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OCCUPATIONAL THERAPY NOW

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"These hoops were hand made by a Calgary based woman (Shirley Hill) from Siksika Nation. They were lined up in a playground during a community event where she taught over 100 preschoolers hoop dancing. The vibrant colours and different patterns celebrate diversity, inclusivity, and respect for maintaining traditional arts and crafts."

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So long, farewell, auf wiedersehen, au revoir: Post-presidency reflections

Catherine Backman

I'm writing this reflection on a beautiful, sunny July day, wondering what to expect in November when it's in print (besides grey skies). When I started my term as president of the Canadian Association of Occupational Therapists (CAOT), I was open to the unexpected, but a global pandemic was not at all what I visualized. Here, I will share some thoughts about the past two years and express my thanks for an extraordinary learning opportunity.

In 2018, I stepped into a well-established president's routine, chairing the Board of Directors, participating in meetings and events, and representing CAOT in international activities. There was some excitement about refreshing our strategic directions and recruiting a new chief executive officer (CEO). We had a renewed commitment to co-construction and collaboration within and beyond the association and I was looking forward to several partnerships. Building on the legacy of the guidelines for client-centred practice and Enabling Occupation books, the CAOT Board of Directors approved a proposed "sequel"—a new foundational text to guide occupational therapy in Canada into the future. To advance intentions expressed in prior reflection days and a Professional Issues Forum, the Board established a Truth and Reconciliation Task Force to draft an action plan to take crucial steps along the path to reconciliation. As part of its commitment to developing governance skills and knowledge among its members, in the fall of 2019, the Board engaged in the *Blanket Exercise*, inviting the Canadian Occupational Therapy Foundation Board and staff members from both organizations to join us in learning more about Canada's colonial history of Indigenous Peoples and settlers. With the Association of Canadian Occupational Therapy Regulatory Organizations and the Association of Canadian Occupational Therapy University Programs, we began collaborating on a single competency document (https://www.corecomcanada.com) for occupational therapists in Canada. These are just a few examples. Like most of us, CAOT had a full schedule, a long to-do list, and a desire to preserve little pockets of time for creative thinking and seizing strategic opportunities.

And then, 2020 happened. Activities were delayed, revised, abandoned, or newly created in response to COVID-19 and its consequences. The Board had emergency meetings in March in response to a rapidly changing environment (making the annual conference virtual and cancelling all in-person events were early decisions) and extra meetings in June to manage our governance responsibilities. Our staff members were figuring out ways to sustain many taken-for-granted activities, from exams and accreditation to professional development and practice supports, within the constraints of public health advisories. Time was distorted; weeks sometimes felt like months, and almost everything was urgent. When someone referred to February as more than a year ago, I knew my warped perception of time was a shared experience. I often wondered if we were choosing to do the "right things" in unprecedented times. There was no playbook for 2020.

This was also a time to shine a light on occupation and health. Rarely have so many people, worldwide, been talking about their occupations. We're seeing occupational disruption on a grand scale; the pandemic is an environmental upheaval pushing us to do things differently. Many occupational therapists have taken this opportunity to teach others about the central role of occupation in health and wellbeing and developed resources for their clients, communities, and the public about ways to adapt occupations or explore new ones; offered commentaries in local media; and shared ideas around practicing remotely. CAOT contributed to and collated some of these resources (see the *COVID-19 page* and the related page about *how occupational therapists are essential to mental health*). The "patient partners" I follow on social media shared insightful observations regarding how the "temporarily abled" majority was learning to deal with uncertainty, social isolation, work accommodations, and other challenges familiar to those living with disabilities or chronic illness. Many of them hope that increased telehealth services and working from home, among other ways of doing activities differently, are a permanent legacy of the pandemic that can be part of the journey toward achieving access and justice.

Efforts to control the spread of COVID-19 lifted the curtain covering systems gaps and unmet needs about which CAOT could speak up. I was saddened by the exclusion of family caregivers from long-term care settings, knowing it meant occupational deprivation and loneliness for residents. It was heartbreaking to read reports by the military teams called upon to assist with residential care in Ontario and Quebec, and we know underlying workplace issues were inadequately addressed long before the pandemic. Among CAOT's advocacy efforts was urging the federal minister responsible for seniors to ensure an adequate staff mix, including occupational therapists and occupational therapist assistants, to support quality long-term care.

