



# OCCUPATIONAL THERAPY•NOW

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On the cover is pictured the beautiful Tombstone Mountains in the Yukon. CAOT's Conference 2008 will be held in Whitehorse, Yukon next June 12-14. Thank-you to the Government of Yukon for permission to use this photograph.  
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# Call for Papers

**OT Now September 2008 Theme Issue on Knowledge**

**Deadline: March 1, 2008**

In today's health system, we are experiencing a transformation of health care into a knowledge-based activity. This theme issue of *Occupational Therapy Now* will examine this transformation as it relates to our field, highlighting the far-reaching implications for occupational therapists, as well as the far-reaching benefits for consumers.

The success of our profession depends on both the generation and the application of new knowledge. Educational initiatives, knowledge translation, evidence-based practice and new technologies are all potential topics for this special issue.

Submissions should consider the issue's audience, which includes occupational therapists, policy makers, payers and consumers. Language should be accessible to a wide range of readers.

Visit [www.caot.ca](http://www.caot.ca) for further details on the 2008 OT Now theme issue on knowledge.  
For further information, please contact Fern Swedlove, OT Now Editor at [otnow@caot.ca](mailto:otnow@caot.ca)

# Year end editorial

Fern Swedlove



Fern Swedlove

Having completed my first year as editor of *Occupational Therapy Now*, I marvel at the sheer energy and passion underpinning this publication. Human capital is responsible for creating this dynamic magazine - readers, writers and column editors who voluntarily give of

their time because they believe the publication makes a difference.

I like to think that *OT Now* encapsulates citizen's journalism, an increasingly popular communication medium thanks to the World Wide Web which enables people from all walks of life to write for paperless publications. *OT Now* was certainly ahead of the times, delivering up-to-date, fresh writing in both print and online versions long before the invention of citizen's journalism. People write to me almost every day with stories they want to share with other occupational therapists. Why? Because they want to give back, share their experiences, help other therapists and likely a host of other reasons. This is what makes this publication relevant and passionate at the same time.

There are many great and powerful moments that go on behind the scenes of *OT Now*. I had the opportunity to both experience these moments and celebrate them over this summer when my husband became ill and I was unable to attend the annual CAOT conference. At the time, I was in the midst of completing the September issue and had to ask

authors to revise timelines and work around my yet to be determined, ever changing schedule. Everyone quickly came on board and offered me support along the way. Jay Peak, the *OT Now* designer and Luce Ouellet, our translator also worked diligently to make sure that the publication was completed on time. To enable me to be present for my husband over the summer, a leave was arranged by CAOT; my Winnipeg colleague, journalist and editor Alex Merrill, completed this November issue of *OT Now*.

My husband's illness connected me back to my occupational therapy roots in a very tangible way. Faced with uncertainty and the unknown Russian roulette of wait times, I turned to the power of occupation. We are now the proud owners of Daisy, the intrepid border collie who has joined the *OT Now* team as she keeps me company while I work and provided an invaluable form of meaningful occupation over the summer. My husband's surgery took place in the hospital where I was last employed as a front line occupational therapist. Each day while visiting the hospital, I was flooded with powerful memories of my work and thought how lucky I have been to be an occupational therapist.

In the face of the ever changing world of communication where mediums change daily; where Blogs, Wikis, E-Zines, Facebook, YouTube and Podcasts compete for our limited time; and where human capital is still what really matters, I would like to thank every person who makes this publication possible.

Fern Swedlove, OT Reg (MB)  
Managing Editor of *OT Now*

## Correction notice

In the September 2007 article entitled "Life storytelling, Occupation, Social Participation and Aging" by Barry Trentham, the author information was omitted. The corrected version is available in PDF format on the CAOT website. The author information is as follows: Barry Trentham, MEd., OT Reg.(Ont.) is an assistant professor in the Department of Occupational Therapy and Occupational Science at the University of Toronto. Barry is also a PhD student at the University of Toronto's Collaborative Program in Aging and the Life Course offered through the Department of Adult Education and Counseling Psychology/OISE and the Centre for the Institute for Life Course and Aging. You can e-mail Barry at [b.trentham@utoronto.ca](mailto:b.trentham@utoronto.ca).

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# Reflecting on Conference 2007: Leading the way to healthy occupation

Erica Lyle, CAOT Communications Coordinator

It has been almost six months since the Canadian Association of Occupational Therapists' (CAOT) 2007 national conference took place in St. John's, and, although it may seem like a distant memory, there were many occasions that stood out and are worth reflecting on. Delegates not only learned from the latest research and made valuable connections with colleagues; we heard unforgettable words of inspiration that challenged the way we think and that continue to be meaningful for us.

One such event was the insightful presentation given by the keynote speaker, Sister Elizabeth Davis, during the opening ceremony. Drawing on her many years as a leader in health care and education, she combined her expertise in values and ethics with her business acumen. Her portrayal of the 21st century described an uncharted course with societal conditions that will challenge our values and traditions. Her words of encouragement to the captivated crowd of over 300 delegates urged occupational therapists to "lead the way" – the conference theme. A seasoned orator, Sister Elizabeth included many meaningful and entertaining anecdotes in her address, which called for our profession to embrace the changing role of occupational therapy and respond within society's changing realities.

## Thought-provoking presentations

There was also a full house for the much anticipated Muriel Driver Lecture. Dr. Mary Egan presented a very touching and emotional interpretation of suffering and how it relates to occupational therapy. It was a topic that every human can connect with in some way. Dr. Egan succeeded in giving a voice to something basic and fundamental, but that which is not easily understood. Members not fortunate enough to be present during this thought-provoking lecture can access a video stream available on the CAOT website ([www.caot.ca](http://www.caot.ca)), or you can read the abbreviated text in the October 2007 issue of the *Canadian Journal of Occupational Therapy*.

Conference delegates were drawn to the Exhibit Hall by the launch of two new publications. *Enabling Occupation II: Advancing an Occupational Therapy*

*Vision for Health, Well-being, & Justice through Occupation* was unveiled by the two primary authors, Dr. Elizabeth Townsend and Dr. Helene Polatajko, who were available at the CAOT booth to discuss the book. The following day the authors introduced the newest

*"... Dr. Mary Egan presented a very touching and emotional interpretation of suffering and how it relates to occupational therapy. It was a topic that every human can connect with in some way."*

practice guidelines during a special plenary session that provided delegates with an open dialogue about this exciting new publication. For health professionals contemplating opening their own practice or clinic, the launch of *Business in Clinical Practice: How to get there from here* by co-author Diana H. Hopkins-Rosseel was timely and relevant.

The Conference Scientific Program Committee, chaired by Jacquie Ripat, produced a conference program that promoted the theme by inspiring delegates to "lead the way." Almost 200 scientific papers were presented during the four-day conference. Presenters are to be congratulated for providing delegates with high quality, cutting-edge material that will surely inspire and guide them in their work.



Primary authors (l-r) Helene Polatajko and Elizabeth Townsend unveil *Enabling Occupation II* at the CAOT exhibit booth.





Conference 2007 Host Committee:

(l-r) Jill Hollett Antle, Deborah Kean, Bren-Ann Collins, Kim Maher, Jane Simmons, Lisa McDonald, Joanne Hanlon, Jennifer Forward  
Missing: Sandy Delaney, Heather Hiscock, Sarah Lawrence and Jennifer Ritcey

## Reconnecting and networking

Outside the Exhibit Hall and meeting rooms, the conference was about reconnecting and networking with colleagues and friends. Along the hotel corridors, delegates found couches and areas to gather. Impromptu meetings were held, presentations were tweaked and laughter could be heard. As one delegate from Newfoundland remarked, "I don't normally have an opportunity to attend conference, but since it was held in St. John's this year, I couldn't pass it up. It's such an amazing experience."

Conference 2008 co-convenors Alison Sisson and Karen Mills, along with Territories Board member Wade Scoffin, were kept busy at the Whitehorse

exhibit answering questions and promoting next year's conference. "We're really excited about hosting the conference in Whitehorse and showing people the spectacular beauty of the north and the extraordinary history and culture of the Yukon," said Karen. "The theme for this year's conference flows directly

into our theme for 2008 – we'll be 'leading the way to the frontiers of occupation'."

One other attraction to the Conference 2008

booth was the draw to win an Air North ticket; congratulations to Margaret Friesen who will fly free to Whitehorse.

Planning for next year's conference is well underway and it will be an experience you won't want to miss! To get a flavour of what's in store when you visit Whitehorse, visit the CAOT website to access a video and up-to-date information.

## Friendly atmosphere

The Newfoundland and Labrador Association of Occupational Therapists co-hosted the 2007 Conference with CAOT. The 2007 Host Committee, co-chaired by Jane Simmons and Jill Hollett Antle, is to be congratulated for a successful conference experience. Tartan sashes and warm smiles worn by Host Committee members were a welcome sight in the hallways of the Delta St. John's Hotel. The friendly and hospitable atmosphere of Newfoundland was conveyed by all the many volunteers who helped to make the conference a success.

Many participants combined their visit to Newfoundland with a vacation and took advantage of the occasion to walk through historic St. John's, join a whale watching tour or rent a car and take a scenic drive. For those delegates visiting Newfoundland for the first time, it was an opportunity not to be missed.

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# Making the most of post-entry level graduate school

Jennifer Klein, Noémi Cantin, Zofia Kumas-Tan and Alison Douglas

*Note: This is the final article of a three-part series on graduate studies. The first piece in the series, "Reflections on applying to graduate school" was published in the May 2007 issue of OT Now. The second article, "Reflections on preparing for life as a graduate student" appeared in the July issue.*

There are many actions that can enhance your graduate school experience and many that can lead to a less than optimal experience. In reflecting upon how little we knew at the outset of graduate school, along with a lack of references available within the occupational therapy literature to guide our experiences, we felt it was important to provide a medium where our colleagues could learn from the decisions and actions that served us well along our journey through graduate school.

