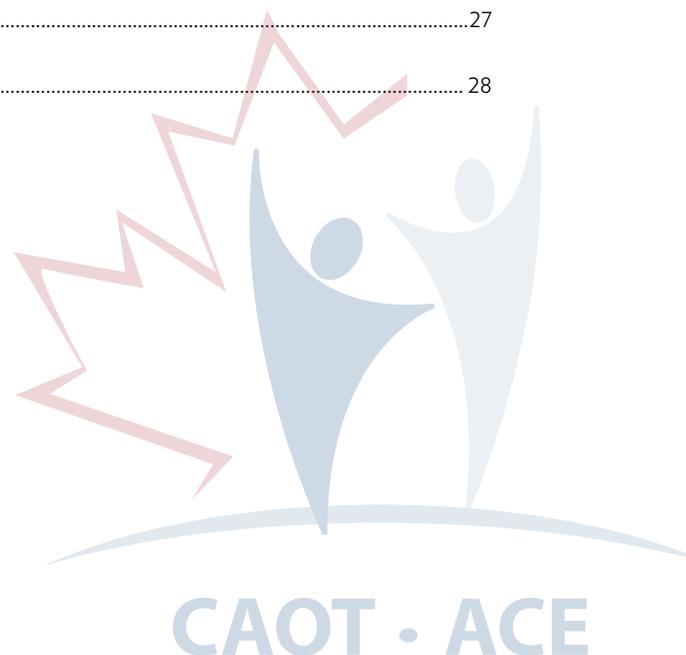


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Enabling Occupation II: Feedback requested from CAOT members

The second edition of *Enabling Occupation II* is being developed and is expected to be available in 2012.

Please share your thoughts with us. To send comments, you can download feedback form at <http://www.caot.ca/default.asp?pageid=1439> and submit to practice@caot.ca or fax to 613 523 -2552 or mail to office (Attn: EOII feedback).

OT Now Call for Papers

The September, 2011 issue of OT Now will be a special issue on 'Promoting Self-management and Self-management Support: An Occupation Focused Perspective'. The Guest Editor will be Tanya Packer, PhD, OT(C) NS(Reg).

Deadline for submission: April 1st, 2011

Please contact Brenda McGibbon Lammi (blammi@caot.ca) if you have any questions or would like more information.



Editorial

Celebrating the 85th Anniversary of CAOT

Brenda McGibbon Lammi



CAOT is proud to be celebrating its 85th anniversary. To honour the occasion, Sue Baptiste, CAOT President and Guest Editor for this issue, and I, invited authors with different perspectives to provide articles that reflect the recent and distant past of the association and the profession. In doing so, it was

impossible not to look to the future and realize the impact the past has on our professional journey.

In addition, upon renewal of your CAOT membership, you received a pin. This pin is a new tradition for CAOT and, from now on, will be given out to new members of the Association. Wear your pin with pride and know that you are

a part of a strong group of professionals that are making a difference to the lives of many.

You will also notice that OT Now has a new look, both on the cover and within the pages. There are also changes to the columns, with some new ones being added and existing ones being updated. The changes to the columns reflect the growing diversity of our profession and feedback received from you, the readers. Watch for the columns throughout the upcoming year. I encourage you to send me your comments, suggestions, and (as always) your submissions.

I hope that you will enjoy this special issue of OT Now, celebrating the 85th anniversary of CAOT; and in doing so, take pride in our professional roots and be excited about our future.

Occupational therapy: The foundations, the changes, the future

Sue Baptiste, Guest Editor

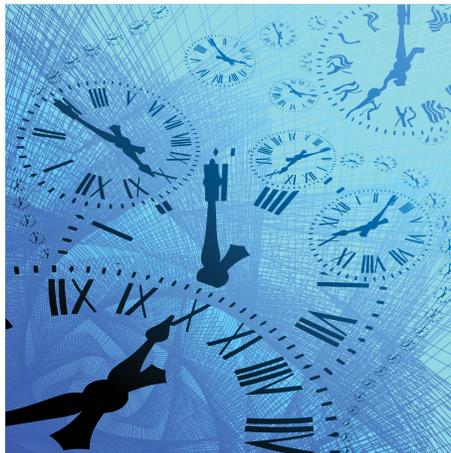
Despite the image in my mirror in the morning, I still cannot understand how time has flown so fast. Without wishing to sound trite, I really do not know where the years have gone – that is, until I think back on my career and the amazing experiences I have had, then I can recognize my good fortune; my good luck in being around as the occupational therapy profession has gone through a stormy adolescence, a confused early adulthood and now is engaged in a fascinating journey towards full maturity.

The foundations

I began my training program, on the first day of class, being seated in a circle, one behind the other with long, thin strings tied to the chair in front so that we could all make our scissor cords using macrame knots. We were to learn all about occupational therapy while working with clients who were residents in a private psychiatric

hospital; and learn we did. We entered the field with detailed skills in arts, crafts, activities and sports, many of which would never be deployed in the interest of helping clients return to a meaningful life. And yet, despite the apparent focus on the ‘doing’, we managed to embrace some strong interactive and analytical skills as well. These were put to the test when working in the real world and when realizing that the fit between prescribing the ‘doing’ and our own personal meaning was not a good one. For many years, many of us were unsettled, questioning whether we were in the right place, but not wanting to abandon a profession that we still felt had a hold on us. Something was amiss and needed identifying, then fixing.

The dissonance became clear, residing within the forced fit with the medical model. Slowly but surely, we began to recognize that the roots of our discipline provided



many of the answers. We, as occupational therapists, evolved from our work with war veterans - in helping them return from the horrors of war to take a meaningful and integrated place in their communities. The fact that activities and handicrafts were often the tools to enable that transition was absolutely that - a set of tools. The deeper implication of engaging with people to help them determine their abilities and future focus was the real objective, the deeper purpose of the occupational therapy role. This central and critical 'raison d'être' remains and is reinforced today. It took the shaky first steps of the 1960's and 1970's to provide the courage to move ahead.

From these early years of searching and experimentation, came a new way of looking at what we do and why we do it. The late 1970's and 1980's gave us a sense of clarity with the development of models of occupation and occupational performance. Research efforts began to emerge that tackled the identification of evidence which pinpointed the difference occupational therapists make in the lives of those with whom they work. Occupational therapy roles evolved along with the discipline itself; workplaces were no longer centred mainly within institutional settings; work within community agencies and private practices became more common.

And so it continues. We have reached a place today where it is no longer a great surprise to read of research evidence that illustrates the value of occupational therapy interventions. Emerging practice roles are being identified on a regular basis; occupational therapists now engage with people in multiple environments. A medical diagnosis is no longer the portal to client involvement. We appreciate the value of our philosophy and professional mission to the lives of well citizens, who are trying to maintain their health and to remain as active participants in their communities. We now frame our work through partnerships with clients, focusing upon occupational engagement in the context of each client's life and choices.

Multiculturalism and occupational therapy

The particular nature of our professional development in the Canadian context has occurred in parallel with the evolution of Canada itself, through many different eras of expansion and enrichment largely through the policy of and commitment to immigration as a main source of population growth.

"I think that a stalwart peasant in a sheepskin coat, born to the soil, whose forefathers have been farmers for ten generations, with a stout wife and a half dozen children, is good quality" (Clifford Sifton, Minister of the Interior, 1900).

Thus was the national context at the time of the turn of the 20th century. In that year, 41,681 immigrants were admitted to Canada. Population growth was reliant upon people coming from countries and lives that had been forged from the soil; these folks had the skills and courage needed to forge a

presence in the unturned earth and wilderness of the little charted Canadian continent. Such individuals were tempted to leave countries such as Ireland, the Ukraine, Scandinavia and parts of Eastern Europe due to hardship and famine. Workers were also needed for the final stages of building the national railroad, for developing manpower for the skilled trades. To this day, the settlements that resulted from the efforts of these people remain and have become key towns and cities across the Canadian landscape. This was the beginning of what is known today as the 'policy of multiculturalism' as announced in 1971. In the intervening seventy years and beyond, expectations for immigration numbers expanded, examples of which are presented in Table 1.

Table 1: Immigration numbers from 1910 -1991

Year	Population	Immigrants
1910	7,206,643	22%
1931	10,376,786	22%
1941	11,506,655	17.5%
1981	24,083,500	16%
1991	26,994,045	16%

As these ever-increasing numbers of newcomers were welcomed to Canadian shores, the governmental structures were created to support the processing, checking and acceptance of these individuals and families.

From just after the First World War (WWI), there was a growing need for resources to manage the complex needs of new Canadians. The government department accountable and responsible for the immigration portfolio changed radically throughout the twentieth century, Bills were introduced to organize the process of immigration and multiculturalism have been celebrated:

- 1917: Office of Immigration and Colonization
- 1936: Department of Mines and Resources
- 1950: Department of Citizenship and Immigration
- 1959: World Refugee Year
- 1971: Policy of Multiculturalism announced
- 1976: New Immigration Bill
- 1989: Bills C-84 Citizenship & Immigration Act
- 2004: Bill C-11 Refugee Reform

While the numbers of immigrants reduced in proportion to the total population over time, the countries from which they originated became more widespread and representative of the global community. Through the years 2001 to 2006, for example, immigrants arriving in Canada have levelled out to approximately 200,000 per year. The most recent available census data comes from the 2006 census. This compendium of information reveals that the most recent arrivals come from India, the Philippines, China, the United Kingdom and the United States. Apparently, nearly 150 languages were reported



About the author

Sue Baptiste MHSoc, OT Reg. (Ont), is President of the Canadian Association of Occupational Therapists and is a full professor in the School of Rehabilitation Science at McMaster University, Hamilton, Ontario.

as mother tongue. A large proportion of newcomers begin their Canadian lives by settling in Ontario, British Columbia and Quebec, moving to other provinces once established. In contrast to those earlier settlers, these immigrants are more educated with 51% of them reporting that they have university degrees up to the level of PhDs and post-doctoral experiences.