The headlines about long-term care were immediately followed by the escalation in anti-racism protests and demonstrations in support of Black Lives Matter. Many members emailed CAOT with requests, ideas, and offers of help, and many different opinions were expressed regarding expected actions. Some correspondents shared their experiences as racialized occupational therapists and others spoke out about health

disparities experienced by clients and communities. Our organization and profession are fraught with examples of unintentional racism, despite commitments to uphold justice and equity. As CAOT works toward dismantling its own structures and systems that contribute to racism and oppression, addressing injustice and advancing equity is front of mind in current activities, including those mentioned above: Board development, the *Enabling Occupation* sequel, the reconciliation action plan, and the competency project. Small actions are also underway, such as reviewing our policy for honoraria to better enable members of racialized or marginalized communities to participate in our work.

COVID-19 is the public health crisis that led governments to declare a state of emergency, yet racism is a longstanding public health crisis. So is opioid use. And so is poverty. These crises are not unrelated. The post-pandemic recovery phase will be long and need occupational therapy; there is a large and inequitable impact on people as communities reopen and reinstate occupational opportunities. Bit by bit, we are strengthening our capacity to influence policy makers and empower occupational therapists to take a leading role in the systems thinking and design thinking processes needed to resolve these crises. For example, through the Health Action Lobby (HEAL), CAOT stands alongside other health professions in regular conversations with the federal health ministry on tackling these intersecting problems.

The pandemic and its consequences have placed unrealistic expectations and stressors on some of our members, staff, and volunteers, leaving few options for pacing, delegating, or sharing the load. This experience extends to colleagues, family, friends, and clients, and probably to people with whom we briefly connect at the local grocery store or coffee shop. It calls for kindness. Everyone was and is doing their best, and sharing a small kindness or expression of compassion is the least we can offer each other.

I'm grateful to everyone who paddles together to keep CAOT moving toward excellence in occupational therapy. Our staff members are dedicated and proud of our profession. The CAOT Board of Directors is an outstanding group of volunteers; I'm deeply appreciative of their support, and I've enjoyed a wonderful partnership with our CEO Hélène Sabourin. The president's pin has passed to the capable leadership of Giovanna Boniface. The pin has travelled the world on many lapels, just not in 2020! For me, volunteering has always been a tuition-free education in leadership and a source of lifelong friendships; my time as CAOT president has been immensely rewarding in terms of both learning and connecting. Thank you.

About the author

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Successful collaboration between occupational therapists and home renovators

Millicent Close, Marnie Courage, and Julie Lapointe

Home modifications are environmental interventions that aim to support performance and engagement in meaningful activity, as well as living in place in one's home. They can be approached as an interdisciplinary team effort comprising of contractors and construction professionals, health care professionals like occupational therapists (OTs), and even architects and interior designers. OTs play a vital role in supporting the safety and wellbeing of clients in the home, and they can do so in consideration of both current and future needs.

There is a fast-growing senior population in Canada, which is accompanied by an increase in the prevalence of age-related disability (Statistics Canada, 2018). Due to this prevalence, we believe there are numerous opportunities for OTs to be leaders in enabling occupation through tailor-made home modifications. We also feel there is a great need to raise awareness about the unique role of occupational therapists in the home modifications field, as well as to increase access to our services. It is estimated that nearly one in three older adults experiences a fall each year, which costs the health care sector an estimated $2 billion annually (Canadian Patient Safety Institute, n.d.; Statistics Canada, 2018). OTs can help make the current housing stock more accessible and suited to aging in place (Canadian Patient Safety Institute, n.d.; Statistics Canada, 2018). In 2018, the Canadian Association of Occupational Therapists (CAOT) initiated concrete actions to advance the profile of OTs through establishing its Home Modification Task Force, selecting home modification as one of its 2019–2022 Strategic Priorities (CAOT, 2019), and becoming a regular member of the Canadian Home Builders Association (CHBA) Home Modification Council (CHBA, 2019).

