Advocate for increased access to occupational therapy services for those with ASD throughout their lifetimes.
6. Develop plain language information regarding occupational therapy and ASD that is accessible and clear for the public.

Recommendations for a National Autism Strategy:

1. Establish guidelines for the development of integrated collaborative services among health, education and social services to provide a continuum of care for the child, youth or adult with ASD and their family.
2. Develop funding mechanisms to finance the range of services required for persons with autism, their families and caregivers including

occupational therapy, caregiver support, education and vocational training.

3. Promote comprehensive family interventions and supports for families that emphasize positive, shared occupations.
4. Promote education for consumers, health professionals, funding agencies and government, to ensure a comprehensive approach to treatment that addresses functional skills.
5. Ensure that there are opportunities for interprofessional collaboration among clinicians and researchers and policy makers to advance evidence and knowledge of ASD interventions.
6. Create mechanisms to develop intervention pathways based on evidence. Develop strategies and processes to facilitate the integration of research evidence into clinical practice.
7. Increase research capacity regarding developmental trajectories for intervention, including quantity and optimal ages of intervention and appropriate times for discharge or reductions in intervention intensity of therapy.

Background:

ASD is a class of developmental disabilities that cause severe impairments to a person's communication, their social interactions, and their play and behaviour. The disorder presents differently with respect to severity and symptoms. The class of disabilities includes autism, Asperger's disorder, and pervasive developmental disorder (not otherwise specified). Other related disorders include Rhett's syndrome, and childhood disintegrative disorder.

Over the past decade, ASD has received rising attention by the medical community and the media due to its perceived increase in prevalence. The prevalence rate for ASD is currently estimated at 6.0 people per 1,000 (Fombonne, 2005), greater than childhood cancer, diabetes and Down's Syndrome (Canadian Autism Intervention Research Network, 2003). The increased prevalence rate may be partially attributed to improved diagnosis of the disorder (Lingam et al., 2003) as well as rising public and professional awareness of the disorder, methodological issues within the

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studies conducted (i.e. ascertainment methods, sample size and power), and age of the included population (Williams, Mellis & Peat, 2005; Fombonne, 2005; Fombonne, 2003; Hanna & Law, 2006). The increased prevalence of autism and attention to autism treatment has raised the demand for evidence-based interventions (Hodgetts & Hodgetts, 2007).

ASD is characterized by impairment in social interaction, verbal and nonverbal communication, restricted repetitive and stereotyped behaviours, interests and activities, and delays in development (World Health Organization [WHO], 1992). Difficulties in sensory processing, emotional regulation and motor performance may also be demonstrated (American Psychiatric Association [APA], 2000). Those with ASD may demonstrate a variety of behaviours which affect their ability to participate in their daily occupations. Such behaviours include the tendency to impose rigidity on daily activities, habits and patterns of play, preoccupation with particular interests, motor and sensory issues such as rocking, spinning, sensitivity to food or clothing, and/or a strong attachment to an object (Clark, Miller-Kuhaneck, & Watling, 2004). Children with ASD may also demonstrate a range of other difficulties such as fear/phobias, sleeping and eating disturbances, temper tantrums, and aggression. While the characteristics of autism may change through the life span, the difficulties in socialization, communication, and interests continue into adulthood (APA).

Occupational therapy services are client-centred and focus on the individual's and family's needs, goals, values and priorities. When working with children with ASD, occupational therapists look at the interaction of the child/youth within their environment which includes the family, school system, community programs, and other health professionals. Due to the complexity and range of difficulties in areas of function, an individualized evaluation and intervention program is required which promotes collaboration among all professionals involved. A missed opportunity to support a child's occupational development at any stage in the cycle will have negative impacts across the life span. ASD is a life long condition and requires ongoing intervention to support these individuals to engage in

meaningful work, leisure and community living. Early detection of developmental problems coupled with an immediate intervention is critical to a healthy future (CAOT, 2004).

There is evidence that children with ASD process sensory information differently from other developing children (National Institute of Child Health and Development, 2005). Occupational therapists work with parents and teachers to provide strategies to prevent reactions to sensory experiences from limiting daily activities. By adapting the tasks and environments as well as working with the families to teach new skills and build calming or alerting activities into their everyday routines, occupational therapists can make a difference in the family's day to day life (CAOT, 2006). In particular, occupational therapy focuses on self care issues such as feeding, bathing, hygiene and sleep, which are significant issues for children with ASD and enormous stressors for the family. In the school setting, a student's occupational performance may be impaired by sensory, developmental, attentional and/or learning challenges (Sahagian Whalen, 2003). Occupational therapists may adapt classroom tasks and the school environment to promote a child's participation. Occupational therapists can also assist teaching assistants and teachers with understanding the impact of sensory processing difficulties on daily functioning and how they can modify activities to maximize the child's participation and reduce behavioural difficulties. Environmental supports and structures can improve quality of life as some children with autism find changes to routines or unstructured time difficult (Perry & Condillac, 2003; Dalrymple, 1995).