## Initial sentiments

The first year of graduate school can be intimidating and stressful. The sense of intimidation is heightened when students are overwhelmed with the many sorts of important information presented in the first week of classes, including new academic and professional terminology and technology. The adjustment from past experiences as an undergraduate student to the routines and demands of graduate student life can also be intimidating. It is not unusual for this sense of intimidation to manifest itself as either inaction or frenzied activity as students hurriedly search for ways to tackle student life and their graduate theses and dissertations.

In those first weeks of school, you may have doubts or feelings of incompetence. You may even believe that the program made an error in accepting you. These sentiments are validated in the literature. As Piercy et al. (2005) reported, graduate school is the best of times and the worst of times. Dawkins and May (2002) performed a phenomenological study examining the experiences of participants completing a higher degree in occupational therapy. They found that graduate school was viewed as exciting and challenging but also involved personal hardship and sacrifices. Support from others including supervisors, family, peers, colleagues, employers and friends made completing a higher degree achievable. Participants also

spoke of graduate school facilitating personal growth and providing professional benefits. One of the most important findings was that participants perceived research to be both an exciting process as well as one filled with uncertainty, which required discipline, motivation and determination to complete.

## All work and no play...

Many pressures come with life as a graduate student. There is the pressure of sustaining a constant research focus while maintaining excellence in teaching, community service and publishing. There is also the pressure of multiple and often conflicting roles: graduate students may also be clinicians, spouses, parents and community members.

In our opinion, the most important mantra that one must carry throughout graduate school is "Enjoy life!" It is very easy to get caught up in the stressors of graduate school and to block off all communication with the outside world. However, this can lead to a personal life that is out of balance and stressful. While finding a work-life balance in today's frenetically-paced world is no simple task, you must be cognizant of working towards this goal. Work-life balance is not something that just happens. It involves taking active steps to be selective in your activities. To ensure that you can finish graduate school quickly, choose only relevant experiences along the way.

When your work life is balanced with outside activities, you may find that your work is more productive and satisfying. As occupational therapists, we may feel we understand this concept well, yet somehow we may not think that it applies to ourselves. In reality, we often get caught up in working long hours. Sometimes, fear of committing to outside social events or responsibilities may lead one into isolation. It is important to

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accept invitations, and, perhaps, to use them as a reward to complete your work efficiently. Participating in some social activities can directly benefit your graduate studies. Socializing can enhance your perspective on the role of your research in your community and can even give you inspiration and ideas for writing and describing your research.

### Overcoming solitary nature

It is well documented that the sense of loneliness and isolation associated with graduate work can be problematic for graduate students (Baird, 1990; Dawkins & May, 2002; Piercy et al., 2005). It has also been shown that peer interaction has a positive relationship with the likelihood for successful completion of graduate studies (Bair & Haworth, 2004). However, the individuality of many programs can make interpersonal ties difficult. In contrast with clinical practice, much of the time in graduate school is spent alone reading, writing and analyzing data. This time can be very lonely, which can serve to compound or prolong stressors.

To minimize the potential for being isolated, use your graduate studies as an opportunity to develop a network of peers in your faculty, other faculties and other researchers within your area of interest. However, the act of networking needs to be an active and conscious decision. You need to be assertive and not sit back in your graduate office waiting for others to come and pound at your door. Sign up for special interest groups related to your area of study. When you meet other graduate students or researchers, get their e-mail addresses and continue to communicate with them by Internet. Develop a blog community or a chat room for current students to share experiences of specific classes and professors and tips related to proposal and grant writing, research methodologies and dissertations. A quick lunch meeting, even when you do not directly discuss your work, can keep you energized for the afternoon's work.

### Impediments to not finishing

Research indicates that attrition rates are a pressing concern in graduate school (Bair & Haworth, 2004). Forty to sixty percent of students who were doctoral students in selected universities in the United States did not persevere to graduation (Bair & Haworth, 2004). Fortunately, within Canadian occupational therapy programs, attrition rates appear less severe. An informal inquiry made to the administration of three Canadian occupational therapy graduate programs revealed attrition rates ranging between five to nine

percent. Even though the Canadian numbers are lower, there are still students here who commit time and money to a graduate program and do not see it through to completion.

In a study focused on American psychology students, seven factors were found to assist in dissertation completion (Muszynski, 1988). The seven factors included:

- 1) good advisor (supportive, competent, secure),
- 2) good topic choice (quickly manageable, interesting),
- 3) internal strength (independence, high motivation, ability to endure frustration),
- 4) self-imposed deadline or goal,
- 5) avoiding or limiting employment,
- 6) delaying internship, and
- 7) externally imposed incentives (such as future employment).

Personality factors such as perfectionism and depression, as well as stressful life events were found to be barriers to dissertation completion. While this study was conducted in the United States, the findings resonate with our experiences in Canadian universities.

### Extra tips

Finally, here are some more tips to getting the most out of your graduate school experience:

- Do not reinvent the wheel; go out and ask people what they have done, what courses they have taken, how to set up a study, or how to apply for scholarships and grants.
- Plan on timelines taking longer than anticipated. What may seem like a short time for your advisor, can seem like a lifetime for you. You may rush to hand something in and then wait many weeks to receive feedback. While this can be very frustrating, it is common, so plan for it. Try to agree upon a return date when something is handed over for review.
- When developing a thesis proposal, students often create studies that are over-ambitious. Some advisors are astute and can assist the student to narrow down the topic. However, we have also witnessed students who create unmanageable studies that could potentially turn into three dissertations.
- We are all preoccupied with not losing our work on computer. You may think it will always happen to someone else, but we speak from personal experience: it could happen to you! So backup, backup, backup. You can also regularly send your-



self e-mail attachments with updated drafts.

- Remember that it is not just the advisor who is an expert. All students come into the program with their own experiences; speak up and voice your thoughts.
- You only learn when you are ready to learn and when it is relevant. Apply your course work to your research because you get a lot more out of a class if you intend to use and are ready to use the learned material.
- Befriend a librarian. They can be a great help and teach you how to get the best out of a library.
- Ensure you know the rules about academic integrity, such as authorship and plagiarism. Keep a record of the sources you used.
- Choose who you do favours for wisely. Do these favours only if they interest you and will keep you on track to completing your degree.
- Keep your committee members informed of your progress. Get them to express whether they agree with your suggestions or not. Silence does not mean they agree.

## Conclusion

Attending graduate school and attaining a masters or doctoral degree is extremely rewarding and promotes both professional and personal growth. It entails a very

high level of autonomy and self-direction, which is also what attracts many students back to graduate school. In our opinion, when graduating, we should also receive a Masters or a PhD in personal management!

## References

- Bair, C. R., & Haworth, J. G. (2004). Doctoral student attrition and persistence: A meta-synthesis of research. In: J.C. Smart (Ed.), *Higher education: Handbook of Theory and Research*, (pp. 481-534). New York: Springer.
- Baird, L. L. (1990). The melancholy of anatomy: The personal and professional development of graduate and professional school students. In J. C. Smart (Ed.), *Higher education: Handbook of Theory and Research* (pp. 361-392). New York: Springer.
- Dawkins, H. & May, E. (2002). The lived experience of doing a higher degree in occupational therapy from the perspective of five graduates: A phenomenological study. *Australian Occupational Therapy Journal*, 49, 128-137.
- Muszynski, S. Y. (1998). The relationship between demographic/ situational factors, cognitive/affective variable, and needs and time to completion of the doctoral program in psychology. Doctoral dissertation, Kent State university, 1988. *Dissertation Abstracts International* 50 (03B).
- Piercy, F. P., McEway, L. M., Tice, S., James, E. J., Morris, M., & Arthur, K. (2005). It was the best of times, it was the worst of times: Doctoral students' experiences of family therapy research training through alternative forms of data representation. *Family Process*, 44, 363-378.

# The art of supervision for occupational therapists

Claudia von Zweck, CAOT Executive Director

Over 60 per cent of Canadian Association of Occupational Therapy (CAOT) members regularly assign work to support personnel in the course of providing services to clients (CAOT, 2006). Ultimately, occupational therapists are accountable for any assigned tasks and are expected to effectively supervise the work of support personnel to ensure the attainment of anticipated client outcomes (College of Occupational Therapists of British Columbia [COTBC], 2004; College of Occupational Therapists of Ontario [COTO], 2004). Clinical expertise however does not ensure that occupational therapists possess the broad range of skills needed to supervise others. One of the few studies examining supervision skills among occupational therapists found that many do not find supervision a comfortable task and adopt an egalitarian approach that hampers the success of their supervision. A lack of positive role modeling, theoretical exposure and supervisory training, in addition to time restraints contributed to their lack of comfort as a supervisor (Sweeney, Webley, & Treacher, 2001a).

Supervision is much greater than the simple assigning and managing of work. To be successful, supervision must be seen as an art: an interactive

context. The supervisor fairly negotiates roles and responsibilities, monitors performance and assists in identifying and meeting learning needs to guide professional development (Baptiste, 2001; Sweeney, Webley, & Treacher, 2001b).

Supervisors need a range of leadership styles and approaches to address the differing personalities and responsibilities of the people they may supervise. As individuals gain experience and move through different stages of a developmental supervision process, leadership styles also require modification over time.

A supervisor's leadership style should be determined by the nature of the work and the ability and willingness of a provider to complete the task. Because individual providers exhibit varying levels of ability and willingness to perform certain tasks, a supervisor needs to be able to offer different amounts of task and relationship behaviour. There are two types of task and relationship behaviours:

1. Task behaviour involves the supervisor organizing and defining the roles of workers and their tasks.
2. Relationship behaviour uses collaboration and involvement of workers in decision-making about matters that concern them.