At the October 2019 CHBA Home Modification Council meeting, the CAOT representative interviewed three home renovation contractors to get their experiences and perspectives on working with OTs for their home modification projects. This short article presents their spontaneous insights regarding this collaboration.

Ensuring clients' needs are met

Over his last seven years working in the accessibility space, and more than three decades in the construction industry, Peter Hache has been involved in many home modification projects, from homes for people planning for their retirement to those for people recovering from traumatic injuries. Hache mentioned that, when there is not an OT already involved on the team, he makes every effort to involve one with whom they can collaborate. He notes that having an OT on the team ensures quality modifications that align most closely with the needs of the client.

This comment was echoed by Pat Acquisto, a contractor who has been carving a path as an industry leader in accessible construction over the last 15 years: "[T]he reason I rely on [OTs] is because they have the medical understanding which paints a picture of the client's limitations… With OTs, we help design a unique, accessible, and safe environment." Acquisto has worked with a broad spectrum of clientele over his years in accessible construction, including people recovering from traumatic accidents and people with progressive and degenerative conditions. He discussed how individuals with progressive and degenerative disorders often want to retain the maximum amount of function for as long as possible, and how collaboration between contractors and OTs is integral to achieving this goal. "[M]y knowledge of the medical aspects of clients' needs is limited. It's based only on my years within the industry… I've never received any medical [training], so we rely on OTs to bring that [perspective] to the table," said Acquisto. He continued on to say that having an understanding of the client's condition is essential to designing modifications that will support them through various stages of their life.

Without an OT's input on home modification teams, Hache said, it is easy to fall into a pattern of simply implementing whatever ideas are presented to the construction team, without holistic consideration of the client's restrictions. Hache also mentioned how contractors and builders have the industry knowledge and problem-solving skills to manifest the modifications to the home, but lack the insight into how people interact with this environment, both physically and psychosocially. "[T]hat is where we absolutely need an OT," said Hache.

Hache's advice for fellow contractors looking to get involved in accessibility and home modifications is to understand the space, understand the people, and understand that every home, every job, and every client, is a unique situation. Similarly, Acquisto advises his peers to keep an open mind, citing how, in his experience, he's been able to build the proper modifications for clients' needs, but he wouldn't have been able to do so without the occupational therapy perspective.

The contractors all agreed that OTs bring important expertise to home modification discussions, and the people who end up benefitting are not just the clients, but the contractors as well. Each contractor was easily able to recall a time they worked with an OT on their home modification team, and how the OT's involvement was essential to meeting the needs of their client and achieving the optimal outcome. One such example was given by Hache, as he discussed a client who had lost the use of a leg. When Hache and his team first arrived, the client's initial and primary concern was that they weren't able to use the restroom

in the house. After bringing an OT in to assess the space, the team made changes so the client could access the bathroom and independently use the shower and toilet. Through their collaboration with the OT, Hache's team also made structural changes to other areas of the home to best support the client's occupational goals and improve their quality of life.

Planning for current and future needs

The desire to implement modifications that will support clients' current and future needs was echoed by Foti Hatzidemetriou, another contractor with more than three decades of experience in the construction business, as well as a background in architecture and design: "We want to create an environment in which [clients] can live longer in their home and in their community." Hatzidemetriou told us about a client who wanted to return home after being discharged from the hospital, but whose home was not conducive to his new mobility challenges. With the contribution of an OT, Hatzidemetriou's team was able to improve the home's accessibility without creating an institutionalized atmosphere: "working closely with an OT gave us a clear picture of the [client's] condition and how it could either improve or deteriorate over a period of time. We were able to establish some parameters for the design and come up with solutions that satisfied the client's needs." Hatzidemetriou also discussed how guidelines and recommendations for installations are only a part of the solution, and how he has witnessed that clients themselves often aren't able to predict what their accessibility needs will be in the distant future. Planning for the client's future needs is indeed an aspect that an OT could provide in a home modification project.