Research related to the effectiveness of interventions for persons with ASD is challenged by the complexity of autism and the variability of the spectrum of disorders (Hodgetts & Hodgetts, 2007). There is a need for autism research and corresponding funding for areas including "incidence, causes, effective screening tools" and treatment interventions (The Senate Standing Committee on Social Affairs, Science and Technology, 2007, p. 11). While single treatment approaches such as Intensive Behavioural Intervention (IBI) (Couper & Sampson, 2006) have been shown to be

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effective, a comprehensive, multi-disciplinary treatment approach is needed to address the global behavioural, developmental and sensory needs of the child (CAOT, 2006). A continuum of health, educational and social services is required as children make transitions from preschool to school age to independent living.

In November 2006, CAOT presented a Brief on Autism and Occupational Therapy for the Senate Standing Committee on Social Affairs, Science and Technology. CAOT recommended that the federal government take a leadership role to develop a National Strategy for Children with Disabilities including a national vision and action plan for ASD. CAOT recommended that the ASD action plan address system issues including access and funding, integrated health human resource planning, wait list management strategies, research to develop evidence for ASD evaluation and intervention and coordination and integration of ASD services provided by health, education and social sectors.

Glossary of Terms

Enabling (verb) – Enablement (noun): Focused on occupation, is the core competency of occupational therapy – what occupational therapists actually do – and draws on an interwoven spectrum of key and related enablement skills, which are value-based, collaborative, attentive to power inequities and diversity, and charged with visions of possibility for individual and/or social change (Townsend & Polatajko, 2007).

Enabling occupation: Refers to enabling people to ‘choose, organize, and perform those occupations they find useful and meaningful in their environment’ (CAOT 1997, 2002, p. 180).

Occupations: Groups of activities and tasks of everyday life, named, organized, and given value and meaning by individuals and a culture; everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure) and contributing to the social and economic fabric of their communities (productivity); the domain of concern and the therapeutic medium of occupational therapy (CAOT, 1997, 2002); a set of activities that is performed with some consis-

tency and regularity; bring structure and are given meaning by individuals and a culture (adapted from Polatajko et al., 2004 and Zimmerman et al., 2006).

Occupational therapy: The art and science of enabling engagement in everyday living through occupation; enables people to perform the occupations that foster health and well-being; enable a just and inclusive society so that all people may participate to their potential in the daily occupations in life.

Autism spectrum disorders (ASD): ASD, also referred to as autism, is a neurological disorder which causes developmental disability. Autism affects the way the brain functions, resulting in difficulties with communication and social interaction, and unusual patterns of behaviour, activities and interests.

The term "spectrum" refers to a continuum of severity or developmental impairment. Children and adults with ASDs usually have particular communication, social and behavioural characteristics in common, but the conditions cover a wide spectrum, with individual differences in:

- Number and kinds of symptoms
- Severity: mild to severe
- Age of onset
- Levels of functioning
- Challenges with social interactions (Autism Society of Canada, 2008)

Intensive Behavioural Intervention (IBI): This intervention teaches children to respond to specific words and environmental stimuli using repetition (Law, 2006). According to Couper and Sampson (2003), IBI is thought to provide a superior outcome since it specifically targets the deficit areas in children with autism.

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Position statements are on political, ethical and social issues that impact on client welfare, the profession of occupational therapy or CAOT. If they are to be distributed past two years of the publication date, please contact the Director of Professional Practice, CAOT National Office, CTTC Building, 3400-1125 Colonel By Drive, Ottawa, ON. K1S 5R1. Tel. (613) 523-2268 or e-mail: practice@caot.ca.

CAOT Position Statement: Occupational therapy and home and community care

The Canadian Association of Occupational Therapists (CAOT) believes that home and community care is an essential part of a modern, integrated and client-centred health system. Home and community care services should be publicly-funded, accessible, affordable, timely, sustainable and provided by the most appropriate health professional.

Occupational therapy services offered within home care services effectively promotes health and prevents injury with individuals and families by reducing barriers and encouraging participation in their valued occupations or life activities (CAOT, 2003).