With the relationship behaviour, the supervisor serves as a mediator to enhance the fit between the individual and the workplace to create an environment where all personnel are made to feel important as members of a team, where they do their best, cooperate with others and share ideas and suggestions. Benefits of such supervision practices include better solutions, increased acceptance of decisions, improved motivation and better respect for the contributions of others. Also, it provides greater opportunities for workers to use their judgment in completing assigned responsibilities.

Individual support workers also need to take responsibility to proactively seek out good supervision. Previous negative experiences with supervision as well as personal inhibitions, organizational issues and/or cultural differences may result in behaviours that impede supervision. For example, Sweeney and colleagues (2001b) found supervision effectiveness

***“... Supervisors need a range of leadership styles and approaches to address the differing personalities and responsibilities of the people they may supervise..”***

process of educating, managing and supporting support personnel. Supervision enables the development of requisite knowledge, skills and judgment and provides needed workplace resources for support personnel to carry out their assigned responsibilities.

## Roles in the supervision process

The role of the occupational therapist is critical in establishing positive and open relationships that are the basis of effective supervision. Supervisors need to foster communication and collaborative problem solving by providing clear and specific direction, sharing information and experiences and placing the work assigned to support personnel within a larger

was lessened for individuals who were unwilling to expose vulnerabilities to supervisors to safeguard their sense of competence.

## Supervisory functions

Supervision involves the three distinct but overlapping functions of educating, managing and supporting. The activities involved in these functions interact; through this interaction, needs are identified and strategies are developed to gain the resources and/or knowledge, skills and judgment expected in completing assigned work tasks. The primary focus of occupational therapists in these functions is to attain expected outcomes for the client. Other traditional line management responsibilities for human resources such as recruitment and hiring often do not fall to the occupational therapist that assigns tasks to a support worker but are assumed by another supervisor.

### (a) Educating

To develop the competency of a support worker for completing tasks that meet client needs, educating functions are addressed as necessary. Competency is a multi-faceted and dynamic concept relating to the ability of using knowledge, skills and judgment in the full range of situations that may fall within an individual's scope of responsibility. (Lysaght & Altschuld, 2000; Salvatori, 1996). Competency is influenced by many factors, including the development of new knowledge and technology and changes in the location of service delivery or the populations served (Youngstrom, 1998). Therefore, competency development must be an ongoing and lifelong process.

Competency assessment is inherent in the process of assigning work and is vital to ensure the capability of a provider to safely and appropriately complete a task (McConnell, 1995). This appraisal process can be difficult because of the subjective nature of competency (Salvatori, 1996). Competency appraisal for support workers in Canada is further complicated by a lack of standard knowledge and skill requirements for practice in this role (Loomis et al, 1997; Salvatori, 2001).

The know-can-do hierarchy has been suggested as a useful framework for the assessment of clinical competence (Salvatori, 1996). This hierarchy reflects the developmental process associated with acquiring competency in a field of practice. These levels represent the maturation of clinical reasoning skills that are transformed through experience and reflection (Robertson,

1996) and are as follows:

- Know level - practitioners understand a task conceptually but are limited in the practical application of the skill.
- Can level - practitioners are able to use their knowledge and skills to perform the task under limited and restricted conditions.
- Do level - practitioners reflect on the application of knowledge and skills as well as judgment.

Different methods of evaluation are necessary to appraise competency at the know, can and do levels. Written quizzes and examinations administered following continuing education activities are examples of commonly used competency assessment tools at the know level. Interviews and direct observation assess competency at the can or do level. Outcome measurements, satisfaction surveys and chart audits are used to appraise different aspects of performance at the do level ( Salvatori 1996; Salvatori, Baptiste, & Ward, 2000).

Competency development involves a facilitated process that encourages reflection on past experience to analyze issues and problems, clarify goals, identify strategies and establish an appropriate plan of action (Nicklin, 1995). Reflection as part of the competency development process assists a worker to learn from experience by exploring assumptions, beliefs, ideas, actions and behaviours (Kinsella, 2001). Active experimentation with new ideas, theories and approaches assist in the management of similar experiences in the future.

### (b) Managing

Managing functions are directed toward assisting support personnel to obtain the equipment and supplies, space, staffing and other resources needed to effectively and efficiently carry out assigned work tasks. Inherent in these functions is the promotion of a workplace culture that utilizes ethical and safe practices in the delivery of services (Gage, 1997). Additional important management activities include establishing roles and procedures with clear expectations and boundaries. These activities are necessary to avoid role confusion and conflict in the relationship between professionals and support workers that have been documented in the research literature (Dillon, 2001; Loomis et al, 1997; Workman, 1996).

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### (c) Supporting

Support workers are frequently involved with service delivery on more than one team, working with different professionals and relating to a separate supervisor, who is often a member of another discipline. The lack of continuous contact with other team members makes it difficult to establish and maintain a consistent role and build relationships needed for successful teamwork (Cyr et al., 2001).

Providing different types of support can assist workers to feel they are cared for and esteemed and part of a valued team with mutual obligations (Leonard & Corr, 1998). Emotional support provides empathy, caring and trust in the relationship with the worker. Informational support assists workers to help themselves by creating an awareness of issues and events that affect their work. Appraisal support assists workers in self-evaluation and in the development of role identity.

Supervision plans or agreements provide a framework for supporting functions and are key to building trust in the supervisory relationship (Hunter & Blair, 1999). Agreements are developed with individual providers to outline methods and frequency of communication, performance expectations and appraisal mechanisms (COTBC, 2004; COTO, 2004). Performance expectations are determined by examining the purpose of the work, required outcomes, location and methods of service delivery and competencies needed to complete the work.

Factors such as time constraints and multi-site operations challenge traditional methods of supervising occupational therapy support workers (Cyr et al., 2001). As a result, supervisors need to establish guiding principles rather than relying on only direct supervision to support and promote the performance of individual providers (Queeney, 1996). Teleconferences, e-mail communication and videoconferencing may be used to supplement limited face-to-face contact to meet with individual workers and/or bring personnel together to promote teamwork and collaboration (Schell & Slater, 1998). Quality assurance mechanisms are also important to evaluate the effectiveness of interventions and staffing patterns and promote clinical excellence (Schell & Slater, 1998).

Effective supervision facilitates the work of support personnel, promotes competency development and ensures the quality of service provision. As well, competent supervision can lead to greater job satisfaction and a stronger sense of role identity (Morris, 1995) by providing opportunities to share problems

and ideas, appraise performance, challenge conventional thinking and develop new learning (Hanft & Banks, 1999; Hunter & Blair, 1999). Reported outcomes include the appropriate use of resources (McConnell, 1995), beneficial caseload management practices (Fortune & Ryan, 1996), synergistic teamwork (Gage, 1997) and maintenance of standards for quality of services (Burrow, 1995). Educating, managing and supporting are essential supervision practices for promoting the collaboration and interdependence that ultimately benefits everyone, including the individual workers, organizations and consumers of the services.

### References

- Baptiste, S. (2001). *Mentoring and supervision: Creating relationships for fostering professional development*. Ottawa, ON: CAOT publications ACE.
- Burrow, S. (1995). Supervision: Clinical development or management control. *British Journal of Nursing*, 4, 879-882.
- Canadian Association of Occupational Therapists (2006). Membership statistics. Retrieved November 29, 2006 from [http://www.caot.ca/pdfs/Membership2005\\_2006Statistics\\_Complete.pdf](http://www.caot.ca/pdfs/Membership2005_2006Statistics_Complete.pdf)
- College of Occupational Therapists of British Columbia (2004). *Assigning of service components to unregulated support personnel*. Victoria, BC: Author.
- College of Occupational Therapists of Ontario (2004). *Practice guideline - Support personnel*. Toronto, ON: Author.
- Cyr, N., Arturi, G., Seguin, M., & Egan, M. (2001). Experiencing the change to program management. *Occupational Therapy Now*, 3, 14-16.
- Dillon, T. (2001). Practitioner perspectives: Effective intraprofessional relationships in occupational therapy. *Occupational Therapy in Health Care*, 14, 1-15.
- Fortune, T., & Ryan, S. (1996). Applying clinical reasoning: A caseload management system for community occupational therapists. *British Journal of Occupational Therapy*, 59, 207-211.
- Gage, M. (1997). From independence to interdependence: Creating synergistic health care teams. *Canadian Journal of Occupational Therapy*, 64, 174-184.
- Hanft, B., & Banks, B. (1999). Competent supervision: A collaborative process. *OT Practice*, 4, 31-34.
- Hunter, E., & Blair, S. (1999). Staff supervision for occupational therapists. *British Journal of Occupational Therapy*, 62, 344-350.
- Kinsella, E. A. (2001). *Professional development and reflective practice: Strategies for learning through professional experience*. Ottawa, ON: CAOT Publications ACE.
- Leonard, C., & Corr, S. (1998). Sources of stress and coping strategies in basic grade occupational therapists. *British Journal of Occupational Therapy*, 61, 257-262.
- Loomis, J., Hagler, P., Forward, J., Weesel, J., Swinamer, J., & McMilan, J. (1997). Current utilization of physical therapy support personnel in Canada. *Physiotherapy Canada*,



49, 284-291.