It is against this tapestry of the world's peoples that we, as occupational therapists, have a rich opportunity to become involved in working with them to enable their acculturation as Canadians while respecting and valuing their individual cultural heritages. A large part of being able to do that is to support the creation of an occupational therapy workforce that resembles the population of our country. While I have a great affection for occupational therapists in general and Canadian ones in particular, I do fear for our national professional profile – we are quite white. And being quite white does not address the central need for mirroring those with whom we work. With all the good will and persistence in the world, there is nothing so comforting as to meet someone across a desk who knows your country, looks like you (even a little bit) and can speak your language. I find myself being energized and enthused at the thought of taking on this task – to people our profession to represent as broadly as possible the nature of the people of Canada. Towards that end, the Occupational Therapy examination and practice preparation project (OTepp) is underway. This project is funded in part by the Government of Canada's Foreign Recognition Program and by the Government of Ontario, and is being implemented in partnership with the CAOT and McMaster University, to develop curriculum that will assist internationally education occupational therapists (IEOTs) write the national certification examination and enter practice in Canada.

The future

It has been quite a journey. I have memories that span many decades, moving from technical skill development to formulation of theory, the emergence of practice models and a growing comfort with front line advocacy and lobbying. And yet it was from our history and from our shared experiences that we were able to undertake this journey. At this point in our profession's evolution, it would serve us well to slow down for a moment and take stock of where we are now, from whence we have come, and the options for our future paths. This special issue of OT Now, celebrating the 85th anniversary of CAOT does just that. Lynn Cockburn reflects on where we are now, by taking a thorough and engaging look at the last ten years of our profession. Brenda Head and Judith Friedland provide us the means to reflect on our past by examining the work of two occupational therapy pioneers, Jessie Luther and Helen P. LeVesconte, with surprising similarities to our profession today. What is known about these two pioneers would be impossible

without the keeping of oral histories. The importance of which is explored by Barry Trentham, connecting our past

“It is against this tapestry of the world's peoples that we, as occupational therapists, have a rich opportunity to become involved in working with them to enable their acculturation as Canadians while respecting and valuing their individual cultural heritages.”

with our present. The history of the World Federation of Occupational Therapists and the Canadian roles is described by Anne Carswell. Claudia von Zweck, CAOT Executive Director, reflects on the roots of CAOT National

Office in Ottawa, Ontario, and provides an introduction to current staff - CAOT's present. The influence of our past on our present is undeniable in all of these pieces.

Our legacy

Over the past two years, I have had the opportunity to become involved in the development of the Occupational Therapy Legacy website, a link from the CAOT website, which will be going 'live' in January 2011 – the same time that this edition of OT Now will be hitting your mailboxes, both real and virtual. As we were designing the website and deciding what content should be posted, where and how, it seemed to make sense to cameo, in OT Now, the concept of our Canadian occupational therapy history as the legacy and foundation of occupational therapy present and future. Welcome to the latest edition of OT Now; we hope you enjoy the chance to reflect on the contributions of pioneers of our profession, to consider the opportunity to gather personal histories from colleagues, and to get ready to forge ahead into our next chapter.



Reflections on the past ten years of occupational therapy in Canada

Lynn Cockburn

Mix together ten years, thousands of dedicated occupational therapists, countless great occupationally-based ideas with complex and ever-changing political, health and social contexts, and the outcome is the evolving field of occupational therapy from 2001 - 2010. What was once called the “diffident profession” (Maxwell & Maxwell, 1978) is increasingly making its presence felt in a variety of sectors and spheres across the country and around the world.

In 2001, Helene Polatajko wrote:

With our new enablement perspective, our challenge is to learn to fully understand the occupational human and the nature of enablement, to push forward a science of occupation in conjunction with a science of enablement. ...our opportunity and our privilege will be to enable the occupation of all people, to go beyond the medical mission of preserving life to enabling living (Polatajko, 2001).

This paper provides some observations on the last ten years of Canadian occupational therapy; I consider some of the emerging trends and themes as the profession has grappled with this challenge. My writing is not based on a formal study, but rather is a reflective piece highlighting some of the experiences and issues of this decade. As an educator and academic, I work in an environment where we notice what people are writing and talking about, we have discussions with colleagues formally and informally. In addition to my personal reflections, I reviewed the *Canadian Journal of Occupational Therapy (CJOT)*, *OT Now*, conference proceedings, and several websites.



The Canadian context and the Canadian Association of Occupational Therapists

During this past decade, individual occupational therapists, as well as local, provincial, regional and national groups were active in responding to the needs of Canadians and to opportunities to influence healthcare, social services, and education systems. The Canadian Association of Occupational Therapists (CAOT) continued to take a leadership role within, and external to, the occupational therapy community, and collaborated with a wide range of national organizations with shared common goals (CAOT, 2010). For example, the Canadian healthcare landscape was influenced by the Commission on the Future of Health Care in Canada (The Romanow Commission, 2002) and the Mental Health Commission of Canada (2008), both of which received occupational therapy submissions and involvement (CAOT, 2001; CAOT, 2009).

Education

During this decade, educational programs grew from twelve to fourteen accredited Canadian occupational therapy schools in Canada. The two new programs are at the Université du Québec in Trois Rivières and the University of Sherbrooke.

In 2002, CAOT published a *Position Statement on Entry-Level Education of Occupational Therapists in Canada* (CAOT, 2002) which stated that effective in 2008, only programs leading to a professional Master's degree in occupational therapy would be granted academic accreditation. Although the move to Master's level education created considerable discussion and some controversy, by 2010, all fourteen university programs in Canada

had Master's programs well underway (Association of Canadian Occupational Therapy University Programs, 2010).

Interprofessional teams

Occupational therapists have always been team players with a history of interprofessional education and practice. In the past decade, grants and projects brought interprofessional education and interprofessional care into the foreground of practice. Health care settings and governments across Canada picked up on the importance of promoting interprofessional and collaborative practice in primary care (EIPC, 2006) and other settings (Health Canada, 2010; Paterson, Medves, Chapman, Verma, Broers, & Schroder, 2007).

Occupational therapy examples of promoting interprofessional teams include; *Interdisciplinary Primary Health Care: Assembling the Pieces* (McColl & Dickenson 2009), which walks interested therapist through the process of becoming part of a primary care team; and that occupational therapy was added to the fundable list of interdisciplinary health providers for family health teams in Ontario (Ontario Ministry of Health and Long Term Care, March 2010).

Occupationally-based practice

Increased focus and understanding of the concept of occupation as foundational to the practice of client-centred occupational therapy was evident in conferences, presentations, books, practice tools and methods over the last ten years. A special issue of *CJOT* highlighted 'occupation' in December 2004.

The Canadian Society of Occupational Science (CSOS) formed, generating refinements and reappraisals of existing models of occupation and practice, and creating new models that position occupation as a foundation to occupational therapy practice. This shift has called on the profession to be more critical and reflective in examining the existing assumptions and models (e.g., Cheng, 2010; Hammell, 2009; Iwama, 2006; Leclair, 2010). Meaning as an integral aspect of occupation was explored and became more prominent within research and practice (Doble and Santha, 2008; Hammell, 2004).

A new vocabulary of occupationally centred terms and concepts emerged during the past decade. For example, the index of *Enabling Occupation II* includes at least 30 such terms, from occupational alienation and occupational apartheid to occupational well-being (Townsend & Polatajko, 2007). Occupational therapists became more engaged in this occupational discourse, and hallway conversations, discussions, webpages, and writings flourished across the country.

Evidence-based practice

Recognition developed that there are diverse ways of understanding and developing the profession's knowledge base. The focus on using evidence to improve outcomes, which was evident in the 1990's through initiatives such as the Canadian Occupational Therapy Foundation's *Outcomes That Matter* projects, continued in this decade. In 2001, *CJOT* and *OT Now* were filled with information about developing and using evidence (Townsend & Rebieiro, 2001; Egan, 2001; CAOT Position Paper, 2001). In December of 2005, *CJOT* published a

“What was once called the ‘diffident profession’ (Maxwell and Maxwell, 1978) is increasingly making its presence felt in a variety of sectors and spheres across the country and around the world.”

special issue on outcomes that addressed a range of practice settings and population groups, and included a bibliography of relevant papers (Backman, 2005). Texts such as *Interventions, Effects, and*

Outcomes in Occupational Therapy by Law and McColl (2009) provided further direction in using evidence. Many occupational therapists explored ways of diversifying and using creative arts and other forms of evidence in their practices (e.g., Dam, Frysberg, & Kirsh, 2008; Trentham, 2010; Cheng, 2010).

The occupational therapy workplace

Occupational therapists worked with an expanding range of people within a growing number settings. During this decade, more occupational therapists began working in private practices of various kinds, with funding coming from public and private sources. More attention was given to workplaces and return-to-work concerns, including mental health and cognitive issues.

The ways that occupational therapists worked were also transformed by the increased use of technologies: computers, Internet, emails, and handheld personal electronic devices, to name a few. An ever increasing range of adaptive equipment and devices became part of everyday practice. Polgar described the many uses of different kinds of technologies in 2002 in her Muriel Driver lecture. CAOT's website continued to be a key resource for occupational therapists and for the general public, and changed its look in 2010.

The challenge of going beyond a medical perspective to enabling meaningful occupations and fully engaged living for all populations was evident in theory and in professional documents. Different opportunities to enable the occupation of more people were identified and realized beyond the traditional settings of rehabilitation facilities and hospitals. Work is being done to connect general health and social trends in Canada to occupational therapy practice and theory. For example, obesity and driving are increasingly seen as valued areas of occupational therapy practice (Forhan et al., 2010; CAOT, 2009).

About the author

Dr. Lynn Cockburn is an occupational therapist and an Assistant Professor at the University of Toronto, and Visiting Assisting Professor at the University of Buea in Cameroon. Her research interests focus on mental health, community development, diversity, historical influences, and inter-professional education in disability, occupational therapy, rehabilitation, in Canada and Cameroon.

History informing current practices

Interest in historical work grew during this decade. Calls for learning from the past were a constant theme and are reflected in other articles in this issue (Friedland, 2011; Trentham, 2011). All issues of *CJOT* are now available electronically, having been scanned into portable document format (PDF) using optical character recognition (Finlayson, 2010), which enable occupational therapists to consider how their current practices are shaped by previous work.

The move to occupational and social justice

Although the profession is more familiar with discussing the concept of achieving justice through occupation, the diffidence evident in the profession in earlier days lingers on within some practice areas. As occupational therapists, we continue to grapple with how to fully own the power that we do have (see, for example, the CAOT 2010 Annual Conference keynote speech by Clarke that called on occupational therapists to become more comfortable with using power).