Collaboration is essential

It is clear for these three contractors that multi-professional collaboration, including OTs, is essential in adapting the existing housing stock to suit people with accessibility needs. OTs are unique in that they utilise models such as the Person-Environment-Occupation Model (Law et al., 1996) to develop their holistic understanding of all intrinsic, personal factors that might impact a person's capacity, as well as any extrinsic, environmental factors such as the built structures. OTs can then use that understanding to build customized plans for each client to maximise occupational engagement, which sometimes necessitates making modifications to the home environment. On interdisciplinary teams, occupational therapists bring their expertise of client needs, and contractors then bring their vital industry knowledge to the table and concretely implement the home modifications. Hatzidemetriou, Hache, and Acquisto all agreed that an optimal home modification plan needs interdisciplinary input from people with a variety of backgrounds in order to serve the clients best. These complementary collaborations will be essential as more and more Canadians opt to age in place and remain active in their community.

Professional Development Resources

CAOT recognizes the great opportunity for OTs to join home modification teams across the country and has thus developed a fact sheet to support OTs in promoting their contribution to home renovators and clients (CAOT, n.d.). Multiple professional development initiatives are also available through CAOT to enhance OTs' capacity and expertise in practice areas such as home modifications and home assessments. More information about upcoming professional development offerings can be found on the CAOT website (caot.ca).

Finally, optimal collaboration cannot be possible without ensuring that partners are delivering services according to the best standards of practice. In order to support OTs in engaging with contractors that are upholding the best work ethic in the industry, CAOT has published a Contractor Questionnaire that covers the aspects of the contractor's certification, liability insurance, and provision of referral. The questionnaire can be consulted on the CAOT website.

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FIELDWORK AND EDUCATION

AD-HOC EDITOR: KALA SUBRAMANIAM

Occupational therapy and artists' health: A role-emerging fieldwork experience

Mallory Cole

The Al & Malka Green Artists' Health Centre at Toronto Western Hospital in Toronto, Ontario, is a multidisciplinary clinic offering specialized health care services to professional artists, including dancers, painters, writers, and actors. It is the only one of its kind in Canada. Artists visit the clinic for many reasons, from physical health limitations such as frozen shoulder to mental health concerns like depression. The clinic employs a variety of health professionals including physiotherapists, naturopaths, nurse practitioners, and social workers. The clinic does not currently have an occupational therapist on its team.

In the spring of 2019, I took part in a role-emerging placement at the Artists' Health Centre for a fieldwork placement in the Master of Science in Occupational Therapy (MScOT) program. At the University of Toronto, role-emerging placements occur with organizations that do not presently employ an occupational therapist but could benefit from one. I embarked on a project that explored how the clinic could benefit from adding an occupational therapist to its team. Overall, this experience developed my confidence in advocating for the profession and pushed the limits of my knowledge of our scope of practice. This placement helped me realize that occupational therapists are well suited to less traditional roles and are an asset to any team.

Developing the role

First, I identified the unique health concerns of artists and determined if they overlapped with the scope of occupational therapy. I went about this in multiple ways, including by reviewing medical journals that explore artist health and interviewing artists, artist organizations, and occupational therapists who work with artists in Canada. I found that the health needs of artists are diverse. The artists I interviewed described various health issues pertaining to their work, including concussions, focal dystonia, thoracic outlet syndrome, and sleep issues. Many described how the competitive culture of the arts and the intense demands of their schedules contributed to their anxiety and depression. This demonstrated to me that the health needs of artists are varied and specific to their crafts.

Next, I posited that occupational therapists as uniquely well positioned to address the health needs of artists. Occupational therapy encompasses a broad scope of practice that targets client challenges on multiple levels. For artists, this means we can explore everything from finger flexion to dancing ballet (Guptill, 2014). Attending to the core domain of occupation, we identify barriers to participation with clients and collaborate with them and the rest of the health care team to find solutions. However, three key attributes that distinguish occupational therapists from the other health care practitioners at the Artists' Health Centre are the importance we place on the role of identity in occupation; our understanding of the interaction between the person, the occupation, and the environment; and our expertise in enabling our clients to engage in whatever is meaningful to them.