- Lysaght, R. M., & Altschuld, J. (2000). Beyond initial certification: The assessment and maintenance of competency in professions. *Evaluation and Program Planning*, 23, 95-104.
- McConnell, C. (1995). Delegation versus empowerment: What, how and is there is a difference? *The Health Care Supervisor*, 14, 69-80.
- Morris, M. (1995). The role of clinical supervision in mental health practice. *British Journal of Nursing*, 4, 886-888.
- Nicklin, P. (1995). Super supervision. *Nursing Management*, 2, 24-25.
- Queeney, D. (1996, October). *Redefining competency from a systems perspective for the 21st century*. Paper presented at the annual meeting of the American Association for Adult and Continuing Education in Charlotte, North Carolina.
- Robertson, L. (1996). Clinical reasoning, part 2: Novice/expert differences. *British Journal of Occupational Therapy*, 59, 212-216.
- Salvatori, P. (1996). Clinical competence: A review of the health care literature with a focus on occupational therapy. *Canadian Journal of Occupational Therapy*, 63, 260-271.
- Salvatori, P., Baptiste, S., & Ward, M. (2000). Development of a tool to measure clinical competence in occupational therapy: A pilot study. *Canadian Journal of Occupational*

*Therapy*, 67, 51-60.

- Salvatori, P. (2001). The history of occupational therapy assistants in Canada: A comparison with the United States. *Canadian Journal of Occupational Therapy*, 68, 217-227.
- Schell, B., & Slater, D. (1998). Management competencies required of administrative and clinical practitioners in the new millennium. *American Journal of Occupational Therapy*, 52, 744-759.
- Sweeney, G., Webley, P., & Treacher, A. (2001a). Supervision in occupational therapy: The supervisor's anxieties. *British Journal of Occupational Therapy*, 64, 337-344.
- Sweeney, G., Webley, P., & Treacher, A. (2001b). Supervision in occupational therapy: The supervisee's dilemma. *British Journal of Occupational Therapy*, 64, 380-386.
- Workman, B. (1996). An investigation into how the health care assistants perceive their role as "support workers" to the qualified staff. *Journal of Advanced Nursing*, 23, 612-619.
- Youngstrom, M. J. (1998). Evolving competence in the practitioner role. *American Journal of Occupational Therapy*, 52, 716-720.

# Canadian Association of Occupational Therapists Conference 2008: Join us this June in vibrant Yukon

Karen Mills and Alison Sisson



Canadian Association of Occupational Therapists (CAOT) is proud to invite you to Conference 2008, June 12-14 in Whitehorse, Yukon. Nestled in the north-west corner of Canada, the Yukon Territory is a pristine, unspoiled destination to explore, offering even the most discerning traveler an experience unlike any other.

Over a century ago, reckless adventurers fought their way down the Yukon River by boat on their voyage to the goldfields. Many struggled through the choppy waters of the White Horse

*"... You'll find untouched beauty everywhere in Canada's Yukon. From peaceful meadows to rugged mountains, there's a stunning new landscape around every corner."*

Rapids. Fearless men and women traversed great distances to reach their goal – the Klondike.

Today it's much easier to come to Yukon. But we're sure you'll still have the same spirit of adventure in your heart.

In and around Whitehorse, capital of Yukon, you'll find some of the most spectacular scenery in Canada. Whitehorse nestles on the banks of the famous Yukon River surrounded by mountains and clear lakes. With a spectacular mountain backdrop, Whitehorse is a city rich in culture and history.

## What to do in Whitehorse

While you're in Whitehorse, explore the history of the

territory. Yukon is the proud home to many First Nations groups and diverse communities from across Canada and the globe. In the early 1900s, the world's attention focused on the gold fields near Dawson City, followed by an influx of miners ready to strike it rich. While in Whitehorse, tour the SS Klondike, an old paddlewheeler that plied the Yukon River. Visit the MacBride Museum and view the world's largest public collection of gold nuggets.

Adventure-based activities such as whitewater rafting, sea kayaking or heli-hiking will excite thrill seekers and provide the ultimate Yukon summer experience. Close to Whitehorse, hike or bike the local trails, or paddle the Yukon River. For those who love to golf, tee off under the midnight sun at one of the two Whitehorse golf courses.

Yukon is alive with festivals throughout the spring and summer, showcasing everything from local and international storytellers, folk and rock music at the Dawson City and Alsek Music Festivals and Aboriginal Day celebrations.



Those heading to the Yukon can still expect all the big-city amenities. Enjoy a cup of coffee from one of our local brewers as you walk along the boardwalk beside the Yukon River. Take in a show at the Yukon Arts Centre, a venue for the performing and visual arts, or visit one of the local galleries or artist-run cooperatives to purchase unique works by local artists.



Photo used courtesy of the Government of Yukon

## Exploring the Yukon

You'll find untouched beauty everywhere in Canada's Yukon. From peaceful meadows to rugged mountains, there's a stunning new landscape around every corner. Hike the Chilkoot Trail from Skagway, Alaska through to Bennett Lake, Yukon and follow in the footsteps of the men and women who traversed thick brush, steep mountainsides, and snow-covered summits on their way to the goldfields. Don't worry; you no longer have to carry enough supplies for a year's survival!

Visit beautiful Haines Junction, a small village on the edge of a vast and spectacular wilderness landscape, with a mountain backdrop that captures the imagination. "The Junction" is the gateway to Kluane National Park, and home to Mount Logan -



Photo used courtesy of the Government of Yukon

Canada's tallest point, and a UNESCO world heritage site. Only a two-hour drive from Whitehorse, Haines Junction provides the perfect location for day trip excursions such as glacier flights, whitewater rafting or hiking.

Visit Dawson City, an incredible community that has preserved its past. Dawson City invites you to turn back the pages of time and experience our rich living history. Meander the wooden boardwalks and visit national historic treasures. Take part in interpretative programs and amazing special events. Tour the Klondike gold fields and try your luck panning for gold. Yes, we still have operating gold mines! Participate in unforgettable First Nations tours and wilderness adventures. Spend a night on the town in one of the most entertaining communities of the North, home to Diamond Tooth Gerties Gambling Hall - Canada's first legalized casino. Without a doubt, you'll need a week to see it all!

## Exploring the frontiers

Take the time to join us here in Whitehorse as we "explore the frontiers of occupation." Extend your stay to discover our northern territory and all the amazing opportunities our pristine environment and culturally rich communities have to offer.

## About the authors –

**KAREN MILLS AND ALISON SISSON** are the co-convenors for the CAOT's Conference 2008.

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# Canadian Association of Occupational Therapists – On your behalf

## National Projects

### Access and Registration Framework Project for Internationally Educated Occupational Therapists

The objective of this project is to develop a framework that identifies pathways for international occupational therapy graduates. These pathways begin at their countries of origin and move through their credentials and competencies assessment to successful registration to practice. The framework will identify critical points to intervene with resources and assessments. This will establish the context for future actions to assist international graduates to enter professional practice in Canada, including the key roles and responsibilities of the partners.

This initiative is funded through a contribution agreement of the Government of Canada's Foreign Recognition Program. The project's Steering Committee is composed of representatives from the Canadian Association of Occupational Therapists (CAOT), Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) and the Association of Canadian Occupational Therapy University Programs (ACOTUP). The integrated framework produced will be validated by representatives of CAOT, ACOTRO and ACOTUP.

The project is expected to be completed by November 30, 2007.

### Canadian Falls Prevention Curriculum

The Canadian Falls Prevention Curriculum is a three-year project funded by the Population Health Fund of the Public Health Agency of Canada in October 2005. The project is developing and pilot testing a training curriculum for those working in the area of falls prevention among older adults (aged 65 and over). This curriculum will provide participants with the knowledge and skills needed for an evidence-based approach to seniors' falls and fall-related injury prevention, including:

- selection of interventions consistent with proven prevention strategies;
- an understanding of how to integrate falls prevention programming into existing seniors'

health services policies; and

- knowledge of appropriate evaluation and dissemination techniques.

Pilot-testing of the curriculum in English began in Vancouver, BC in February 2007 and in Charlottetown, PEI in August 2007. The Francophone curriculum will begin its pilot in Ottawa, ON in May 2008.

### Canadian Collaborative Mental Health Initiative (CCMHI) [www.ccmhi.ca](http://www.ccmhi.ca)

In April 2007, Health Canada, Health Care Strategies Policy Contribution Program, confirmed funding for Phase 2 of the Canadian Collaborative Mental Health Initiative. CCMHI will receive \$250,000 in funding for this current fiscal year. The purpose of Phase 2 is to broadly disseminate the findings of CCMHI by promoting knowledge transfer, building networks of providers and consumers, and advocating for system change to support better collaboration between mental health care providers, primary health care services and people using these services.

The focus of Phase 2 will include:

- validating the CCMHI Toolkits;
- delivering collaborative workshops for clinicians, consumers and caregivers based on the Toolkits;
- developing a strategy for eliminating stigma and discrimination in primary health care settings; and
- developing a central clearinghouse for compiling and distributing new resources relevant to collaborative mental health care.

The Steering Committee met June 18, 2007 in Ottawa to develop a work plan for Phase 2. Terry Krupa represents CAOT on this initiative.

### Health Human Resources Databases Development Project

This project, coordinated by the Canadian Institute of Health Information (CIHI), is focused on developing supply-based databases of information for five health professions including occupational therapy, pharmacy, physiotherapy, medical laboratory technicians and medical radiation technicians.



After finalizing the database content, CAOT signed an agreement with CIHI in fall 2006 to become a data provider for members living in the territories. CIHI will publish a comprehensive report this November on the data collected from CAOT and provincial regulatory organizations in October 2006.

### **Pan-Canadian Awareness Campaign in Occupational Therapy and Interdisciplinary Collaboration in Primary Health Care**

This campaign is focused on influencing the integration of occupational therapy into existing or newly developing publicly funded primary health care services throughout Canada.

Arising from the campaign is the creation of a tool or framework to assist members with developing a plan to offer occupational therapy services in primary health care. The framework consists of four sections and supporting tools and resources. CAOT is working with Dr. Mary Ann McColl of Queen's University on this project. An interprofessional advisory group provides feedback and input on the design of the project, which will be complete in spring 2008.