I find it intriguing that there are few projects in our field that explicitly explore the impact of race, gender, class, and geographic location on attempts to enable valued, everyday occupations and to create client-centred, occupationally therapeutic relationships. Beagan and Etowa (2009) remind us that “a therapist’s role is to try to understand how racism may be affecting clients’ occupational performance, meaning, engagement, participation and health —where social environments intersect with occupations”. The same could be said about gender – how do gendered notions of occupation impact everyday occupational therapy practice? Why are we not discussing the gendered nature of occupational engagement more fully? As a profession with its cultural roots in female, middle class sensibilities (Friedland, 2003; Sedgewick, Cockburn & Trentham, 2007), it seems we need to find more ways of recognizing the complexity and nuance of the process of enabling occupations in the Canadian and global contexts in which we practice, and of making our understandings of social justice, occupational justice and inclusion more explicit in our everyday practices. In the educational institution in which I work, we discuss the process of creating leaders who are able to influence health, social services and other sectors. I am convinced that this is a discussion that is not unique to our setting but is also occurring in workplaces and schools across the country.

Summary

I have presented an overview of what was visible to me as I reflected on the past decade. As CAOT celebrates its 85th anniversary, colleagues report mixed feelings about the current situation. Many exciting initiatives are emerging, yet there is also a sense that there are other opportunities that the profession has not yet taken up, and Polatajko’s challenge remains outstanding.

As a profession we are close to celebrating a hundred years of practice and new ways of understanding the impact of occupation continue to emerge. We are called on to claim the possibilities and implication of enabling occupation with a broader understanding of health and inclusion; of working in community development with gendered and racialized communities, including First Nations, immigrants, refugees, and other groups who may have limited access to full occupational

engagement. Perhaps the next ten years will be a time when the concepts of how to enable meaningful occupation become more recognized, understood, and valued by

occupational therapists, other professional groups and in health and social policy and programs, and when occupational justice is seen as a necessary complement to social justice.

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In Memoriam: Line Robichaud

On 27 September 2010, the profession of occupational therapy lost an important leader, Dr. Line Robichaud (age 51). Line, who worked since 1988 as a professor and researcher at Laval University, served as director of the occupational therapy program for six years. Among her many achievements in this role, overseeing the implementation of the new bachelors-masters continuum was notable. Line had an outstanding career as an occupational therapy clinician, teacher and researcher. In each of these areas, she made a highly important contribution, particularly in the geriatric field, and specifically with respect to the services for older individuals losing their autonomy.

Line's accomplishments include a considerable number of peer-reviewed publications, research grants from the CIHR, FQRSC and Quebec Ministry of Health, supervision of many graduate students, journal manuscript reviewer and the leadership of several committees. However, as important as any of these concrete achievements were Line's qualities as a compassionate human being; her deep interest in others, her empathy, her humanity, her intellectual curiosity, her passion, her sense of humour and her humility will never be forgotten. Line was a simple person in the best possible sense of the word. She was a profoundly engaged individual who made a wonderful contribution to occupational therapy. We miss her greatly.

Andrew Freeman erg. Ph.D.

Director, Occupational Therapy Programme, Laval University



CAOT National Office: A personal reflection

Claudia von Zweck, CAOT Executive Director

In 1995, CAOT began operations in a new location in Ottawa. The Association chose in 1991 to move the national office from its historical location in Toronto to be closer to federal decision-makers and peer organizations in the nation's capital. Planning for this transition ensued in the subsequent years with ultimately only four of the fifteen individuals working with CAOT in Toronto continuing with the Association after the move. As a result, I was among eleven new CAOT staff that collected in Ottawa in September, 1995 for an orientation to working with the Association. The new building that was to become home to national office was behind in construction, forcing use of borrowed offices for our initial days of operation. For September of that year, each new working day brought excitement as construction of the office was completed, desks, telephones and computers were installed and boxes of files of our work arrived from Toronto. As a group, we were not only new to each other and our responsibilities, but for many we were creating roles that had previously not existed at CAOT. That initial year in Ottawa was akin to the establishment of a new business, as our team learned and worked together to develop procedures and processes to address the operational needs of the Association.

In assuming the role of Executive Director in 1998, my first priorities focussed on the financial management of the Association, as the costs of the office relocation and changes had left CAOT with a significant deficit. National office staff worked creatively to “do more with less” to meet stringent budget restrictions imposed by a financial plan to replenish Association savings. Flexibility and determination allowed the Association to recover financially well ahead of the planned timeframes, while still upholding a strong commitment to quality and innovative member services. Fortunately over time, our growing financial security provided greater opportunities to engage in a number of exciting activities and projects, although our corporate memory of these lean years serves as a legacy to remind us of our need for continued fiscal conservatism.

In 1999, CAOT implemented a restructuring of the Board of Directors and a new policy model of governance. This

governance model provides a clear delineation of both the roles of the Board and national office. The Board of Directors outline the mission, vision and strategic priorities of CAOT, along with policies that guide the work of the Association. While the Board articulates what CAOT as an organization addresses in our work, it is the responsibility of staff to define and implement how the desired outcomes will be attained. It has therefore been necessary to mould the staffing structure and composition of national office to respond the changing priorities of the Association. We have frequently added contract staff to our structure as we have been fortunate to have received grant income of almost \$2 million in the past eight years to support a number of special projects that address our strategic objectives. This outside

“Despite our small size of staff, CAOT has a complex mandate, including acting as a publishing house, accrediting agency, testing service, education provider, research and policy think tank, and public relations advocate.”

funding demonstrates the growth of our partnerships with government and other organizations, facilitated by our location in Ottawa. The move of the Canadian Occupational Therapy Foundation (COTF) to

Ottawa to share national office space with CAOT in 2002 also strengthened our partnerships. The co-location of office space continues today and allows CAOT and COTF to work synergistically to address our mutual issues.

Technology has driven constant change within national office. It is difficult to imagine that national office began in Ottawa in 1995 with only telephone, fax and snail mail communications to support our operations. Initiation of email and the introduction of our web site in the late '90s revolutionized our ability to communicate with members and outside stakeholders. Technological changes have been continuous in the intervening years, with major new initiatives introduced even in the last year, including web conferencing, Voice over Internet Protocol telephony and social networking. These initiatives serve to increase the capacity of CAOT to inform members and outside communities of the work of the Association and the profession. Technology also allows the office to be truly “national” with staff as well as volunteers linking virtually into the operations in Ottawa from across Canada as well as from international locations.

The constituency of national office has evolved since our

move to Ottawa with life transitions of individual employees, including at least eleven births and four retirements, in addition to many staff that returned to school to pursue higher education. Such transitions offer opportunities for others in the office for career advancement and ensure flexible staffing that is integral for supporting the diverse activities of CAOT. As a small association, CAOT manages multiple roles or business lines, each of which may be the mandate of separate organizations in a larger profession. Despite our small size of staff, CAOT has a complex mandate, including acting as a publishing house, accrediting agency, testing service, education provider, research and policy think tank, and public relations advocate. As a result, the office needs to be staffed with

individuals with a diversity of competencies that complement and support the work of our volunteers and members. While each staff member has a unique role within CAOT, everyone wears multiple hats and juggles several portfolios. It is through a blending of competencies that occurs with strong teamwork that the national office can support the broad array of activities of CAOT occurring at any one time. It is a privilege to work with the engaged and talented individuals associated with the national office. Among the many dedicated individuals working with national office, several have been recognized with an award by the Association for their service to the profession, including Geraldine Moore, Mary Clark, Donna Klaiman, Mary Lou Boudreau and Marie Brine.

Today national office has grown to over 20 staff. Our professional practice group led by Janet Craik addresses member services and activities that enable excellence in occupational therapy. Lis Ostiguy leads the professional affairs team that provides a national voice on issues related to occupational therapy and promotes public awareness of the profession. Activities of the standards portfolio, led by Christiane DesLauriers, address occupational therapy education, practice and workforce development. Efficient and cost effective Association operations for finance, human resources management and membership administration are addressed by the finance team headed by Christina Hatchard. A number of contract staff work with Elizabeth Steggles for the Occupational Therapy Examination and Practice Preparation (OTepp) Project, a joint initiative with McMaster University that provides education and support for internationally educated occupational therapists wishing to work in Canada. The Executive team oversees the overall Association operations, provides support for governance activities and represents occupational therapy on behalf of members. Role descriptions and contact information of current national office positions are outlined below.



Tony Cacciotti, Business Administrator

tcacciotti@caot.ca

Tony provides processing and record keeping of the daily financial operations of the Association, including accounts payable and accounts receivable.



Linda Charney, Publications Assistant

publications@caot.ca

Linda carries out processes involved in the production of CAOT publications, including processing orders for CAOT publications and subscriptions, and data entry for publications billings.



Katie Condon, Examination Services Administrator

exam@caot.ca

Katie administers the processes for the National Certification Examination and provides administrative support to select CAOT committees as well as responds to membership and examination inquiries.



Janet Craik, Director of Professional Practice

practice@caot.ca

Janet is responsible to advance excellence in the practice of occupational therapy in Canada and is the primary contact regarding occupational therapy practice for the membership, relevant consumer groups, governments and other organizations.



Christiane Des Lauriers, Director of Standards

cdeslauriers@caot.ca

Christiane oversees the work of CAOT related to academic accreditation, national certification examination and membership credentialing, monitors and analyzes policy regarding professional certification, accreditation, health and social services and human resources development and works with stakeholders in collaborative initiatives which promote the interests of the profession.



Cheryl Evans, Communications Coordinator

communications@caot.ca

Cheryl is responsible for internal and external communication on behalf of the Association to advocate and promote occupational therapy as a publicly responsible service providing valuable contributions to the health and well-being of Canadians.



Marcia Finlayson, Canadian Journal of Occupational Therapy Managing Editor

cjoteditor@caot.ca

Marcia manages all aspects of receiving, reviewing and preparing manuscripts that are published in the *Canadian Journal of Occupational Therapy (CJOT)*.



Christina Hatchard, Director of Finance

chatchard@caot.ca

Christina is responsible for the administration of resources to enhance and facilitate the professional activities of CAOT, including the planning and administration of the Association finances and treasury.