A major aspect of working with artists is appreciating that their artist identity is intertwined with their artistic work. Many artists shared that they have had negative interactions within the traditional health care system, such with as doctors advising them to quit their artistic practice if it is impacting their health. They noted how this made them feel at odds with who they were, as leaving their art would mean much more than just quitting a job to them—art is a core piece of their being. As a student occupational therapist, I recognized that clients are at their best when they can engage in what is meaningful to them and central to their identity. Therefore, an occupational therapist working with an artist could aim to support the continuation of their engagement in art through multiple avenues, such as adapting their physical environment, coaching them in mindfulness techniques, providing education on budgeting techniques to manage their finances, or engaging in behavioural activation to manage depression.

Occupational therapists have unique skills to assess and adapt the environment to better suit the needs of our clients. Few other health care professions consider how the environment, including physical, social, economic, and institutional dimensions, can constrain or enhance the human potential to engage in activities. I saw how artists were affected by the environment in multiple ways. For instance, the economic environment constrained many artists, as they did not earn an adequate living from their art alone and had to find occupational balance while holding multiple paid jobs. On the physical level, engagement was enhanced when the ergonomics of an artist's workspace were assessed to determine constraints and benefits to their work and subsequently altered appropriately. In the social and institutional realms, an occupational therapist might assist an artist client in self-advocating and connect them to community

resources. An occupational therapist may consider and address all these aspects of the environment in their work with a client.

Enabling a client to identify and work on what is meaningful to them allows them the autonomy to direct their health care while helping them to feel supported. Artists come to the centre with very specific concerns. I saw how artists were sometimes resistant to certain suggestions from health care practitioners that didn't align with their lifestyles or routines—or they were perhaps not ready for change at that time. The guitarist with back pain refused the suggestion to take breaks during his sets, as he stated this was something he simply would not do. I viewed this refusal as an opportunity to reflect on how intimately connected artists are to their craft and to the way they perform their occupational routine, as well as how they might not be ready for a major change. These reflections helped me to appreciate that artists require a client-centered approach in which they truly guide and lead the problem solving and find solutions that work for their lives.

Presenting the role

My final presentation to the centre featured two case studies that demonstrated how an occupational therapist would work with artists and be a distinct addition to the team. The first case focused on the management of hand and wrist impairments in visual artists—in this example, carpal tunnel syndrome—through the fabrication of orthoses. This approach was combined with education on carpal tunnel syndrome, suggestions for postural adjustments, ergonomic recommendations for the work environment, and education on structuring breaks throughout the day. This approach to carpal tunnel syndrome is unique to occupational therapy, as education on orthosis fabrication and joint protection strategies is part of our entry-to-practice training, and such services are offered by few other health care practitioners.

The second case focused on strategies to assist a musician in optimizing their daily routine. This involved prioritizing private rehearsal time, focusing practice sessions on certain aspects of a musical piece, and implementing the use of timers. The intervention also incorporated the concept of mental detachment. Mental detachment might involve a musician avoiding thoughts about music when taking a prolonged break from their physical practice. An occupational therapist would educate the client on strategies, such as distraction through leisure activities unrelated to music and use of mindfulness techniques, to detach from their practice. In a study by Balk, de Jonge, van Rijn, and Stubbe (2018), dancers who mentally detached from dance were less bothered by negative emotions and feelings toward dance in their free time. Lastly, I explained that an occupational therapist could assess and support the creation of an adequate balance of activities in the client's life. This could be addressed through exploring non-musical hobbies with the client using an interest checklist. Analysis and adaptation of daily routine is a key area in which occupational therapists are uniquely skilled.

Key lessons learned

This placement was very different from the traditional occupational therapy fieldwork placements in which I have engaged. In a role-emerging setting, a student is generally expected to be a self-starter and work independently, and this was certainly my experience. I engaged with my social worker preceptor at the centre; however, meetings, interviews, and project work were all self-directed. It was a new experience to not have an occupational therapist preceptor on whom to rely. This pushed me to solve problems and answer my own questions, which built my self-efficacy and confidence in my abilities. While I didn't have a caseload of clients or engage in typical occupational therapy assessments, I learned valuable skills in time management, professionalism, and seeking feedback, all of which will be crucial in my future practice.