CAOT Initiatives

To promote home and community care services in occupational therapy, CAOT will:

1. Advocate for increasing access to occupational therapy home and community care services for identified populations.
2. Advocate for policies, funding, and legislation that promote occupation-based enablement to meet population health needs in home and community care.
3. Work with coalitions to participate in advocacy initiatives related to home and community care strategies.
4. Support interprofessional education at entry-level and in professional development initiatives to promote collaborative interdisciplinary practice in home and community care services.
5. Promote profession-specific and interdisciplinary research studies that expand the knowledge base for home and community care in Canada.

Recommendations for occupational therapists

It is recommended that occupational therapists:

1. Inform the public, other health professions and policy decision-makers about the importance of occupation and occupational engagement in home and community care.
2. Advocate for access by vulnerable populations to occupational therapy in home and community care.

3. Advocate for the appropriate allocation of human, financial and material resources to provide quality services.
4. Develop partnerships with relevant organizations and stakeholders to promote access to home and community care service professionals.
5. Promote the development of research among stakeholders that will advance best practices in home and community care.
6. Use research evidence to support the importance of occupation and occupational performance in home and community care.

Background

Home and community care encompasses a wide range of health services delivered at home and throughout the community to recovering, disabled, chronically or terminally ill persons in need of medical, nursing, social or therapeutic treatment and/or assistance with the essential activities of daily living (Health Canada, 2005). The goal of home and community care is to enable individuals to receive high quality services at home, in the community, in supportive housing or in long-term care facilities. Support for friends and family who provide much of the care received at home is also needed (Health Canada, 2005).

The CAOT views home care as an essential and critical part of the continuum of health services for Canadians. CAOT advocates for the development of a pan-Canadian framework so that all Canadians have access to quality home and community care services in their own community.

Occupational therapists are university educated, regulated health professionals in all ten provinces of Canada. The education of occupational therapists is devoted to the study of occupation and occupational engagement. As an expert in occupation, occupational therapists use evidence-based processes that focus on their clients' goals to participate in valued activities (CAOT, 2007; Townsend & Polatajko, 2007).

All provinces and territories in Canada have home and community care programs but there is

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considerable diversity among the services provided and eligibility requirements. Lack of common terminology and standards for service delivery and insufficient information collection have limited the ability of individual jurisdictions to collaborate and share information regarding home and community care services.

Shorter hospital stays, greater use of outpatient treatment and a growing population of older Canadians with longer life expectancy have increased Canadians' need for home and community care. The number of Canadians living in the community and needing occupational therapy services has also increased dramatically as a result of population aging and advances in medical technology that save and sustain lives.

Occupational therapy home and community services are provided through a complex mix of public and private funding including extended health care insurance, auto insurance, Workers' Compensation and Veterans Affairs. Residents of Canada have unequal access to occupational therapy services due to a lack of federal/provincial/territorial coordination in both funding and development of a pan-Canadian framework for home and community care. The Canada Health Act (1985) does not require provinces and territories to provide publicly funded health services outside of hospital and physician care. Services formerly available through hospitals, which have shifted to the community, do not have adequate funding for occupational therapy.

Research demonstrates that through occupational therapy, an individual's use of formal and institution-based care is reduced. Designating occupational therapy as a core and essential service would contain health-care costs by assisting people to become self-sufficient, particularly those with disabilities and chronic illnesses (CAOT, 2004).

The Commission on the Future of Health Care in Canada (Romanow Commission, 2002) identified home care as a priority health service for the people of Canada. Evidence supports that home care within an integrated continuum of care can increase the efficiency and effectiveness of the Canadian health care system.

In response to Canada's First Ministers Accord on Health Care Renewal (2003), the Government of Canada created a five-year, \$16-billion Health Reform Fund targeted to home care, primary health care and catastrophic drug coverage. First Ministers agreed that home care would eventually become an integral part of the publicly-funded system.

To date, the Health Council of Canada (2008) discovered that many jurisdictions are making efforts to improve access to home care. Renewal efforts include universally accessible, publically funded home care programs initiated and targeted towards specific populations. They also note a growing concern among Canadians about access and quality of primary health and home care. Care is not always available when people need it and is not always as comprehensive or well coordinated as it should be.

Canada needs a national framework for home and community care. A national framework can ensure that all residents of Canada have access to equitable services and protect the most vulnerable populations from sub-standard treatment by supporting health professionals to plan and deliver quality services. Finally, a framework would facilitate funding of core services such as occupational therapy.

Glossary of Terms

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care), enjoying life (leisure) and contributing to the social and economic fabric of their communities (productivity); the domain of concern and the therapeutic medium of occupational therapy (CAOT, 1997, 2002); a set of activities that is performed with some consistency and regularity; bring structure and are given meaning by individuals and a culture (adapted from Polatajko et al., 2004 and Zimmerman et al., 2006).