Michelle Hoffe, Professional Development Coordinator

mhoffe@caot.ca

Michelle is responsible for the coordination and evaluation of CAOT events, services and products that maintain, improve and broaden occupational therapists skills and knowledge and advance excellence in the profession of occupational therapy in Canada.



Suzanne Kay, Executive Assistant

skay@caot.ca

Suzanne provides administrative and coordination support to the Executive Director and other Directors within National Office as well as the CAOT President, other members of the Board of Directors and CAOT committees.



Brenda McGibbon Lammi, Policy Analyst and Occupational Therapy Now managing editor

otnow@caot.ca

Brenda monitors and analyzes domestic and international policy, prepares materials, and represents the Association to promote the interests of the profession. As Managing Editor, Brenda also manages review and preparation of manuscripts that are published in the *Occupational Therapy Now* practice magazine.



Amy McRobert, Membership Services Assistant

membership@caot.ca

Amy is national office receptionist and addresses telephone inquiries as well as provides administrative support for membership and other departments within the Association.



Lis Ostiguy, Director of Professional Affairs

lostiguy@caot.ca

Lis oversees Association initiatives that seek to increase access to and visibility of occupational therapy, monitors and analyzes policies, legislation and regulations and works with CAOT staff, partners and stakeholders in representing the Association in order to advance the interests of the profession.



Christine Russo, Office Manager

crusso@caot.ca

Christine addresses human resources issues and manages Association facilities and resources including information systems and other equipment procurement and maintenance.



Jeanne Salo, Membership Services Coordinator

jsalo@caot.ca

Jeanne coordinates membership registration and renewal as well as oversees administration of the membership database and membership affinity services.



Lisa Sheehan, Conference and Advertising Manager

conference@caot.ca

Lisa manages the planning and organization of CAOT conferences as well as advertising and web administration for the association.



Danielle Stevens, Graphic Design and Production Manager

publisher@caot.ca

Danielle manages production of CAOT publications including layout and design, translation, printing, inventory control and archiving of periodical, non-periodical and communication materials.



Vicky Wang, Finance Co-ordinator

finance@caot.ca

Vicky coordinates daily business operations, including month-end reporting, financial statement preparation, year-end external audit preparation, general ledger and petty cash management.



Tracy Wightman, Office Administrator

twightman@caot.ca

Tracy provides administrative assistance for Association activities, including support for the work of the Director of Professional Affairs and the Director of Professional Practice.



Claudia von Zweck, Executive Director

cvonzweck@caot.ca

Claudia is responsible to provide leadership in the effective management and daily administration of the Association's affairs and represents CAOT nationally and internationally as well as acts as an ex-officio member of the Board of Directors and all CAOT committees/taskforces/working groups.



Marie-Christine Beshay, OTepp Research Assistant, Elizabeth Steggles, OTepp Project Manager and OTepp National Clerical Lead, Nancy Lidstone

Marie-Christine, Nancy and Elizabeth work with the OTepp team to provide support to internationally educated occupational therapists and plan and coordinate the activities that allow for the successful advancement of the OTepp project, including communications with partner sites.

The value of oral histories to the occupational therapy profession

Barry Trentham

It was a partnership, it was like delivering a baby. We developed the concepts and we were the leaders. It was very “heady”[work] which was driven by two equal things: the need to get therapists into people’s homes where they really needed to function, as opposed to training clients in basements [of hospitals] which were not their living environments. It was also the odd concept of “flexible work” for women and about empowering women. (COTA Co-Founder, Karen Goldenberg in an interview with Aya Ortal, 2008)

Oral histories are accounts of past events from the perspectives of individuals who lived through them and as filtered through the questions and prompts of an interested interviewer. These accounts shed light on a variety of social phenomena including insights into the actions and decisions of individuals, organizational processes, societal trends, and the impacts of historical shifts and changes on current realities (Truesdell, no date). In this article, I present a case for the value of oral histories to the profession of occupational therapy with the belief that oral histories offer avenues of

understanding to the historically situated social dynamics that interact to shape our profession. As such, oral history collections have relevance for current challenges and future directions of occupational therapy. The value of oral history as an inquiry method, however, is best understood within an appreciation for the value of historical research. Why is it important to know about the profession’s past?

Other health professions view the study of their history as crucial. For example, the Canadian Nursing Association considers a knowledge of nursing history to be “critical to advancing the profession and encourages critical thinking

among nurses” and considers it the responsibility of all nurses to play their part in preserving nursing history (Canadian Nurses Association, 2007). Their Canadian Nursing History Collection available on-line (<http://www.civilization.ca/tresors/nursing/ncint01e.html>) and located in several museums including the Canadian Museum of Civilization, is testament to the important role of nursing in shaping Canadian society. Similarly, other health care professions share this appreciation for the value of historical research and support it accordingly. Is our occupational therapy history as well documented and celebrated?

The Canadian Association of Occupational Therapists (CAOT) has long understood the importance of historical research as evidenced by special historical editions of the *Canadian Journal of Occupational Therapy* (see 1986 Special 60th Anniversary Edition), *OT Now* (see 2001, 75th Anniversary series at: <http://www.caot.ca/default.asp?pageid=1041>), journal articles and conference presentations focused on occupational therapy history in Canada (Cockburn, 2008; Friedland, 2003; Friedland & Davids-Bruner,

2007; Head & Friedland, 2008; McDonald & Cockburn, 2005; Polatajko, 2001; Salvatori, 2001; Sedgwick, Cockburn & Trentham, 2007; Swedlove, 2006; Thibeault, 2002). The Muriel Driver Lecture presented by Dr. Judith Friedland (2003) and titled, *Why Crafts? Influences on the development of occupational therapy in Canada from 1890 to 1930*, demonstrates the power of reflecting on the social trends that shape our profession’s past in order to question its future direction. The large number of clinicians, researchers and educators attending CAOT’s extended history-focused sessions at national conferences over the past several years



Canadian Occupational Performance Measure launch in 1992 at the Clarke Institute in Toronto, Ontario. Authors of the Measure from l-r are Nancy Pollock, Mary Ann McColl, Helene Polatajko, Sue Baptiste and Mary Law; missing is author Anne Carswell.

also indicate that occupational therapists as individuals share this interest and value knowledge about our shared history. So, why would an increasing number of occupational therapists show interest in occupational therapy history?

In addition to being engaged by historical story-telling, feedback on CAOT's recent conference extended session on *Telling Occupational Therapy Stories of Social Change* (Friedland, Townsend, Trentham & Head, 2010) suggests that occupational therapists are drawn by a desire to better understand their profession and its place in history, to be inspired, to learn from the achievements and struggles of others, to celebrate accomplishments, and to gain perspective on current professional dilemmas. Indeed, history can be a powerful teacher. As Dr. Elizabeth Townsend states, "Oral history allows us to not only record the past and present experiences that are shaping our identity, visions, practices and conditions, but also to critically examine them to create our future" (personal communication). She has observed, as have I, that when people talk about their memories as oral history, they seem to become increasingly animated to consider the profession's future.

Oral histories are one method among many historical research approaches but are unique in using verbatim accounts of interview subjects to learn about the past. Most often oral histories refer simply to the raw audio or video-taped recordings of an oral history interview; however, they may also be re-constructed into narrative accounts that focus on key points within an interview and aim to re-present a coherent story of an event or series of events. Though specific historical events recounted in oral histories can be and often are corroborated by additional factual historical information, oral histories are not simply mirror reflections on reality. Oral histories are always narrative interpretations of the impact or meaning of an historical event; they are reconstructions of the narrative links between events, and re-present how the past is reconstructed or re-storied by the participants. As Dr. Judith Friedland reminds us,

given that the foundations of our profession include some very different approaches to improving health and fostering well-being, and given that we do not have very much published material about its development, oral histories can play a key role in helping us to appreciate and learn from our past. However, interpreting oral histories is not easy and the information gathered must be viewed as critically as any other literature (personal communication).

The importance of oral histories as a unique and valuable historical research method in health professional development is widely understood among health disciplines. The American National Library of Medicine's Guide to Oral Histories in Medicine and the Health Sciences (no date) highlight the importance of not only preserving the accounts of individual experiences, but also individual insights into the development and achievements of a scientific discipline. An expert on oral

history in health and welfare domains, Joanna Barret (1999) highlights the need to collect oral histories not solely on high profile leaders, but also from front line workers whose lived experience can reveal much about the evolution of a profession. She views the three primary advantages of oral history research as,

a) a means to create a more complex and rounded picture of the past by documenting the lives of people of all kinds, many of whom can rarely be traced through conventional written or printed sources b) a way to explore those crucial areas of life which the written record scarcely touches: the private world of family relationships, for example, and all the influences from childhood onwards which go into the shaping of a professional life, and c) a way to re-examine well-documented spheres through new perspectives and to make connections which are possible in no other way." (pp. 3, 4).

I first awoke to the power of oral history when writing an article for *OT Now* (Trentham, 2001) as part of CAOT's 75th anniversary commemorative series. Though a review of journal articles, meeting minutes and archival materials gave me a sense of what happened, it was several conversations with key informants that brought to life how the actions of individuals and key decisions of leaders in the field shaped the course of the profession. I recall University of Alberta professor and former CAOT president, Sharon Brintnell, describing the social dynamics at play in the late 1970s and early 1980s where CAOT's pivotal decision to develop national practice guidelines was in contrast to the more prescriptive, pathology

focused approach favoured by others. This decision meant that the field of occupational therapy would remain grounded in an occupational perspective and relevant to a broad array of individual and

"She has observed, as have I, that when people talk about their memories as oral history, they seem to become increasingly animated to consider the profession's future."

societal health related challenges. This example is a reminder that our profession is a product of history and has developed as a result of key decisions made by people with vision and ideas about possible occupational responses to social challenges. But, what can history teach us about current professional dilemmas?

Inspired by the work of CAOT's Archives Committee and their efforts to develop profiles of key historical figures in occupational therapy (see CAOT web-site, *OT Then* at: <http://www.caot.ca/default.asp?pageid=1462>), along with University of Toronto colleague Jane Davis, we created several student occupational therapy life history research project opportunities. Together we identified retired occupational therapists whose career path or personal characteristics spoke to specific research questions articulated by the students and which dealt broadly with aspects of professional development. The life histories that resulted highlighted issues of cultural and religious diversity, advocacy, and leadership development, as well as the participants' concerns and hopes for the future of the profession. The narrative profiles were presented at the CAOT conference (Atkins, Layzell, Trentham, & Davis, 2009) and are

currently being modified for inclusion on the CAOT's Legacy web-site.