This placement also helped me develop my abilities as an advocate for the profession, which was personally impactful. When entering the MScOT program, I and many of my classmates struggled to explain exactly what it is that occupational therapists do. Our scope is so broad that it can be difficult to encapsulate our work with simple examples. This placement forced me to learn how to describe the profession to those unaware of it and to communicate the potential role of occupational therapy with artists specifically. I learned how to advocate for the profession through educating myself on our scope and its application with artists, which broadened my knowledge of the profession. I learned how to present occupational therapy as a distinct profession that wouldn't overlap with, but instead complement, the existing health care practitioners at the centre.

Role-emerging placements provide invaluable learning experiences related to advocating for the profession, building skills in time management and professionalism, and expanding students' conceptions of the scope of practice of occupational therapy. Occupational therapy need not be confined to traditional settings or client populations. We can serve more people than we might think—it just takes a bit of exploration and creativity.

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OCCUPATIONAL THERAPIST ASSISTANTS

TOPIC EDITOR: ERIN MOERMAN

For inclusive and safe outdoor activities: A training for support persons of people with disabilities

Fanny Boucher Lefaivre, Anick Sauvageau, Hélène Carbonneau, Marc St-Onge, and Valérie Poulin

Outdoor activities provide many benefits to people with and without disabilities (Daniels et al., 2017; James et al., 2017). Engaging in meaningful occupations, such as outdoor recreation, can be problematic if the available support is not appropriate for the needs of a person with disabilities, as injury can occur (Burns & Graefe, 2007). As such, appropriate training for support persons is essential to promote their use of safe behaviours so that a person with a disability can be safe during a particular activity (Daniels et al., 2017). However, very little evidence exists as to what this training should include and how this knowledge could be best implemented by community-based organizations providing outdoor activities. To address this knowledge gap, an innovative training entitled *Pour un plein air inclusif et sécuritaire* [For inclusive and safe outdoor activities] was created through a collaborative process involving researchers and students from the Department of Occupational Therapy at the Université du Québec à Trois-Rivières (UQTR) and the *Association québécoise de loisir pour personnes handicapées* (AQLPH), a community-based organization promoting leisure participation for people with disabilities. The project's objective was to develop a training method aimed at promoting safe behaviour for support persons of people with disabilities during outdoor recreation activities. Ultimately, the goal was to enable participation in safe and inclusive outdoor activities for both support persons and people with disabilities, which is congruent with occupational therapists' values and roles in health promotion and prevention (Canadian Association of Occupational Therapists [CAOT], 2012). The target audience for this training program initially consisted of managers of recreation programs and outdoor guides who want to improve their services or to offer new adapted outdoor activities. This training might also be relevant to support personnel who support occupational therapists, including occupational therapist assistants (OTAs), in delivering services in various community-based and emerging practice contexts. The overall process was guided by the steps of the Knowledge to Action Framework (Graham et al., 2006), which explains the process of translation of new knowledge to its implementation in a practice setting, as described hereafter.

1. Identify problem and identify, review, and select knowledge

Having identified the problem of a lack of an evidence-based training program for those who assist individuals with disabilities to engage in recreation, enabling support persons to adopt safe behaviours and decrease risk of injury, an interdisciplinary team worked together to clarify the problem and to develop the training according to the knowledge users' needs. The team included occupational therapists, student occupational therapists, recreation therapists with expertise in inclusive leisure, and the AQLPH project manager. As first steps, this team conducted consultations with experts in adapted recreation (n=3) and a literature review to identify crucial factors that must be considered when accompanying people with disabilities in outdoor activities; these measures enabled the team to identify the problem and to clarify the knowledge required to address it. The identified problem is that adequate training for support persons is essential to promote safe behaviour when supporting people with disabilities in outdoor activities and that there is no such training to date. The necessary knowledge selected included appropriate methods and equipment for transferring and moving individuals and recommendations to decrease the risk of falls or injuries.

2. Adapt knowledge to local context and assess barriers to knowledge use

To adapt the training according to the knowledge users' needs and local context, the team undertook several steps. The local context encompassed services supporting engagement in adapted outdoor activities in Quebec, Canada. The team conducted the following: interviews with experts in adapted recreation (n=4) and people with disabilities (n=8) to learn about their experiences in outdoor activities in Quebec and to guide the selection of the targeted outdoor activities for the training; a literature review and consultation of experts regarding existing practices around the world considered to be benchmark safe practices; and risk analyses specific to the outdoor activities targeted for the training program. Then, recommendations that were adapted to varying

levels of functional autonomy and to four outdoor activities were elaborated upon prior to the process of tailoring the intervention.