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CAOT Position Statement: Occupational therapy and end-of-life care

The Canadian Association of Occupational Therapists (CAOT) believes all people of all ages in Canada have the right to quality end-of-life care that allows them to die with dignity, free of pain, surrounded by their loved ones, in a setting of their choice. To achieve quality end-of-life care for all, Canadians require a collaborative, well-funded and sustainable national strategy for hospice, palliative, and end-of-life care and services from a team of health professionals that includes occupational therapists.

CAOT Initiatives

1. Advocate for involvement of occupational therapists in end-of-life services and planning initiatives to promote quality of life and meaningful participation.
2. As a member of the Quality End-of-Life Care Coalition of Canada (QELCCC), work with and participate in appropriate advocacy initiatives related to end-of-life care strategies or programs.
3. Promote occupational therapy specific and interdisciplinary research studies that expand the knowledge base for end-of-life care in Canada.
4. Facilitate the development of continuing professional education content and material that meet practice needs.

Recommendations for occupational therapists

1. Continue to develop partnerships with relevant organizations and stakeholders to promote access to end-of-life care for the people of Canada that promote quality of life and meaningful occupation.
2. Promote the development of research among stakeholders that will advance best practices in end-of-life care.
3. Engage in continuing professional education to use best practices based on research evidence for quality outcomes in end-of-life care.
4. Promote quality occupational therapy service standards.

Background

End-of-life care aims to relieve suffering and improve the quality of life for persons who are living with or dying from advanced illness or who are bereaved. End-

of-life care is appropriate for any individual of any age and/or family living with or at risk of developing a life-threatening illness due to any diagnosis and with any prognosis (Adapted from Ferris et al., 2002).

Occupational therapists are university educated, regulated health professionals in all ten provinces of Canada. They use evidence-based approaches to enhance the quality of life of individuals and their caregivers by encouraging participation in meaningful occupation and valuable experiences. The values and core attention to spirituality and holistic client-centred practice make occupational therapy a natural fit with the philosophy and approach of end-of-life care. Therefore occupational therapy should be an integral part of an end-of-life care team.

Occupational therapy practice in end-of-life care needs to be consistent with the national guidelines of practice, be evidence-based and contribute to the knowledge base through research and education.

Research findings indicate that occupational therapy in end-of-life home care assists individuals to live safely and comfortably at home, despite decreasing capacity to participate in their occupations of life. Occupational therapy services are effective in preventing injury, controlling pain and carrying out valued activities. Occupational therapists provide education, support and modifications to the environment for individuals and caregivers (Bye, 1998; Dawson & Barker, 1995; MacLeod, 1997; Rahman, 2000; Sykes, Johnson, & Hanks, 1997). Occupational therapists assess client and caregiver needs for assistive technology which can play a major role in enabling people to engage in their occupations of choice and participate fully in their communities. Appropriate use of assistive technology promotes independence and prevents illness and injury (CAOT, 2004).

In June 2004, CAOT held a professional issue forum on occupation and end-of-life care. The purpose of the forum was to shape the future of occupational therapy practice in end-of-life care in Canada. There were approximately 65 participants, comprising of CAOT members and stakeholders, who identified the following issues and action items in the area of end-of-life care:

1. Access to occupational therapy services

According to Pan-Canadian Partnership for Palliative and End-of-Life Care (QELCCC, 2007) 259,000 Canadians

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were expected to die in 2007. By the year 2020, the number of deaths will increase to more than 330,000 per year. Since chronic diseases account for 70% of all deaths, it was predicted that 181,300 Canadians in 2007 and 231,000 by 2020 will need access to hospice palliative care services and programs. They identified that 75% of deaths take place in acute care hospitals and long-term care facilities.

The final report on the Commission of the Future of Health Care in Canada, *Building on Values*, recommends a commitment of \$89.3 million annually to the Canadian health system to address end-of-life care needs (Romanow, 2002).

According to 2007-2008 CAOT membership statistics, occupational therapists work in a wide variety of practice settings including, but not limited to hospitals, home care and independent living facilities.

Occupational therapy services include provision of assistive technology, caregiver support, client education, case management and chronic pain management. End-of-life care can occur in any of the above roles and practice settings.

Considering that each year 180,000 Canadians need end-of-life care (QELCCC, 2007) and it is estimated that 5-15% of Canadians have access to this care, more health service providers, including occupational therapists, are needed to practice in end-of-life care. This is particularly urgent if we consider that each death affects the immediate well-being of an average of five other people, or over one million Canadians (Carstairs, 2000).