Outcomes from the students' involvement on this project convey the value of oral history to individual and collective knowledge development. One student discovered how the career narrative of her participant helped her better appreciate the professional identity developmental process of becoming an occupational therapist. Another student frequently cited the comments of her research participant during class lectures as a way to bring some historical perspective to problem-solving focused on the social change agent role of occupational therapy. A third student, Aya Ortal, completed a life history narrative with Karen Goldenberg (see CAOT Legacy website), co-founder of Community Occupational Therapists and Associates (COTA- now COTA Health¹) of Toronto, and describes how a small group of women in the early 1970s together recognized an unmet health need in the community and developed the initial proposals for COTA. COTA later became one of the most successful and largest occupational therapy organizations in North America. Goldenberg and her co-founders including, Sue Peace, Barbara Quinn, Marsha Godfrey and Wendy Campbell created an alternative to existing career options for occupational therapists. Their story can be a source of inspiration for those of us frustrated with existing gaps to service provision. The oral histories completed by Dr. Judith Friedland on Dr. Helen LeVesconte and Dr. Isobel Robinson as well as Margaret Spindler's video-taped interview with Nova Scotia's occupational therapy pioneer, Mary Black, offer additionally rich information and are available through the CAOT Archives.

Currently, occupational therapists from several regions across Canada have existing or planned oral history projects in place; for example, the Atlantic Canada Oral History Project funded by the COTF Isobel Robinson History Research Award builds on the significant amount of historical work in this region (see the History of Occupational Therapy in Atlantic Canada website at: <http://history.occupationaltherapy.dal.ca/>). The CAOT new Legacy website will provide a forum for occupational therapists across the country to share information about occupational therapy history and to link therapists to information on how to do oral history research. The website will also include a repository of oral histories that will serve as an invaluable resource for researchers, educators and clinicians for years to come. CAOT invites all interested members to connect with, or initiate, oral history projects as a powerful means to re-discover, celebrate and learn from our shared history; a first step in critically questioning the direction of the Profession's future.

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About the author

Barry Trentham, PhD, OT Reg. (Ont) is an Assistant Professor with the Department of Occupational Science and Occupational Therapy at the University of Toronto with research and teaching interests in aging, diversity and narrative approaches to research and enabling occupation.

¹COTA Health was founded in 1973 as Community Occupational Therapy Associates (COTA) to provide homecare therapy services. In July 2009, COTA Health shifted focus to exclusively provide mental health and community support services. (from COTA Health Website retrieved from <http://www.cotahealth.ca/content.php?sec=1>)

Jessie Luther: A pioneer of social justice

Brenda Head and Judith Friedland



Jessie Luther (1860-1952) was born in Providence, Rhode Island, in the United States (US) and started out, as did many occupational therapists of her time, as an artist and accomplished craftswoman. She studied fine art and design in the US and Europe. She was a strong proponent of the Arts and Crafts Movement and believed in the movements' social

and community development principles. In 1901 Jessie Luther worked at a settlement house in Chicago (Hull House), one of the earliest settlement houses in the US. Luther worked with immigrants and the poor using crafts to teach new skills while nurturing their traditional crafts. Her work preceded the work of well known pioneer occupational therapist, Eleanor Clarke Slagle, who came to Hull House a decade later.

In 1903 Luther worked at a retreat in Massachusetts (Devereux Mansions), using crafts with people suffering from "nervous collapse". It was during this time period that Luther embraced the idea that involvement in crafts could benefit a person's recovery. While at the retreat she met Dr. Herbert Hall and together they developed plans for the use of occupation in workshops set up in sanatoriums as an alternative to the "rest cure" for depression and nervous collapse. This new approach to treatment attracted many visitors, one of whom was Wilfred Grenfell, a physician who was providing medical and social services to individuals living in fishing settlements along the Newfoundland and Labrador coast. Dr. Grenfell was amazed by the "non-medical application of such training" and he asked Miss Luther to work with him.

In the summer of 1906 Luther took a leave from her position as director of occupational therapy at Butler Psychiatric Hospital in Providence, Rhode Island and joined Dr. Grenfell who was working at the time in northern Newfoundland and Labrador. Luther met her greatest challenge as an occupational therapist at the Grenfell Mission when she began

a series of working visits to help isolated fishing communities develop skills to improve their economic, social, and emotional well-being.

In 1916 Luther resigned from her work with the International Grenfell Association and returned home. She continued to work as an occupational therapist until her retirement in 1937. During her retirement Jessie Luther continued with her writing, leaving in her personal papers archival material that is a significant addition to our professional heritage. The archival materials include Luther's writings (personal diaries, published articles, letters), photographs and documents from Hull House Labour Museum, Devereux Mansions, Butler Hospital and the International Grenfell Mission.

"Luther's occupational therapy objectives included what people were "doing"; what they were eating, the education of children, and the community's capacity to care for its elderly and poor."

A content analysis of a manuscript written by Luther describing her activities at the Grenfell Mission was completed by the authors. The manuscript describes the lived experience of an early

occupational therapist in the western world.

The content analysis of the manuscript revealed four themes.

1. A pioneering and dedicated woman

Jessie Luther was a hard working, independent, and adventurous woman, who loved a challenge and had a strong sense of social justice. While not overtly religious, she wanted to minister to the poor and prevent suffering.

"The harbour is frozen over. Dog teams will take the place of boats in bringing everything ashore. Life is daily growing more exciting."

"I rise and prepare breakfast, help clear away dishes, plan the dinner menu, work on looms until 11:30; return to the orphanage and get dinner, cook supper, wood-carving class follows and we work until dark - 9:00 p.m."

2. Relationship of occupations to the people and their environment



Luther's occupational therapy objectives included what people were "doing"; what they were eating, the education of children, and the community's capacity to care for its elderly and poor. She worked with women in their communities to improve conditions and increase income through the production and sale of traditional handicrafts.

"Industry [was] thought of exclusively in terms of fish... the loom-room was vacated whenever a fair-sized catch called all members of a family to the fish stage. It was discouraging"
"The basket class is quite a success. It will be an interesting occupation for them during the winter."

3. Expanding opportunities for sustainable work

Jessie taught crafts such as weaving, pottery, basketry, and wood carving. She encouraged native crafts including mat making, embroidery, and skinning, and she helped establish local industries.

"The ultimate objective of the weaving industry is to make St. Anthony the nucleus, and send out looms with weavers to establish a general home industry in Labrador as well as here."

"I am more than ever convinced that brick-making would be a valuable native industry to supply the increasing demand and save the expense of importation."

4. Community development

Luther's non-medical approach focused on enhancing the community's abilities to function more fully in everyday life. She promoted the importance of work and the value of community support. In addition to the craft classes, she taught home making skills and literacy, and established social clubs.

"I am planning to start weekly clubs, one for the older women and one for the young people, to bring them together for some social objective. They say the coast people have never had anything of the kind and it is much needed."

"It seems apparent that such normal and interesting occupations and the need for continued effort in their accomplishment cannot fail to improve the community's social standards and have an influence on everyday life"

Jessie Luther's story helps affirm our roots in the Arts and Crafts and Settlement House movements, and reminds us of our history as a helping profession. Her work developing skills and supports in the local population in Newfoundland in the early 1900's was a model of intervention at the community level and demonstrates the use of everyday occupations within a community context with a focus on social justice.

Photo credits and references

Luther, Jessie Papers. Provincial Archives, The Rooms, St. John's, NL, Canada.

About the authors

Brenda Head, MSc, is the Occupational Therapy Fieldwork Coordinator at Memorial University in St. John's, Newfoundland.

Judith Friedland, PhD, is Professor Emerita in the Occupational Science and Occupational Therapy Department at the University of Toronto in Toronto, Ontario.

Helen Primrose LeVesconte: Honouring an occupational therapy pioneer

Judith Friedland

The 85th anniversary of the Canadian Association of Occupational Therapists (CAOT) is also the 85th anniversary of the first diploma course in occupational therapy in Canada. Those who signed on for that first course at the University of Toronto were a special group of pioneering women. Not afraid to try something new, they tolerated the lack of clarity that inevitably accompanied a new form of work; they were enthusiastic and had a sense of adventure. One member of that class was Helen Primrose LeVesconte. Already 30 years of age in 1926, most of her peers were married; those who had remained single had become teachers or nurses or social workers. But it was this new field of occupational therapy that appealed to LeVesconte. The appeal was to last throughout her lifetime. In her career as both a clinician and an educator she made remarkable contributions to the profession (Friedland & Rais, 2005).

Early influences

LeVesconte had an idea of what occupational therapists might do from her volunteer work at the Spadina Military Hospital during World War I.¹ In the oral history she gave to the University of Toronto in 1975 (Schatzker, 1975), LeVesconte recalled seeing “ward aides” (later to be known as occupational therapists) at the hospital.² They were easily identified by the green uniforms they wore. The colour of the uniforms was one reason why soldiers referred to them as *Green Goddesses*. It may also have had to do with the fact that the women were generally attractive and very welcome on the wards where injured soldiers lay in their beds. The ward aides not only brought good cheer and companionship, but also work in which the soldiers could engage. The work, generally in the form of crafts that could be done at the bedside, was referred to as “Bedside Occupations”. LeVesconte saw how

the crafts helped the men to regain their confidence and build their self-esteem. Basketry was a good craft for the large number of soldiers with hand injuries because it required them to at least begin using their hands. Well aware at the time she gave the oral history in 1975 of the bad name that basketry had, she said, “We all ridiculed basketry, we always have, I think, from the beginning; we certainly do still, but when you come down to it, it was a very smart thing to introduce and nobody ... could ever say to you, ‘I can’t do it’; ‘I can’t learn that’, you know, this kind of thing . . . A man could see his own progress.” (Schatzker, p.26).