### **Profile of Occupational Therapy Practice in Canada**

In June 2005, CAOT began to update and revise the current Profile of Occupational Therapy in Canada (2002) to ensure the Profile reflected current and emerging occupational therapy practices.

The Profile Project activities were divided into two parts. Part 1 was completed in October 2006. Part 2, concluded in June 2007, was focused on completing the analysis of the broad field validation of Draft 5 of the Occupational Therapy Profile that took place in April 2007. The CAOT Board approved the final report in July 2007. The new Profile will be published in the coming months.

### **National Coalitions**

#### **Active Living Coalition for Older Adults (ALCOA) [www.alcoa.ca](http://www.alcoa.ca)**

ALCOA is a partnership of 24 national/provincial/territorial organizations having interest in the field of aging and active living in Canada. ALCOA's mission is to encourage older Canadians to maintain and enhance their well-being and independence through a lifestyle that embraces daily physical activities. CAOT is a roundtable member of ALCOA.

The Public Health Agency of Canada funded ALCOA to compile recommendations on how active

living for older adults could be advanced along the four strategic directions of the Healthy Living Strategy (HLS) (<http://www.phac-aspc.gc.ca/hl-vs-strat/>). Recommendations were developed by four Health Policy Committees comprised of the ALCOA membership. The CAOT representative to ALCOA was Chair of the Knowledge Development and Transfer Committee. The ALCOA membership met earlier this year to obtain feedback on the recommendations.

### **Canadian Alliance on Mental Illness and Mental Health (CAMIMH) [www.camimh.ca](http://www.camimh.ca)**

CAMIMH is the national voice on mental illness and mental health issues, with 19 national members representing professional associations, service providers, caregivers, consumer and family organizations. CAMIMH continues to advocate for the establishment of the Canadian Mental Health Commission. CAMIMH sent a letter to Prime Minister Stephen Harper on April 16, 2007 stating that CAMIMH would work closely with the Commission and its membership to help achieve its mandate.

CAMIMH met March 26, 2007 in Ottawa to review the findings from the Mental Health Literacy (MHL) project. MHL is defined as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention".

The MHL project included a review of the literature, national surveys and focus groups. The project recognized significant cultural variations in how people recognize, explain, experience and relate to mental disorders and treatment. A key recommendation of the MHL project is the development of a more clearly defined and comprehensive model of mental health literacy. The model may include:

- increased community awareness of mental disorders and implementation of prevention and early intervention strategies with families, schools and workplaces;
- support of active consumer participation in research, public education and advocacy;
- development of primary collaborative care models; and
- advocacy for policies and funding for research in prevention, treatment and support services.

Mental Illness Awareness Week (MIAW) was held September 30 - October 6, 2007 (<http://www.miaaw-ssmm.ca/en/default.aspx>). CAOT has communicated with the organizers of the Awareness Week to explore how we can support their efforts, including submitting articles profiling occu-

pational therapy in mental illness for the MIAW web site. James Huff is the new CAOT representative on CAMIMH.

### **Canadian Obesity Network (CON)** **[www.obesitynetwork.ca](http://www.obesitynetwork.ca)**

CON is a new representation activity for CAOT. CAOT supports CON's goals in promoting research excellence, disseminating information, providing educational resources and training for health professionals, building national consensus on obesity policy and promoting health for Canadians. CAOT is contributing to CON by developing information on the CON web site about the impact of obesity on clients' function in self-care, productivity and leisure and occupational therapy services in obesity management.

CON is funded through the Network of Centres of Excellence ([http://www.nce.gc.ca/ncs-rces/con\\_e.htm](http://www.nce.gc.ca/ncs-rces/con_e.htm)). A professional issue forum to develop a CAOT position statement on obesity is planned for Conference 2008 in Whitehorse.

Mary Forhan is the CAOT representative on CON.

### **Canadian Working Group on HIV and Rehabilitation (CWGHR) [www.hivandrehab.ca](http://www.hivandrehab.ca)**

Two meetings have been held with Elisse Zack, Executive Director of CWGHR and Gillian Bone, Project Coordinator regarding the project: "Interprofessional Learning in Rehabilitation in the Context of HIV: Stakeholder Capacity Building through Development of New Knowledge, Curriculum Resources and Partnerships."

([http://www.hivandrehab.ca/EN/about\\_us/documents/newsletter\\_vol6-1.pdf](http://www.hivandrehab.ca/EN/about_us/documents/newsletter_vol6-1.pdf)) Deb Cameron was the CAOT representative on the Advisory Committee for this project.

CAOT plans to host the "Interprofessional Learning in Rehabilitation in the Context of HIV" workshop in the Ottawa-Gatineau area.

### **National Alliance of Children and Youth (NACY)**

The new National Alliance for Children and Youth - L'Alliance nationale pour l'enfance et la jeunesse (NACY) is an incorporated not-for-profit organization that has been created to continue the work of the informal National Children's Alliance - Alliance nationale pour les enfants that began in 1996. NACY is a coalition of non-government organizations that provides a national voice to make children and youth a priority in Canada by:

- advocating for better public and community policy;
- facilitating dialogue, knowledge exchange and consensus;
- building capacity to integrate research, practice and policy; and
- taking a leadership role in monitoring the well-being of Canada's Children and youth.

In April 2007, Dr. Rose Martini of the University Ottawa represented CAOT at the National Learning Summit. The goal of the Summit was to build knowledge and momentum for addressing issues of middle childhood that will create action at the local, provincial and national levels, by:

- highlighting work taking place across Canada on middle childhood;
- sharing information and knowledge;
- exploring common themes and regional differences;
- exploring a draft policy framework and network; and engaging with others.

Dr. Martini presented a joint University of Ottawa/CAOT paper on "Facilitating Interprofessional Collaboration Among Those Who Provide Services to Children with Disabilities in the Community: Shifting Focus from Pathology to Participation". The PowerPoint presentation is available on [www.caot.ca](http://www.caot.ca). NACY submitted a brief to the House of Commons Standing Committee on Finance Pre-budget Consultation process entitled "Canada's Place in a Competitive World". This brief highlighted the important contribution that children and youth will make in the future as the next generation of our workforce as well as the importance of supports to children and youth now in creating a healthy society that will keep us competitive.

In April 2007, NACY released a Policy Framework for Middle Childhood that identifies key developmental elements influenced by the three major elements of a child's environment: families, schools and communities. This framework is very consistent with CAOT's position statement on children and youth and can be used as a powerful tool for advocacy purposes. The document can be accessed at <http://nca.communityzero.com/middleyears>.

# The Canadian Society of Occupational Scientists – An update and an invitation to participate

Lynn Shaw and Debbie Laliberte Rudman

## SENSE OF DOING



Column Editors: Helene J. Polatajko and Jane A. Davis

Since 2003, this Sense of Doing column and the Canadian Society of Occupational Scientists (CSOS) have had a common goal of advancing and sharing information about occupation. A central purpose behind the creation of this Sense of Doing column was to help readers understand occupation and its relationship and significance to occupational therapy. This column has aimed to help occupational therapists comprehend the growing dialogue regarding occupation, occupation-based practice and occupational science, as well as convey how making sense of clients' doing can help in day-to-day practice (Polatajko & Davis, 2003). In the past decade, much has occurred in Canada, as well as internationally, to solidify occupational science as an academic discipline focused on the study of human occupation. In all of these occurrences occupational therapists have been key developers and supporters recognizing the potential for mutual benefit; the occupational therapy profession can draw on the knowledge developed regarding occupation for its day-to-day practice, and the occupational science discipline can benefit from occupational therapy's experiences with and knowledge of occupation.

The primary purpose of this article is to provide an update on the activities of the CSOS and the international growth of occupational science. As well, we hope to provide occupational therapists with avenues for continued contribution to and participation in occupational science activities.

### History of CSOS

The establishment of the CSOS in 2001 indicated a growing interest in this discipline within Canada, particularly amongst occupational therapists involved in research. As an incorporated, non-profit society, the CSOS' overall mission was to promote occupational science in Canada and to link with the International Society of Occupational Scientists (ISOS). Under the leadership of its original co-chairs, Elizabeth Townsend and Helene Polatajko, the executive and board of the CSOS established the following two-part

vision statement: The CSOS will build a Canadian, interdisciplinary organization to spark and coordinate interests in occupational science. The CSOS will foster communication and action with a worldwide network of occupational scientists across diverse disciplines, interested groups and organizations, with the purpose of advocating for world occupational justice,

*"... In the past decade, much has occurred in Canada, as well as internationally, to solidify occupational science as an academic discipline focused on the study of human occupation."*

health and well-being (CSOS, n.d.).

Since its inception the CSOS has worked towards the achievement of five main goals:

1. To advance scholarship, justice, health, and well-being via national dialogue and research concerning ideas supporting the discipline of occupational science;
2. To promote the study and research of humans as occupational beings within the context of their communities;
3. To work toward equity for all Canadians in accordance with their occupational nature;
4. To promote the equitable organization of occupation in society; and
5. To disseminate information to increase an understanding of people's needs and the contribution of occupation to the health and well-being of communities.

A number of actions were taken towards the achievement of these goals by the inaugural CSOS board, including the establishment of a listserv and a website, and forging an agreement with the *Journal of Occupational Science* to provide members with the option of purchasing a subscription through mem-

**CSOS** Canadian Society of Occupational Scientists

Edited by Polatajko and Davis, on behalf of CSOS.  
visit CSOS at [www.dal.ca/~csos/index.htm](http://www.dal.ca/~csos/index.htm)

bership in the CSOS. As well, since 2003, members of the CSOS have edited the Sense of Doing column and have presented on topics related to occupational science at the Canadian Association of Occupational Therapists' (CAOT) annual conference.