3. Select, tailor, and implement interventions

In this step, a program was developed in lieu of an intervention. Four student occupational therapists under the supervision of a professor of occupational therapy (and co-author of this article) participated in the initial development of the learning activities of the training program. The occupational therapy team held frequent meetings with AQLPH team members to discuss the content and to improve the learning activities according to their feedback. Now complete, the program includes six modules, with information on preparation for activities and transfers, as well as specific content related to four targeted outdoor activities: canoeing/kayaking, using a Joëlette or trekking chair (an all-terrain one- or two-wheeled chair that enables a person with disabilities to go hiking with the help of at least two support persons), cycling, and rock climbing. The objectives of the modules are: to increase awareness of the possibilities and the capabilities of people with disabilities to engage in outdoor recreation; to enable support persons to adopt safe behaviours; and to educate regarding adapting equipment according to the specific needs and abilities of a person so that they can engage in the activity. The program is offered in small-group format (with a maximum of 10 people) to foster active learning and group discussions. It involves both theoretical and practical aspects, and it emphasizes active participation followed by feedback. Learning activities consist of roleplay in small teams, group discussions, and hands-on practice (e.g., assisting a person with disabilities in transferring from a wheelchair to a kayak). The training also emphasizes reflection and problem solving in order to guide participants to think and to identify the best solution or method to be used depending on the characteristics of the environment, the specific outdoor activity, and the person who wants to engage in this activity.

4. Monitor knowledge use and evaluate outcomes

The next steps were to offer the training for the first time to a small group of participants, to document participants' satisfaction regarding the training, and to explore the effects on the participants' knowledge, intention to change their behaviours, and adoption of safe behaviours. To be included, participants had to work in an organization that offers outdoor recreation accompaniment and to be willing to develop their knowledge and skills related to helping people with disabilities engage in adapted outdoor recreation. The participants included four men and three women who were managers or employees of community-based or public organizations offering outdoor recreation accompaniment.

After the seven-hour training, each participant completed a satisfaction questionnaire as well as a knowledge questionnaire to assess the extent to which the training met its objectives. Adoption of safe behaviours was evaluated by two evaluators with a standardized grid (i.e., *Méthode d'analyse ergonomique des capacités d'un travailleur et des exigences d'une situation de travail* [Worker's capacity comparison grid in relation to workstation requirements]; Therriault, 2006) using videos taken at the end of each module of the training. Finally, we also compared the participants' intention to change behaviours before and after the training using the Theory-Based Instrument to Assess the Impact of Continuing Professional Development on Clinical Behavioral Intentions (Légaré et al., 2014).

Overall, the participants expressed high levels of satisfaction with the training. They appreciated the relevant content and the active learning process (e.g., having hands-on practice with equipment), as well as the environment of the training. However, participants suggested an increase to the time allocated for the training because there was too much information to learn in one day. Participants' mean scores on the knowledge questionnaire following the training suggested average to excellent knowledge of the key safety principles for helping people with disabilities in outdoor activities. In addition, the video analyses regarding the adoption of safe behaviours suggested that all participants showed safe behaviours while performing the actual transfers and tasks related to helping people with disabilities in outdoor recreation. Also, intention to adopt safe behaviours remained high from pre- to post-training.

5. Sustain knowledge use

This innovative training has received positive feedback from the participants and has shown promise to enable support persons to adopt safe behaviours in the course of their involvement with persons with disabilities during the pursuit of engagement in outdoor activities. Following evaluation of the initial iteration of the program, the next step was to continue improving the training according to the participants' suggestions. Next, AQLPH will implement it with additional trainers and offer it more widely in Quebec. It would also be of interest to the team for OTAs to attend this training and to see how they can apply the taught skills and knowledge in their daily practice while supporting people with disabilities and their significant others to engage in community-based activities, including outdoor recreation. OTAs could also become trainers for this training—a possibility promoting new role-emerging opportunities for OTAs, in collaboration with occupational therapists.