Privileged background

As was common with women who became occupational therapists in the 1920s and 30s (Colman, 1990), LeVesconte came from a privileged family. She attended a small private school (Havergal College) from kindergarten through to (junior) matriculation, boarding there for the last two years. She was an all-round good student and although she did not excel at sports, she participated fully: in basketball, tennis, field hockey, and badminton. She credited the school with giving her a sense of sportsmanship and discipline which she found useful in life. She also gained a strong academic background in English and History, both subjects she loved. While she admired her teachers she did not find them approachable and the experience left her feeling that she did not want to be a teacher (Schatzker, 1975).

LeVesconte recalled that there was an expectation that she attend university like all the males in the family. However, it was her maternal aunt, Charlotte Ross, who was likely the role model for LeVesconte. Ross had been in the first class of women admitted to University College at the University of Toronto. She earned her bachelor of arts in 1892 and did

¹LeVesconte was a “VAD” during the latter years of the war. The acronym stood for “voluntary aide detachment” suggesting that each VAD was a unit (i.e., detachment) that could help. Trained by the St John’s Ambulance and/or the Red Cross VADs were generally helpful with nursing duties although some nurses felt threatened by them. One soon-to-be-famous VAD who became friends with LeVesconte was Amelia Earhart, the aviator. Anxious to be part of the war effort when her own country was not yet involved, she found the opportunity at the Spadina Military Hospital. The Toronto Star Weekly published a picture of Earhart with LeVesconte and her classmate Jenne Lewis Goodman, when Earhart, now famous, returned for a visit in 1928.

²Most ward aides had attended training courses held at the University of Toronto (in 1918 and 1919) or at McGill University (in 1919), although some had experience in the field and no specific training.

graduate work in Paris and Berlin, coming home to teach English at the Margaret Eaton School of Expression. Ross was a trail-blazer, helping to open a path for other women and advocating for political change (Friedland & Rais, 2005).

World War I began just when LeVesconte was writing her junior matriculation exams. To enter university she would have had to take an additional year and write her senior matriculation exams. More significantly, with her father, uncles and cousins all enlisted, the time may not have seemed right for her to go back for another year of secondary school only to then start a lengthy program at the university. It was likely more acceptable that she go on to a sort of “finishing school” which would enable her to enter the work world more quickly. She attended the Margaret Eaton School of Expression where her Aunt Charlotte was teaching.³ The school specialized in English and Drama both of which interested LeVesconte greatly. Indeed, she credited the drama course with its classes in oratory and rhetoric for taking away her shyness. An accomplished student, LeVesconte regularly won prizes: in English, in Interpretation, and in Physical Education (Friedland & Rais, 2005). During school holidays she worked in a munitions plant. With the war still going on and when she graduated in 1917 she became a VAD. She was placed at the Spadina Military Hospital for what was to be a formative experience in her life. When the war ended she taught physical education at both public and private schools but did not find the work satisfying. She was still searching for the right career.

Occupational therapy at the University of Toronto, 1926

Aside from her discontent teaching Physical Education, it is unclear what motivated LeVesconte to seek a new career. A number of friends had become ward aides during the war and they may have been the ones to suggest that she enroll in the new diploma course in occupational therapy. In fact several ward aides enrolled in that first class at the University of Toronto in order to upgrade their qualifications. Within her social circle male friends who were now doctors, were voicing concern for their patients saying, “I’ve got a patient; he’s simply going to go mad if somebody doesn’t do something more than I as the doctor can do for him. Will you come in and talk to him? Will you come in and try to get him interested in something outside of himself?” (Schatzker, 1975, p.36). LeVesconte remembered wanting to help but feeling she did not have the skills to do so. The new course would provide her with what was needed.

LeVesconte loved the course in occupational therapy. She could not believe the caliber of the lecturers who she referred to as being “terrifically top people”. Doctor MacFarlane, soon to be Dean of the Faculty of Medicine taught orthopaedics and medical conditions; Doctors Blatz, Bott, and Ketchum taught different aspects of Psychology; Doctor Cates taught Anatomy, and Doctor Best, Physiology. She took English with the Arts students and adored Professor Wallace. She also volunteered



Helen LeVesconte (front right) and her graduating class.

at the University Settlement House, fulfilling an expectation of the University of Toronto’s president that students provide such community service. LeVesconte was remembered by classmates as standing out and being a leader ever then.

A member of the new profession

Following her graduation in 1928, LeVesconte set out on a series of clinical positions. Her first job was short-term at the Toronto Curative Workshop, a position which she loved because it was in the community where she felt occupational therapists could be most useful helping patients to adjust. She then became an employee of the Ontario Department of Health and was sent to the Psychiatric Hospital at Kingston as Head of the occupational therapy department. As almost all of the work for graduates was in mental health this assignment was not surprising. Furthermore, there were no choices to be made. “You weren’t asked, you didn’t apply, you were told you were going” (Schatzker, 1975, p. 52). LeVesconte was loaned to the University of Toronto to teach in the occupational therapy program for the fall term in 1930. She reported being “absolutely petrified” at having to teach the class – but also remembered that it was satisfying.

Being employed by the province meant that LeVesconte could be sent off on other assignments; for example, to carry out surveys, or to initiate new programs within the eleven mental hospitals in Ontario. In 1933 she was appointed as a consultant for the Ontario Hospitals Division of the Department of Health. She was also transferred to the prestigious Toronto Psychiatric Hospital to be the director of occupational therapy in the first psychiatric teaching hospital in the country (Friedland, 1996).

It is curious that LeVesconte reported that she was always “told what was to happen” and not given a choice: told to go to Kingston, told to move to Woodstock, told to transfer to Toronto, told to take over the program at the University of Toronto and during World War II, told not to serve overseas. It is clear from her oral history that in her mind she was

³Referring to the quality of the English program at Margaret Eaton and ‘the three years’ credit in English she had received, LeVesconte said, “I never used them because I never went on to my B.A., believe it or not.” (Schatzker, 1975, p.11). She elaborated saying “it was assumed that my sister and I would go to university. Well, the war changed that.” (p.12).

expected to do what she was told. However, it is also very clear that LeVesconte was her own person and within her various positions she was very much in charge; finding her own way and blazing her own trail.

An educator

In 1934, LeVesconte was hired (part-time) by the University of Toronto to replace Florence Wright who had been in charge of the occupational therapy program since 1926 (Friedland & Rais, 2005). The Department of Health paid her salary (\$1500 per annum) at the Toronto Psychiatric Hospital and the University of Toronto gave her \$500 a year “top-up” for the course. It was not until 1945 that LeVesconte decided that the occupational therapy program at the University of Toronto required her full-time attention, and she regretfully resigned her position at the hospital.

In her 22 years as Director of Occupational Therapy at the University of Toronto, LeVesconte made great and lasting contributions. She was responsible for some 1850 graduates, and helped launch many of the programs at other universities both in Canada and abroad. At a time when professional schools were more closely related to their profession than to academia, LeVesconte was devoted to the professional organizations: holding executive positions with the Ontario Society of Occupational Therapists and CAOT; helping to found and serving with the World Federation of Occupational Therapists; and being a member of the American Occupational Therapy Association’s Committee on Education. Unlike the majority of her classmates who had married and left the profession, she remained a dedicated member throughout her life.

LeVesconte was a prolific and gifted writer. She wrote about clinical practice and the importance of the therapist-patient relationship. Of particular interest was her belief that it was

the therapist’s duty to motivate and engage the patient/client. She felt strongly that occupational therapists needed knowledge of social problems and social legislation to do their work effectively. She considered vocational rehabilitation on a continuum with occupational therapy with no firm boundary between the two – a controversial position then and now. She wrote about occupational therapy in other countries, and also about the importance of being able to communicate clearly. After her retirement she continued to work on a history of the profession.⁴

Helen LeVesconte retired in 1967 at age 71 and died in 1982. Her philosophy of occupational therapy permeated the educational program that she ran and, through its graduates, the whole of the profession through the first half of the 20th century (Friedland, in press). Occupational therapy was indeed fortunate that she chose to enroll in that first course, 85 years ago.

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About the author

Judith Friedland, PhD, FCAOT is Professor Emerita at the University of Toronto. She is a past chair of the Department of Occupational Science and Occupational Therapy. Her research in recent years has been focussed on the early history of occupational therapy in Canada. A book on this topic is forthcoming.

⁴LeVesconte left several drafts of a History of Occupational Therapy. An ambitious project, it began by reviewing the use of occupations in the Middle Ages and the Renaissance, and then focused on the period from 1918 -1968 for occupational therapy in the US, UK, and Canada. Sadly it was left in draft form. Professor Isobel Robinson attempted to move the project forward but found the absence of reference material a major barrier. In my forthcoming work on the history of occupational therapy in Canada, I have found the work a wonderful resource and inspiration.

The World Federation of Occupational Therapists and the Canadian Association of Occupational Therapists: A collaborative venture

Anne Carswell

The World Federation of Occupational Therapists (WFOT) congratulates the Canadian Association of Occupational Therapists (CAOT) on eighty-five years of service to its members and support of the occupational therapy profession in Canada. This is an opportunity to share information about WFOT, its current work and to discuss the participation of the CAOT and Canadian occupational therapists to WFOT since its founding over fifty-five years ago in 1952.

WFOT is the key international representative for occupational therapists and occupational therapy around the world and the official organization for the promotion of occupational therapy. Canada was one of ten founding members of WFOT which is a federation of country, state and regional organizations that is loosely based on the United Nations model of international collaboration. Since that time, WFOT has grown from ten to sixty-nine organizational members and it currently represents over 350,000 occupational therapists world wide.

The mission of WFOT is to promote occupational therapy internationally as an art and science and supporting the development, use and practice of occupational therapy by demonstrating its relevance and contribution to society. To fulfill this mission, WFOT actively pursues collaboration and partnership with many international organizations. For over fifty years WFOT has had an official association with the World Health Organization (WHO), had direct input into the World Report on Disability and Rehabilitation, participated in the Paralympics, and continues to provide written feedback on joint health and rehabilitation projects. WFOT was officially recognized by the United Nations (UN) as a non-governmental organization in 1963 and has participated in



the UN Global Impact and the UN Millennium Development Goals. WFOT enjoys active partnerships with twenty-one additional international organizations including UNICEF, UNESCO, Rehabilitation International, the International Council on Disability, the International Association of Patient Organizations, the WCPT and the Global Network for Health Professionals.