Another major accomplishment was the establishment of biannual Canadian meetings to share occupational science research. The first meeting occurred in 2002 in Halifax, Nova Scotia, hosted by Dalhousie University with the theme of 'Making Sense of What People Do'. The second meeting took place in 2004 in Toronto, Ontario, and was put on through a partnership between University of Toronto and the University of Western Ontario with the theme of 'Occupation, Health and Well-being: Exploring the Relationship Across the Life Span'. The third meeting, in 2006 in Vancouver, British

Columbia, was put on through a partnership between University of British Columbia and CSOS with the theme of 'The Art and Meaning of Doing'. In addition, three CSOS representatives attended the first international think tank in occupational science, which occurred in Australia in 2006, and two members attended the second think tank held in the United States in 2007.

In essence, many CSOS activities have transpired since 2001 that have contributed to creating and building a network of Canadian occupational scientists. These activities have also included establishing and maintaining links with academic departments of occupational therapy and the international community of occupational scientists, promoting dialogue about occupational science, and raising awareness of the links between occupation, and health and well-being.

### CSOS today and in the future

In the fall of 2006, Drs. Townsend and Polatajko initiated the transition of the CSOS leadership in

an effort to develop the potential of others in the discipline through launching an election for its second executive. This second executive, with Lynn Shaw as president and Debbie Laliberte Rudman as vice-president, along with a dedicated group of board mem-

*"... Over the next few years, several activities will be occurring within Canada, providing further opportunities for occupational therapists to learn about and contribute to occupational science."*

bers (see the CSOS website at [www.occupationalsciencecanada.dal.ca](http://www.occupationalsciencecanada.dal.ca) for listing), are working to further the CSOS vision, as well as expand the Canadian network, international ties and membership.

Over the next few years, several activities will be occurring within Canada, providing further opportunities for occupational therapists to learn about and contribute to occupational science. The CSOS symposium in 2008 will be held from May 15th to 17th in Thunder Bay, Ontario at Lakehead University, co-hosted by the Department of Sociology and the CSOS, with the theme of 'Placing Occupation' (see the CSOS website for further details). At this symposium, we look forward to exploring issues about the importance of place in relation to occupation, indigenous occupations, and the enablers of and barriers to occupational transitions. This conference embraces the nature of the interdisciplinary scope of the discipline and the promise of building a knowledge base that reflects the diversity of influences on human occupation.

CAOT, under the leadership of its current president Sue Forwell, who was a member of the inaugural CSOS board, is also expanding opportunities for collaboration and knowledge exchange amongst occupational science and occupational therapy. Planning is underway to establish an occupational science stream at the 2009 CAOT conference in Ottawa, Ontario. The CSOS executive is also discussing the possibility of holding the first joint symposium with the Society for the Study of Occupation: USA (see [www.sso-usa.org](http://www.sso-usa.org) for more information).

### The international growth of occupational science

In parallel with the growth occurring in Canada, as evidenced by the activities of the CSOS, and by the integration of occupational science into the curricula and/or names of several Canadian occupational therapy programs, occupational science continues to

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grow internationally. Daniel Molke and Debbie Laliberte Rudman (2003) captured the inception and growth of occupational science in the 1990s and early part of 2000. Since that time, many new societies, interest groups, and courses have emerged in occupational science in countries such as Japan, South Africa, and Chile, and as part of the World Federation of Occupational Therapists and the European Network of Occupational Therapists in Higher Education.

Most recently, evolving out of international occupational science think tanks that involved participants from 14 different countries working together to establish a vision for research, education and advocacy work, a new interim executive has been formed for the ISOS. This interim executive, which includes a Canadian representative, aims to continue to foster the international growth of occupational science and enhance awareness of the vital contributions of occupation to health and community development.

## Continuing to build collaboration

Occupational therapy organizations and occupational therapists have been crucial for the development and growth of occupational science within Canada and internationally. Given that in-depth knowledge from studies on occupation will lay the foundation for more efficient and effective occupational therapy practice and more meaningful outcomes for clients (Polatajko & Davis, 2003), the CSOS recognizes the importance of creating continuing opportunities for dialogue and exchange with occupational therapists. As the current president and vice-president, we invite your questions, contributions and participation in the CSOS, its listserv (open to members and non-members), and upcoming symposium and workshops.

## References

- Molke, D., & Laliberte Rudman, D. (2003). Occupational science: Foundation and future. *Occupational Therapy Now*, 5, 10-11.
- Polatajko, H. J., & Davis, J. A. (2003). Sense of doing! *Occupational Therapy Now*, 5(1), 6-7.
- The Canadian Society of Occupational Scientists (n.d.). *Vision and goals*. Retrieved June 15, 2007, from <http://occupationalsciencecanada.dal.ca/OS/index.html>



Column Editor: Sandra Bressler

# The spice of life – volunteering in Mexico!

Susan Mulholland

It took me three days to learn how to pronounce “Coyotitán”, the name of the town in Mexico where I spent my vacation this year. Pronunciation became even more of a concern when it came time to catch the bus nicknamed El Gallo (The Rooster) back to Coyotitán and I struggled to tell the driver where I wanted to go!

I traveled to the very small town (pueblo) of Coyotitán in February 2007 to learn more Spanish and volunteer for two weeks at PROJIMO (Program of Rehabilitation Organised for Disabled Youth of Western Mexico). PROJIMO is a perfect match for an occupational therapist seeking a different type of holiday. I found out about this program from a student and by doing a web search. This community-based rehabilitation project, which began in 1980, is located on the edge of Coyotitán, 76 kilometers north of Mazatlán. David Werner was the American doctor originally involved with this project. He is perhaps best known for his books *Disabled Village Children* and *Where there is No Doctor*.

PROJIMO is a non-governmental (NGO), non-profit organization run by people with disabilities and focuses on offering services to disadvantaged people with disabilities. For example, wheelchairs are manufactured from scratch and provided on sliding scale funding. PROJIMO has a wheelchair, prosthesis

*“... the Spanish students come from all walks of life (not necessarily with a background in health care) and hence are also exposed to and sensitized to living, learning, and volunteering with people with disabilities.”*

and caliper workshop as well as a craft and therapy room. A Dutch occupational therapist volunteer just recently started a Snoezelen room. Twelve new computers with satellite Internet are also a recent addition. PROJIMO's programs involve working individually or in groups with various physical and mental challenges including: spinal cord and head injuries, spina bifida, amputations, paralysis secondary to polio, and developmental and cognitive delays.



Photo by Susan Mulholland

The sight on arriving at PROJIMO in Mexico.

## Changing public attitudes

PROJIMO also focuses on making positive changes in the public's attitudes towards people with disabilities. Various initiatives reflect this. For example, visits are made to smaller communities to work with school children and their parents. Through action-oriented activities the children have the opportunity to experience what it is like to be disabled. For example, a child may participate in a wheelchair race with another child with a disability (guess who wins?), or the children are put in pairs and one is blindfolded and guided by the other through the school grounds. Another activity stimulates thought regarding how to prevent accidents typically resulting in spinal cord or head injuries. Children and parents work in groups to draw a poster showing what could be done to prevent accidents such as falling out of mango trees, diving into the ocean, or being hit by a car. These sessions are very strategically designed, keeping in mind that the parents and children will return home to their pueblo and will in turn sensitize other family members and their village. I participated in two of these visits and helped out by directing activities and answering questions (a great way to practice my Spanish!). I was thrilled to see the results of the active learning and to see the parents' and students' levels of awareness increasing.

## Learn Spanish in real life setting

Another very important component of PROJIMO is the Spanish program. This program is threefold. First, people from all over the world pay to learn Spanish and live with a family. This generates revenue to support the other initiatives at PROJIMO. Second, the Spanish students come from all walks of life (not necessarily with a background in health care) and hence are also exposed to and sensitized to living, learning, and volunteering with people with disabilities. Third, the Spanish students are encouraged to volunteer in various activities at PROJIMO so they can practice their Spanish skills in a real life setting.

People learning Spanish or volunteering live with a family within the village or on the PROJIMO grounds. I lived in the village with a family of five and was very well taken care of. My accommodation was simple, clean and comfortable. However, I learnt quickly that Mexico can be very lively and at times noisy. I awoke to various sounds, including loud music, a chain saw, church bells, and roosters crowing.

Other than these morning sounds, Coyotitán is a very peaceful, clean, and traditional Mexican pueblo. There is a white church with light blue trim, a tortilla “factory”, a bus stop under a huge overarching old tree, a handful of stores, a “dulceria” (sweet store), a bakery, a town park, and a cemetery. Many of the streets are cobblestone and lined with colourful houses and bright orange and fuchsia bougainvillea draped over the garden walls.

Travel writing is never complete without a word about the “comida” (food). Breakfast, lunch and dinner were usually spent with my family. I became very fond of the tortillas, refried beans and various “salsas” (sauces) that I found waiting for me at the table. I

had the opportunity to take part in birthday celebrations, including helping to make “hot tamales” (dough, meat and vegetables wrapped in corn husks and steamed in a large pot over a fire).

## Typical day

My typical day was spent learning Spanish for two hours in the morning and two in the afternoon. I gave a helping hand and volunteered whenever and wherever I could outside of my class times. My classes were held in small groups of one to three students under the trees on the PROJIMO. Rigoberto was our teacher. Rigo is the Coordinator at PROJIMO but also a charming, bright, energetic Mexican man with a

*“... Classes were held outside under trees in the middle of the action where cars passed by, people stopped to say hello, and young girls would sell us sweet pastries stuffed with pumpkin.”*

lovely sense of humour and a natural ability to teach. Rigo came to PROJIMO a number of years ago as a young adult after a car accident that left him in a wheelchair and unhappy. He let us know how PROJIMO taught him, by example, how to live again.