2. Professional Education

More research and education is needed to raise the profile for end-of-life care (Dawson & Barker, 1995). Education of students of occupational therapy in the areas of spirituality and issues related to end-of-life care should be addressed in entry-level professional programs (Rose, 1999). Courses or workshops offered by interdisciplinary groups can be beneficial for entry-level occupational therapists (Hillier, Coles, Mountford, Sheldon & Turner, 2001). Consideration should be given to increasing access to professional development in end-of-life care.

3. Research

The personal-professional connection and experiences of working in end-of-life care occupational therapy has

been examined by Prochnau, Liu and Boman (2003). Further research is needed to examine the relationship between these themes and strategies for recruiting and retaining occupational therapists in end-of-life care.

It has been shown that self-rating, as is required for the Canadian Occupational Performance Measure (Law et al, 2005), is difficult to use in end-of-life care (Norris, 1999). Future research is required to identify and describe meaningful methods of assessing occupation, spirituality and other related outcomes in end-of-life care.

Further research in occupational therapy practice and end-of-life care includes effective pain and symptom management, psychosocial aspects of care, and effective methods of delivering services, including home care (Harding & Higginson, 2003; Smeenk, van Haastregt, de Witte, & Crebolder, 1998).

4. Advocacy

CAOT is a member of the QELCCC that is a 30 member organization that advocates for quality end-of-life care for all Canadians. QELCCC calls on the federal government to take a strong leadership role in improving access to palliative and end-of-life care. A significant accomplishment of the QELCCC through its advocacy was changes to the Compassionate Care Benefits resulting in expanded eligibility for the benefit in 2006.

QELCCC advocates for an on-going, well-funded, sustainable national approach to end-of-life care in the 2007 document, *A Pan-Canadian Partnership for Palliative and End-of-Life Care*. The document offers three major recommendations: develop a multi-level, multi-department consultation to steer the construction of a clear action plan; create a broad-based advisory committee to guide the development of new policies; and support continued research to help deepen understanding of end-of-life care issues.

Glossary of Terms

Enabling (verb) – Enablement (noun): Focused on occupation, is the core competency of occupational therapy – what occupational therapists actually do – and draws on an interwoven spectrum of key and related enablement skills, which are value-based, collaborative, attentive to power inequities and diversity, and charged with visions of possibility for individual and/or social change (Townsend & Polatajko, 2007).

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Enabling occupation: Refers to enabling people to choose, organize, and perform those occupations they find useful and meaningful in their environment” (CAOT 1997, 2002, p. 180).

Occupations: Groups of activities and tasks of everyday life, named, organized, and given value and meaning by individuals and a culture; everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure) and contributing to the social and economic fabric of their communities (productivity); the domain of concern and the therapeutic medium of occupational therapy (CAOT, 1997, 2002); a set of activities that is performed with some consistency and regularity; bring structure and are given meaning by individuals and a culture (adapted from Polatajko et al., 2004 and Zimmerman et al., 2006).

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Update from the COTF

Upcoming Competitions

February 28:

- COTF Research Grant
- COTF/CIHR-IA Research Grant
- Critical Literature Review Grant
- J.V. Cook and Associates Qualitative Research Grant

March 31:

- Marita Dyrbye Mental Health Award

Other Awards

- Travel Awards partnership between COTF and CIHR (March 1 and June 1)

For details and application forms, see the Opportunities for Researchers and Students section at www.cotfcanada.org.

Congratulations to the 2008 COTF Research Grant Competition Winners COTF/CIHR-Mobility in Aging Research Grant (\$10,000)

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COTF Research Grant (2 x \$5,000)

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COTF's 25th Anniversary!

During its 25th anniversary year, COTF will be launching a new vision. The goal of the new vision is to increase the visibility of COTF, in particular outside the OT community. The COTF Board of Governors will work to seek an honorary chairperson to lead COTF into the future and increase its fundraising revenue substantially with the goal to provide more scholarships and research grants, and to increase the dollars of the awards. The anniversary was celebrated with a gala at the Delta Chelsea Hotel in Toronto where COTF's new image and vision were celebrated and shared. The Keynote Speaker for the event was Karen Goldenberg, one of COTF's founding members. Sue Baptiste elegantly emceed the event.

Remember to Update Your COTF Contact Information

COTF would greatly appreciate it if you would inform Sandra Wittenberg of any changes to your COTF contact information. Sandra can be reached at swittenberg@cotfcanada.org or 1-800-434-2268 x226.

Your support counts!

COTF sincerely thanks the following individuals, companies and organizations for their generous support during the period of December 1, 2007 to January 31, 2008. For those whose names do not appear in this listing, please see the next issue of *OT Now*.

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