Organizational design

WFOT is a structured, volunteer-based organization that achieves a wide range of outcomes within limited financial resources. It relies on people contributing their time and expertise in a voluntary capacity to the development of the profession. There are only two salaried positions in the Federation, both part-time. The WFOT Council, comprised of delegates from each member organization, meets every two

years and functions under a program management structure that is comprised of five program areas working together to meet the aims and objectives for the organization that are detailed in the WFOT Strategic Plan 2010-2012 (WFOT 2010). The projects and activities of WFOT are framed by the objectives of the strategic plan approved in 2006 by the Council. The objectives are:

1. To promote healthy occupation and participation within a worldwide perspective.
2. To promote, increase and maintain the awareness understanding and use of the services of occupational therapists by government employers and the wider community.
3. To develop and promote a standard of excellence in occupational therapy practice.

4. To ensure the ongoing development and accessibility of quality education and research for occupational therapists world-wide.
5. To develop and maintain WFOT as an efficient and effective organization.

The five program areas that work together to achieve these objectives are: Education and Research, International Cooperation, Standards and Quality, Products and Development and the Executive program. The work is carried out by program coordinators, project team leaders and project team members. The program coordinators oversee ongoing functions of the Federation, and time limited projects which are guided by specific budgeted project plans and approved by the Council members. The Federation has over 80 international projects occurring at any one time.

Current projects

Some of the ongoing projects of WFOT include monitoring approved educational programs, continued development of occupational therapy in China and in Ghana; publishing the WFOT Bulletin twice a year, developing international advisory groups (panels of selected expert practitioners, researchers and academics who are located in different regions and who work together to advise, develop and support issues pertinent to WFOT at a particular time) and liaising with WHO and other international organizations. Proposed projects for the coming two years include: strategies for the revision of the WFOT *Minimum Standards for the Education of Occupational Therapists*; development of occupational therapy in Cuba; development of case vignettes; dissemination about WFOT and its members; and the development of a master plan on educational policies and procedures.

Project reports on outcomes from past years are available to inform others about international occupational therapy and to support countries in developing and sustaining the profession. The documents or programs from these projects are available on the WFOT website (www.wfot.org) and include:

- *Minimum Standards for the Education of Occupational Therapists (2002)*
- *Code of Ethics (2005)*
- *Disaster Preparedness and Response Program (2006)*
- *Entry-level Competencies for Occupational Therapists (2005)*
- *Evidence-based Practice Standards for Occupational Therapists (2008)*
- *Resource Package for Occupational Therapy Development in Developing Countries (2008)* and
- *Occupational Therapy Human Resources Project (2010)*.

WFOT also publishes a number of useful position statements to assist member countries in advocating for the profession and for their clients. These are also available on the WFOT website (www.wfot.org) and include statements on *Occupational Science (2005)*, *Human Rights (2006)*, *Research (2006)*, *Professional Autonomy (2007)*, *Academic Credentials for Occupational Therapy Educators (2008)*, *Inclusive Occupational Therapy Education (2010)*, *Professional Registration (2010)*, *Client-Centeredness in Occupational Therapy (2010)* and *Diversity and Culture (2010)*. The WFOT also publishes a peer-reviewed journal, the WFOT Bulletin, twice a year and an e-newsletter twice a year.

These activities and projects enable member countries, regardless of resources, to participate in global activities related to occupational therapy and rehabilitation, to promote an international dialogue from an occupational therapy

perspective, and to collaborate with international organizations presenting the occupational therapy perspective.

Canadian contribution to WFOT

Canada was a founding member of WFOT along with Australia, Denmark, Great Britain (England and Scotland), India, Israel, New Zealand, South Africa, Sweden and the United States in 1952. Dr. Thelma Cardwell, a professor at the University of Toronto, represented Canada at the first meeting and since then, Canadian delegates and alternate delegates (who are elected by the CAOT membership) have held executive positions, chaired committees, been program coordinators and worked diligently on many projects. Of the twelve WFOT Presidents, three of them have been Canadian. Dr. Cardwell was the Secretary for WFOT and in 1968 was elected to a four-year term as President. Dr. Andrée Forget, from the University of Montreal was a member of the WFOT Executive for a number of years and was elected President in 1980. She held that position until 1986. The current President, Professor Sharon Brintnell from the University of Alberta, served many years as a delegate, alternate delegate and treasurer of WFOT. She was elected in 2008 to a four year term as President. The vision and energy of these Canadian occupational therapists drove, and continue to drive, WFOT growth and development. Their contributions guided the expansion of international occupational therapy practice and education and are valued by the WFOT council.

Every four years the WFOT holds an international scientific congress as one way of advancing the occupational therapy profession in a world context. Canada has hosted the WFOT council meeting and the WFOT congress on two occasions. In 1974 the 11th council meeting was held in Victoria, British

“The mission of WFOT is to promote occupational therapy internationally as an art and science and supporting the development, use and practice of occupational therapy by demonstrating its relevance and contribution to society.”

About the author

Dr. Anne Carswell is an Associate Professor and the Associate Director of the School of Occupational Therapy at Dalhousie University. She is the Vice-President of the WFOT (2006-2012) and prior to being elected as Vice-President, she was the Canadian Delegate to the WFOT and the Program Co-ordinator of the Education and Research Program of the WFOT.

Columbia followed by the 6th congress, held in Vancouver, British Columbia. As CAOT Vice-President, I had the great honour to participate in the planning leading up to this congress and as a speaker and a panel member. It was my first, but not my last, WFOT congress and I learned that it was a

great opportunity to meet occupational therapists from every corner of the world, share experiences, make new friends and hear about the challenges and the opportunities of occupational therapy research

and practice in other parts of the world. The second time that Canada hosted the council meeting and congress was in 1998. The 23rd Council meeting was held in Ottawa, Ontario and the congress was in Montreal, Quebec. The excitement I witnessed in 1998 was as energizing and vitalizing as in 1974. Scientific papers, workshops, poster sessions, social opportunities and

'spontaneous congregations' were some of the ways Canadian occupational therapists shared with and learned from their international colleagues. The WFOT congress is an effective way to bring a diverse group of occupational therapists together from all around the world to share ideas and develop

a better understanding of how our diverse cultures impact on occupational therapy practice and education.

There are benefits of being able to exchange information through scientific congresses

and publications, to work with colleagues on health issues of international concern and to be enriched by the diversity of cultures within WFOT. The collaboration between CAOT and WFOT has been mutually beneficial and has contributed to the development of the profession of occupational therapy both within Canada and around the world.

“The collaboration between CAOT and WFOT has been mutually beneficial and has contributed to the development of the profession of occupational therapy both within Canada and around the world.”



Thoughts of the future

Occupational therapists across Canada were asked to provide a quote of their vision for the future of occupational therapy. Here is what they said:

As occupational therapists we are unmatched by others as specialists in enabling engagement in occupations desired and needed in life. With this professional mandate, there are many opportunities, often unmet for use of our knowledge and skills. Our future lies in our identity and pride as occupational therapists and our own enablement in the broad range of roles open to us in policy, research, administration, scholarship, education and clinical practice.

Claudia von Zweck, PhD, OT Reg. (Ont.), OT(C)
Executive Director
Canadian Association of Occupational Therapists
Ottawa, Ontario

Occupational therapy provides the basis of intervention for those who want to maintain their independence and remain living in the community. As the pressures for Long Term Care beds and acute hospital beds rise with the aging population, occupational therapists will be recognized for their expertise in aiding our older adult population in staying in their own homes. Our role in community care will be paramount in making the best use of health care dollars while providing clients with the most satisfaction.

Rebecca Bair-Patel, OT Reg. (Ont)
Manager Client Services
Champlain Community Care Access Centre
Pembroke, Ontario

When we consider the present, and anticipated aging population of our country, it is clearly evident that occupational therapists will play an even more prominent role with facilitating the service delivery philosophy of “aging in place”. Our clinical experience and continued research in home and seating and mobility assessments, effective adaptive and assistive equipment recommendations will serve this population with opportunities to accommodate for their inability to perform their daily activities, both in their home environment and in the community at large. With

the advancement in technology and rehabilitation research, occupational therapists will be key partners in various capacities when it comes to addressing our seniors expected needs in the coming years.

Julia Pereira, BA Kin, BHSc OT
Occupational Therapist
Louis Brier Home and Hospital
Vancouver, British Columbia

Together, occupational therapists will foster knowledge creation to ensure vibrant and creative occupational therapy services. We will challenge our assumptions and expand the focus of our action – from a focus on individuals to groups and communities; from changing the person to changing the environment. We will learn by doing!

Mary Law, PhD, FCAOT, FCAHS
Professor, School of Rehabilitation Science,
Co-Founder, CanChild Centre for Childhood Disability
Research,
McMaster University
Hamilton, Ontario

Individuals living rurally and remotely have equitable access to occupational therapy.

Alison Sisson, BScOT(C), MSc
A/Community Liaison Coordinator
Yukon Homecare Program
Whitehorse, Yukon

During the past six years that I have spent working as an occupational therapist in the Yukon, I have seen our profession grow tremendously. The number of occupational therapists in the Yukon has more than doubled. The recognition of the importance of the contribution of occupational therapy in various settings is being increasingly acknowledged. In my own experience working in the schools, I've seen tremendous growth as well. The number of teachers, parents, and other professionals who now not only understand the role of an occupational therapist but also make appropriate referrals has

increased significantly. It is an exciting time for occupational therapists! I think that the emphasis on evidenced-based practice, which has led to an increase in research in our domain, will continue to propel our profession forward.

Melissa Croskery, BSc(OT), OT(C)
Occupational Therapist
Special Programs, Department of Education
Yukon Territorial Government
Whitehorse, Yukon

In the future, I imagine occupational therapists contributing to the health of the population in a variety of settings, always with a focus on helping people participate in the activities that are important to them at home, at work, and in the public sphere. Occupational therapists will be valued members of primary care teams, community service teams, and health care teams – participating in partnership with colleagues and clients.

Lori Letts, PhD, OT Reg. (Ont.), FCAOT
Assistant Dean, Occupational Therapy Program
Associate Professor, School of Rehabilitation Science
McMaster University
Hamilton, Ontario

The power of occupational therapy has always been, and will continue to be, its focus on enabling people to find purpose and meaning in their lives. In doing so, occupational therapy assists individuals to share their talents and ideas within their families, communities and the greater world.