The philosophy of PROJIMO is very much aligned with the theories that occupational therapists support as a profession. For example, the Spanish classes are based on the theory that language needs to be learnt within a real life environment. Classes were held outside under trees in the middle of the action where cars passed by, people stopped to say hello, and young girls would sell us sweet pastries stuffed with pumpkin. Before, between or after classes we had the opportunity to apply the Spanish in a real life setting by getting involved in activities with the people at PROJIMO.

## Ample opportunities to help

What types of opportunities are there for occupational therapists visiting PROJIMO? PROJIMO staff often seek advice and opinions of visiting occupational therapists regarding new clients and how to proceed with their treatment. I have vivid memories of helping to assess an elderly woman who could not sit comfortably

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Susan Mulholland takes a few minutes in the sun

because her hip had very limited range of motion (post surgery). The other visiting Canadian occupational therapist and I suggested ways to transfer, sit, and activities she could do to increase hip movement. There are ample opportunities to participate in the day-to-day therapies or activities of various clients. On a daily basis I had short chats with a long time PROJIMO resident (with severe cognitive and behavioural challenges due to a head injury) to provide social stimulation and orientation.

Other opportunities include teaching children with developmental challenges computer or basic life skills, designing a toy or piece of equipment with a particular therapeutic goal, or developing a handout resource for clients. And finally, by coordinating or facilitating activities such as a movie night, or outings such as going for lunch in the village or to the Saturday night disco in the town square, one is gently improving the quality of life for some of the people associated with PROJIMO.

Visiting the schools and helping with these activities is very satisfying regardless of one's background. It is also clear that a very strong positive message is sent to the school children, parents and

community when a "foreigner" is involved in these activities. In reality, a foreigner is a novelty in a pueblo and attracts curious villagers to the school to see what is going on.

Many different types of people come to PROJIMO. I felt fortunate to have my time coincide with other occupational therapists; one from Kitchener, Ontario, was there for a month and another from Holland was there for five months. We had a wonderful time sharing stories and experiences, brainstorming and traveling to Mazatlán together.

I recommend this experience to anyone with a spirit of adventure and looking for a different way to spend some holiday time. PROJIMO is only a one-hour drive north of Mazatlán where there are reasonably priced flights from Canada. The options are very flexible and very economical at \$100 US per week to stay and volunteer or \$150 US per week for four hours of Spanish classes and seven nights' accommodation with three meals per day. Weekends can be spent exploring in or around Mazatlán or in some of the smaller old mining villages or just having a relaxing weekend in the pueblo!

**For more information visit the PROJIMO website at [www.projimo.org.mx](http://www.projimo.org.mx)**



# Treating survivors of trauma in occupational therapy: Appreciating the transformation from victims to survivors

Mindy Silver

During 2003-2004, I worked at the VA (Veteran Affairs) Medical Center in New York City as a staff occupational therapist. I saw many veterans display tremendous courage and dignity in the face of serious illness and death. The veterans would retell their traumatic experiences in battle and recount the tales of their lost comrades. One described how Nazi fighters had shot down his bomber over Vichy, France, during World War II. He had parachuted out and landed in the field of a sympathetic farmer who hid him until he eventually made his way back to allied forces. He said, "I do not want to die but I am not afraid of death. I have already faced death, many times." These discussions left me with several unanswered questions: What are the long-term effects of trauma? What process enables some individuals to survive trauma and become stronger and more resilient than they were before the event? What can occupational therapists do to help survivors of trauma?

## Lingering problems with trauma

Occupational therapists treat survivors of extreme trauma, such as abuse, rape, and genocide, in all areas of practice. Though occupational therapists may not be providing direct mental health intervention, they support survivors by understanding the problems and the coping strategies that survivors develop. Long term research studying Holocaust survivors (Landau & Litwin, 2000) and Southeast Asian refugees (Mollica, Wyshak, & Lavelle, 1987; Steel, Silove, Phan, & Bauman, 2002) paints a sobering picture. Most survivors of extreme trauma reconstruct their lives and function in the areas of family and work, yet develop psychosocial or psychosomatic problems-even if they do not develop post-traumatic stress disorder (PTSD) (Spatz-Widom, 1999).

Many individuals who have survived trauma will experience lingering problems such as hypervigilance, sleep disturbances, and difficulty concentrating, as well as anxiety and obsessive thoughts, while living seemingly regular lives. For many years psychologists associated problems related to trauma-the most extreme form is classified as PTSD-as signs of an anxiety disorder. Increasingly, psychologists promote

classifying problems associated with trauma as a dissociative disorder and advance treating the disorder accordingly (Rothschild, 1998; Sar & Ozturk, 2006). It is now believed that the body also stores the memory of the trauma and to treat the trauma, one must treat the body as well.

## Response during the trauma

During traumatic events the hippocampus-the part of the brain that stores memory in time and place is inhibited and does not place the recollection of the event in the past. As a result, survivors of trauma continue to experience anxiety, dread, and intrusive thoughts as if the threat is imminent (Rothschild, 1998). Threatening events elicit instinctual and protective responses; an individual may attempt to fight, if strong enough, or flee, if swift enough, or freeze. Freezing occurs in several kinds of situations: when the flight or fight responses are impossible because the trauma occurs over a long time; when the individual is a child or has exceedingly poor coping skills; or when the threat is so immense that fleeing or reacting would not deter the threat. In the frozen state the individual dissociates-experiences a distorted reality where time slows down, and fear and pain are markedly reduced. Those who freeze at the time of the traumatic event have a tendency to develop features of dissociation later on (Rothschild, 1998).

Individuals experiencing extreme trauma or

*"... Most survivors of extreme trauma reconstruct their lives and function in the areas of family and work, yet develop psychosocial or psychosomatic problems-even if they do not develop post-traumatic stress disorder."*

suffering years of cumulative abuse will often dissociate. Dissociation entails varying degrees of depersonalization along a continuum of where individuals may forget about the event or may actually feel that the trauma is happening to someone else as they observe the event. "Depersonalization is the core clinical element of this resulting condition which is called dissociation (Sar & Ozturk, 2006, p. 17)." The affected individuals cannot reconcile what occurred to them

with their internal representation of the world. Hence, their sense of self and reality is in turmoil and flux. To protect themselves from further trauma, survivors of trauma develop maladaptive behaviors such as hypervigilance, altered sense of control and impaired concentration (Sar & Ozturk, 2006).

## Stages of recovery

Survivors recover, to varying degrees, by transitioning through three stages at different rates and in different ways. Occupational therapists should be mindful of these stages when treating clients who have experienced trauma. In the first stage of recovery, survivors establish a sense of safety and in the second stage of recovery they integrate the traumatic experience into their personal schemas. In the third stage of recovery survivors evolve by helping others, becoming activists, and transcending who they were at the time of the trauma (Rodríguez Vega, Fernández Liria, & Pérez, 2005). This is not to say that all survivors recover by embracing a cause or advocating on behalf of other victims. People heal in varied ways and some choose more private avenues (Victim Services, 1998). Survivors seek help through psychotherapy and support through relatives, friends, mentors, and other survivors. Psychotherapy frames the experience in a specific time and place and encourages survivors to accept what has happened.

## Renewed sense of self

Survivors of extreme trauma recover most advantageously by creating a renewed sense of self. They feel a connection to the person they were before the trauma, but they also feel that they have evolved (Rodríguez Vega, Fernández Liria, & Pérez, 2005).

Survivors describe how helping others and developing self-awareness contribute to the formation of a stronger and more resilient identity (Mai & Cuny, 2006).

In *Elegy for a disease: A personal and cultural history of polio* (2006), a poignant account of surviving polio and a history of physical abuse by her father, Anne Finger at 53 looks back at her younger self and says, “I look back on that

Anne of 19 and 20. . . . Time has given me such a vantage point it feels right to talk about myself in the third person, a self so different she might well be

another. I can lay out . . . what was going wrong in the psyche of that troubled young woman.” (p. 246)

Mukahatar Mai describes her remarkable transformation from an illiterate peasant woman to an activist for human and women’s rights in her book *In the Name of Honor* (2002). Mai describes her remarkable transformation from an illiterate peasant woman to an activist for human and women’s rights. Mai was gang-raped by a local clan in retaliation for her 12-year-old brother’s alleged indiscretion with an older woman in the village of Meerwala, Punjab (a region in Pakistan). At the age of 30, Mai found the fortitude to fight for justice in the courts and was awarded compensation by the Pakistani government—a historic settlement in 2002. She has subsequently opened separate schools for boys and girls in her village and has become a tireless advocate for children and women in Pakistan. Mai champions the value of self knowledge and of finding a higher calling: “The most important thing I’ve discovered is self knowledge: the knowledge of oneself as a human being. I have learned to exist and to respect myself as a woman. . . . A stalk of wheat beaten down by a storm can spring up again, or rot where it lies. At first I stood back up alone, and gradually I realized that I am a human being with legitimate rights.” (p. 111)

## Helping others

Why does helping others facilitate healing? Helping others resurrects trauma survivors’ sense of self and worth. Though many trauma survivors do not suffer from a clinical diagnosed PTSD, many continue to experience higher levels of anxiety and internal preoccupation than prior to the event. Believing in something larger than oneself allows transcendence to occur (Summerfield, 1995). When survivors help others and engage in activism, they transcend who they were at the time of the trauma and construct a new identity that is untouched and untainted by the trauma. Survivors perform actions on behalf of others and not on behalf of their damaged or violated selves, which in their mind may be too fragile or unworthy (Sar & Ozturk, 2005; Victim Services, 1998).

Altruistic activities allow survivors to regain a sense of power by becoming agents of change. Constructive action undoes the damage of victimization. People are victimized when they are powerless to avert the traumatic threat. Helping others and engaging in activism channels the rage or powerlessness survivors may experience. Activism also provides survivors with an answer to the age-old question of “why me?” (Summerfield, 1995; Victim Services, 1998).