Nicole Raftis
Occupational Therapist
Guelph, Ontario

As we move forward in the age of social media, occupational therapy will create a social network in the forgotten realm of face to face - one on one. Our roots in occupation will become the future, recognized connections to health, happiness creating equality through impacting social policy locally, nationally and internationally.

Liz Taylor, PhD
Associate Professor
Department of Occupational Therapy
University of Alberta
Edmonton, Alberta

Discovery; seek new knowledge and contribute to new evidence.
Dissemination; share, discuss and reflect on what you learn.
Determination; persist in the face of personal or professional challenges.
Driving force; promote best practices in occupational therapy.

Annette Majnemer, OT, PhD, FCAHS
Interim Director, School of Physical & Occupational Therapy
McGill University
Montreal, Quebec



Update from the COTF

2010-2011 COTF Board of Governors

Huguette Picard, President
(Université du Québec à Trois-Rivières)
Juliette Cooper, Vice President
(University of Manitoba)
Sue Baptiste, CAOT President
(McMaster University)
Corrine Carrière, Governor
(Future Mobility)
Marjorie Hackett, Governor
(Clinician in Long Term Care & OT Consultant with Veteran Affairs)
Shawn Hoyland, Governor
(Motion Specialties):
Donna Klaiman, Governor (OT)
Jan Miller Polgar, Governor
(University of Western Ontario)
Anne Peters, Governor (Consumer Representative)
Nancy Reynolds, Governor
(Alberta Centre for Child, Family and Community Research)
Jacqueline Rousseau, Governor
(University of Montréal)
Pam Wener, Governor
(University of Manitoba)

Welcome to the new Board members Sue Baptiste, Corrine Carrière, Marjorie Hackett, Nancy Reynolds and Jacqueline Rousseau.

Thanks to departing Board member, Liz Taylor, who was greatly appreciated by the Board for her sincere dedication to COTF.

2011 COTF Awards Program

2011 Research Grant Competition (deadline February 28):
Research Grant (2 x \$5,000)
Critical Literature Review Grant (1 x \$5,000)

2011 Scholarship Competition (deadline September 30):

Doctoral Scholarship (2 x \$3,000)
Master's Scholarship (2 x \$1,500)
COTF/Invacare Master's Scholarship (1 x \$2,000)
Thelma Cardwell Scholarship (1 x \$2,000)

Goldwin Howland Scholarship (1 x \$2,000)
Marita Dyrbye Mental Health Award (1 x \$1,000)
Janice Hines Memorial Award (1 x \$1,000)
COTF Future Scholar Award (universities express interest to COTF)

Please note that the awards information can change from time to time. Please contact **Sangita Kamblé** or **Anne McDonald** for the most up to date information.

Remember to complete the survey!

COTF needs to hear your opinion. If you have not already done so, please complete the on-line survey at <http://fluidsurveys.com/surveys/cotf-R/cotf-needs-your-input/>

Remember to update your COTF contact information

Please inform COTF of any contact information changes or e-mail address updates. Contact **Anne McDonald** at amcdonald@cotfcanada.org or 1-800-434-2268 x226.



2011 CAOT Learning Services



CAOT Lunch and Learn Webinar Series:

Business in Clinical Practice

Presenter: Diana Hopkins-Rosseel
Time: Tuesday, 12:30 to 1:30 pm (EDT)
Date: January 11, 18, 25 and February 1, 2011 (4 sessions)
Cost: (After December 11, 2010)
CAOT member: \$275.00 / non-member: \$388.00 | Register by: January 4, 2011

Building Capacity in Driving Screening

Presenter: Anne Dickerson
Time: Tuesday, 12:00 to 1:00 pm (EDT)
Date: February 8, 2011
Cost: \$50 for CAOT member/\$75 for non-member | Register by: February 1, 2011

Effect of Pain Scale: A tool to assist in the evaluation of client reports of pain and disability

Presenter: Janet Hunt
Time: Tuesday, 12:00 to 1:00 (EDT)
Date: February 22, 2011
Cost: \$50 for CAOT member / \$75 for non-member / Register by: February 15, 2011.

Falls Prevention: Teaching Falls Prevention Strategies to Older Adults Using the Canadian Model of Occupational Performance

Presenter: Mary Lou Boudreau
Time: Tuesday, 12:00 to 1:00 pm (EDT)
Date: March 8, 2011
Cost: \$50 for CAOT member/\$75 for non-member | Register by: March 1, 2011

Supporting Safe Driving: Tools for Clinicians and Consumers

Presenter: Brenda Vrkljan
Time: Tuesday, 12:00 to 1:00 pm (EDT)
Date: March 22, 2011
Cost: \$50 for CAOT member/\$75 for non-member | Register by: March 15, 2011

Developmental Assessments for Young Children: Selecting an Appropriate Tool

Presenter: Barbara Mazer
Time: Tuesday, 12:00 to 1:00 pm (EDT)
Date: April 5, 2011
Cost: \$50 for CAOT member/\$75 for non-member | Register by: March 29, 2011



CAOT Water Cooler Talks:

CAOT is pleased to present **Water Cooler Talks**, a series of free webinars to exchange information and update members on CAOT projects and member benefits. Water cooler talks are exclusive to CAOT members only and provide opportunities in continuing education for professional development.

Professional Development Resources Available at CAOT

Presenter: Janet Craik, CAOT Director of Professional Practice
Date: January 27th, 2011 Time: 12:00 – 1:00pm (EDT)
Register by: January 20, 2011

Caseload Management Planning Tool (in French and English)

Presenter: Christiane Deslauriers, CAOT Director of Standards
Date: February 24th, 2011 (English)
Time: 12:00 – 1:00PM (EDT)
Date: March 31st, 2011 (French)
Time: 12:00 – 1:00pm (EDT)
(English) Register by: February 17th, 2011
(French) Register by: March 24th, 2011

Internationally Educated Occupational Therapists (IEOT) - Employer Partnership: How to achieve common goals

Presenter: Marie-Christine Beshay, OTEPP – Research Assistant
Date: April 28th, 2011 Time: 12:00 – 1:00pm (EDT)
Register by: April 21 2011

Please go to <http://www.caot.ca/default.asp?pageid=3911> to register for a Lunch and Learn Webinar or for a Water Cooler Talk of your choice, or contact education@caot.ca for more information.



CAOT Learning Services Workshops:

Enabling the Occupation of Eating: Introduction to the assessment and intervention of swallowing and feeding difficulties

February 3rd - 4th - 5th, 2011 in Guelph, ON

Co-hosted with Guelph General Hospital

Presenter: Dr. Heather Lambert, PhD, OT(C); author of the McGill Ingestive Skills Assessment (MISA)

The objective of this three-day introductory course is to provide the health professional with the basic knowledge needed to intervene in simple cases of feeding and swallowing difficulties in adults with neurological or age related ingestive difficulties. Oral motor and swallowing problems will be addressed.

The participants will learn to:

- Recognize the signs of ingestive difficulties;
- Complete the MISA evaluation;
- Understand the results of videofluoroscopy and endoscopy;
- Understand the implications of non-oral feeding and discuss the relevant ethical issues; and
- Select the most appropriate interventions.

Included in the workshop will be a copy of the McGill Ingestive Skills Assessment (MISA) publication (retail price \$107.96).

Tel: (613) 523-2268 / 1-800-434-2268 (toll free)

Fax: (613) -523-2552

E-mail: education@caot.ca

Go to www.caot.ca/default.asp?ChangelD=46&pageID=30 for more information.

Enabling Occupation through Universal Design and Home Modification

April 14th - 15th, 2011

Ottawa, ON

Co-hosted with CMHC

Presenter: Kathy Pringle, BSc(OT), OT Reg. (Ont.), Dipl.Arch.Tech.

In this workshop, participants will:

- Learn how to carry out home assessments and develop a plan for renovations or new construction,
- Learn about current funding options and resources for planning and achieving an accessible home environment,
- Become familiar with the latest developments in Flex-Housing™, Visitability and Universal Design, and much more!

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Fax: (613) -523-2552

E-mail: education@caot.ca

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CAOT Endorsed Courses:

The DIR® Approach to Pediatric Feeding

March 28 & 29, 2011 in Las Vegas, NV

This two day, intermediate level course will present an interdisciplinary perspective to pediatric feeding challenges incorporating the DIR®/Floortime™ approach. The multiple components of feeding will be addressed and integrated into a broader relationship-based approach to assessment and treatment. Our speakers will provide comprehensive strategies for addressing feeding concerns across a variety of diagnoses with an emphasis on the importance of the parent-child dyad. Video case studies will be used to illustrate practical solutions to complex feeding disorders.

Speakers: Diane Cullinane, MD, Karla Ausderau, PhD, OTR/L, SWC, and Patricia Novak, MPH, RD, CLE.

Contact: Barb Bobier: barb@pasadenachilddevelopment.org or visit the website: www.pasadenachilddevelopment.org.

Feeding the Whole Child: A Mealtime Approach Conference at Sea

A 5 night cruise to Grand Cayman and Cozumel, Mexico Aboard the Carnival "INSPIRATION" departing Tampa, Florida

March 26 - 31, 2011

Please join us for the first of its kind conference-at-sea on Dysphagia, presented by Suzanne Evans Morris, PhD. This workshop will explore some of the road blocks that limit the development of eating skills and comfort to help children return to their natural desire to be part of mealtimes. Strategies designed to increase feeding skills within the mealtime environment are discussed, for children who eat/drink by mouth and for those on feeding tubes.

Contact: Helga Schollenberger, Rehab Department Windsor Essex County Pediatric Feeding & Dysphagia Group c/o Hotel Dieu-Grace Hospital, 1030 Ouellette Ave., Windsor, ON.

Tel.: (519) 973-4411

Email: hschollenberger@hdgh.org

Choose to Learn in collaboration with Université de Montréal Sensory Processing Disorder: Recent Findings

May 5th-6th, 2011

This is a comprehensive 2 day seminar that will focus on sensory processing disorder (SPD). SPD affects at least 16% of children. This seminar will review screening and assessment of SPD as well as intervention for the types of SPD.

Contact: Caroline Hui, OT

Tel.: (450) 242-2816

Email: info@choosetolearn.ca

For more information, please visit www.choosetolearn.ca/pdf/Sensory_Processing_Disorder.pdf