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## Role of occupational therapists

When all is said and done, how can occupational therapists help survivors of trauma in their quest for healing and renewal? Knowledge is power. Occupational therapists may be aware that they are treating survivors of extreme trauma by reviewing their clients' medical charts and through interviews. In many instances, survivors will not offer this information and nor will their medical records reflect their history of trauma. However, clients may refer to their trauma in passing while they are being treated. Once therapists are aware that their clients are survivors of extreme trauma, they should monitor their clients' psychosomatic and psychological complaints, and relay complaints to the treatment team. Occupational therapists should also consult the team to determine which stages of recovery clients are in. In the early stages of recovery, it is critical not to overwhelm or place stressful demands on clients. Progress may have to be sacrificed for the sake of the clients' emotional well being.

Once clients appear to have somewhat integrated the trauma and reach out to others, occupational therapists can support the renewal process by recognizing survivors' small acts of consideration during a session. If a survivor holds the door open for a fellow client, thank the survivor. If survivors disclose that they want to volunteer or become involved in a cause, help them and support them. Ask them if they need assistance to look up resources or organizations dedicated to that particular cause. If survivors already volunteer and wish to discuss their activities, validate their actions. And most important of all, treat survivors of trauma with respect. Extreme trauma depersonalizes its victims and negates their humanity while respect reinforces and upholds their individuality and legitimate rights.

## References

- Finger, A. (2006). *Elegy for a disease: A personal and cultural history of polio*. New York: St. Martin's Press.
- Landau, R. & Litwin, H. (2000). The effects of extreme early stress in very old age. *Journal of Traumatic Stress* [Electronic Version], 13 (3), 473-487. Retrieved October 4, 2007 from <http://www.springerlink.com/content/v1678832751050jq/>
- Mai, M. & Cuny, M.T. (2006). *In the name of honor: A memoir* (L. Coverdale Trans.). Paris: Oh! Editions.
- Mollica, R., Wyshak, G., & Lavelle, J. (1987). The psychosocial impact of war trauma and torture on Southeast Asian refugees. *American Journal of Psychiatry*, 144, 1567-1572.
- Rodríguez Vega, B., Fernández Liria, A., & Pérez, C. B. (2005). Trauma, dissociation, and somatization. *Anuario de Psicología Clínica y de la Salud: Annuary of Clinical and Health Psychology* [Electronic Version], 1, 27-38. Retrieved March 5, 2007 from [http://www.institucional.us.es/apcs/doc/APCS\\_1\\_eng\\_27-38.pdf](http://www.institucional.us.es/apcs/doc/APCS_1_eng_27-38.pdf)
- Rothschild, B. (1998). Post-traumatic stress disorder: identification and diagnosis. *Soziale Arbeit Schweiz, the Swiss Journal of Social Work*. Retrieved February 27, 2007 from <http://www.healing-arts.org/tir/n-r-rothschild.htm>
- Sar, V. & Ozturk, E. (2005). What is trauma and dissociation? [Electronic Version] *Journal of Trauma Practice*, 4 (1/2,) 7-20.
- Sasson, R. (2006). *Peace of mind tips and advice*. Retrieved February 28, 2007 from [http://www.successconsciousness.com/peace\\_mind.htm](http://www.successconsciousness.com/peace_mind.htm)
- Spatz-Widom, C. (1999). Posttraumatic stress disorder in abused and neglected children grown up. *American Journal of Psychiatry*, 156, 1223-1229. Retrieved March 2, 2007 from <http://ajp.psychiatryonline.org/cgi/content/full/156/8/1223>
- Steel, Z., Silove, D., Phan, T., & Bauman, A. (2002). Long-term effect of psychological trauma on the mental health of Vietnamese refugees resettled in Australia: a population-based study. *Lancet*, 360, 1056-62. Retrieved March 1, 2007, from [http://image.thelancet.com/extras/01art\\_9374web.pdf](http://image.thelancet.com/extras/01art_9374web.pdf)
- Summerfield, D. (1995). Addressing human response to war and atrocity: Major challenges in research and practice and limitations of western psychiatric model. In R. J. Kleber, C. R. Figley & B. P. R. Gersons (Eds.), *Beyond trauma*. New York: Plenum Press. Retrieved August 9, 2007 from [http://www.torturecare.org.uk/clinical\\_bibliography/203](http://www.torturecare.org.uk/clinical_bibliography/203)
- Victim Services (1998). *From pain to power: Crime victims take action*. Retrieved March 5, 2007 from <http://www.ojp.usdoj.gov/ovc/publications/infores/fptp/welcome.html>

# Update from the COTF



CANADIAN  
OCCUPATIONAL  
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*To fund scholarship and research*

## Upcoming Competitions

**Deadline: February 28, 2008:**

- COTF Research Grant
- J.V. Cook and Associates Qualitative Research Grant
- Roulston / COTF Innovation Award
- SickKids Master's Scholarship - \$5,000 (COTF is partnering with SickKids whereby each organization is offering \$2,500 towards this scholarship – last time being offered!)

## Other Awards

- Travel Awards partnership between COTF and CIHR (deadlines March 1, June 1, October 1)
- Studentship partnership between COTF and CIHR's Institute of Aging

For details and application forms, see the Awards section at [www.cotfcanada.org](http://www.cotfcanada.org).

## Congratulations to the 2007 COTF Research Grant Competition Winners

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

Mary Egan	Annette Majnemer
Sandra Hodgetts	William Mortenson
Heidi Lauckner	

## Marita Dyrbye Mental Health Award

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

Brenda Vrklijan

## J. V. Cook & Associates Qualitative Research Award

Danièle Michel

## Fast and easy fundraiser

Take a tip from the service clubs. If someone has to leave early from a meeting or workshop, as a courtesy to the organizers and speaker, ask them to make a donation to the COTF. The donation doesn't have to be much, but it can add up. The UBC Department of Occupational Science and Occupational Therapy used this strategy at their Occupation, Participation and Disability Workshop held in early May. The workshop was so successful, few participants left early but a few funds were raised and every bit helps!

## Remember to update your COTF contact information

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

## Your support counts!

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

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### CAOT LEARNING SERVICES

#### Self-employment workshop: Are you self-employed or thinking about it?

A lunch-time learning web-based workshop:

Session B

Thursday November 15, 2007

Thursday November 22, 2007

Thursday December 6, 2007

Speakers: Bradley Roulston, BA, CFP, CLU, RHU

Hilary Drummond, B.Sc OT

Contact: Education Administrator, CAOT

Tel: 1-800-434.2268 ext. 231

Fax: (613) 523-2552

E-mail: education@caot.ca

#### Myofascial Release Seminars Cervical-Thoracic Myofascial Release

November 2, 3, 4, 2007, Las Vegas NV

Instructor: John F. Barnes, PT

Contact: Sandra C. Levensgood

222 West Lancaster Avenue,  
Paoli, PA 19301

E-mail: paoli@myofascialrelease.com

Web site: www.myofascialrelease.com

#### Canadian Healthcare Association

#### Risk Management and Safety in Health Services

Course starts every September.  
Continuous Quality Improvement  
for Health Services

Course starts every September.

Modern Management

Correspondence course

September 2007 - April 2008

Contact: Cheryl Teeter, Director

CHA Learning, 17 York Street,  
Ottawa, ON, K1N 9J6

Tel: (613) 241-8005, ext. 228

Fax: (613) 241-5055

E-mail: cteeter@cha.ca

### WEB-BASED DISTANCE EDUCATION

#### Post Professional Graduate Programs in Rehabilitation Sciences

University of British Columbia  
and McMaster University

Courses offered twice a year in  
September to December & January  
to April.

Courses: Evaluating Sources of  
Evidence, Reasoning, Measurement,  
Developing  
Effective Programs, Facilitating  
Learning in Rehab Contexts.

Graduate certificate is granted  
after completion of 5 courses. These  
courses can be applied to Master's  
programs at each university, if the  
candidate is eligible.

Contact: info@mrsc.ubc.ca

Tel: (604) 822-7050

Websites: <http://www.mrsc.ubc.ca>  
or [www.fhs.mcmaster.ca/rehab/](http://www.fhs.mcmaster.ca/rehab/)

#### Dalhousie University Series Advanced Research Theory and Methods for Occupational Therapists (OCCU 5030)

January - April 2008

Instructor: Dr. Grace Warner

#### Program Evaluation for Occupational Therapists (OCCU 5043)

January - April 2008

Instructor: Jocelyn Brown

Identity and Transitions (OCCU 5040)

Spring/Summer 2008

Instructor: Jocelyn Brown

Contact: Pauline Fitzgerald

School of Occupational Therapy,  
Dalhousie University, 5869

University Avenue, Forrest Bldg,  
Room 215, Halifax, NS, B3H 3J5

Tel: (902) 494-6351

E-mail: p.fitzgerald@dal.ca

#### McGill University School of Physical and Occupational Therapy

Graduate Certificate in Assessing  
Driving Capabilities

Registration deadline for winter  
term admission is October 1, 2007

- \* POTH-673 Screening for at Risk Drivers (winter)
- \* POTH-674 Assessing Driving Ability (summer)
- \* POTH-675 Driving Assessment Practicum (fall)
- \* POTH-676 Adaptive Equipment and Driving (winter/spring)
- \* POTH-677 Retraining Driver Skills (summer/fall)

Tel.: (514) 398-3910

E-mail: admissionsmcgill.ca

Website: <http://www.mcgill.ca>

For more information about CAOT endorsement, e-mail [education@caot.ca](mailto:education@caot.ca) or  
Tel. (800) 434-2268, ext. 231