Conclusion

The development and the evaluation of this training helped to address the learning needs of support persons. To foster the sustainability of the program, all the training equipment and materials were made available free of charge so that the partners can access and modify them according to their specific needs. Involvement of occupational therapists in the development of this training promoted our roles as experts in enabling occupation, change agents, and collaborators (CAOT, 2012). Enabling persons living with disabilities to engage in meaningful outdoor recreation activities is actively advocating for occupational justice for everyone.

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INDIGENOUS PEOPLES AND OCCUPATIONAL THERAPY IN CANADA

TOPIC EDITORS: LAURA PURVES & CHELSEY WELESCHUK

Opening my eyes to my Indigenous heritage: My story of becoming an occupational therapist and Indigenous researcher

Tara White

My personal story

As a young woman trying to figure out my educational path, I spent time in high school exploring options for what to do next. I stayed at home in Halifax to complete my undergraduate degree, as well as when I went on to complete my master's in occupational therapy. Throughout these degree programs, I was always intrigued by an aspect of my life that was generally unknown to me: my Indigenous culture and ancestry. Although I never had the opportunity to grow up with Indigenous culture, I was in a unique position to appreciate it while living on the outer edge of some of the injustices this population experiences.

My father was born in a Mi'kmaq community in Nova Scotia, Sipekne'katik First Nation. Sipekne'katik First Nation is located roughly a 35-minute drive outside of Halifax. The community is described as growing, vibrant, and close-knit, with deep ties to the traditions and history of its ancestors (Sipeknetatik First Nation, 2016). This First Nation includes six smaller communities within it and is the second largest Mi'kmaq band in Nova Scotia. My father was adopted out during the Sixties Scoop at a young age. The Sixties Scoop refers to the removal or "scooping" up of Indigenous children that stretched well beyond the 1960s. Children were removed from their Indigenous communities and placed in foster care and up for adoption; many of them ended up in non-Indigenous, white, middle-class families (Dart, 2019).

It wasn't until years later, when I was in my early teens, that my father figured out he was Indigenous, and the process of doing so was no easy feat. My father ended up going through Children's Aid to find out who he was and where he came from. The organization eventually released records of a few of his siblings' names, two of whom had ended up being adopted in Quebec, while the others had stayed in foster care and were never adopted. When he tried to initiate relationships after many years apart, my father found that some of his siblings had not been as fortunate as he was when it came to whom they lived with or by whom they were adopted. Some were dealing with ongoing trauma relating to the practices of the Sixties Scoop. As my father would describe it, "I was one of the lucky ones," as he was adopted into a family that was supportive and loving and gave him a life he could look back on fondly. Due to finding out these details of his history later in life, he did not seek out further information relating to his past and Indigenous ancestry; however, I now have the ability to do so.

Having an identification card confirming my Indigenous status meant I had access to educational funding, but what more did this mean? What other supports, as well as learning and mentorship opportunities, did this offer me? As I started my undergraduate degree, I applied for funding through Sipekne'katik First Nation and received it. In one respect, I felt blessed to have access to postsecondary education, as my parents and I surely could not have afforded it otherwise, but in another, it felt awkward that I was being afforded this access without ever knowing my Indigenous ancestry and culture. This is a feeling that sat with me for a long period of time, as I was not sure if I should try to open this aspect of my life or keep it closed. After learning about the history of colonization and the injustices experienced by Indigenous peoples throughout my education at Dalhousie, I felt I needed to better educate myself about where my family came from and the community in which my predecessors grew up. This task felt like something that I needed to do for myself, but I was not sure where to start.

My research projects

Throughout my master's degree program, I was able to complete a large-scale research project of my choice. It felt right for me to use this opportunity to gain a better understanding of the injustices faced by Indigenous Peoples, as well as how I as an occupational therapist could act as a change agent and advocate. Throughout my education, it became clear to me that the Westernized ways of our profession would not necessarily be compatible with Indigenous ways of being and knowing. Therefore, I completed an integrative review on the ways in which occupational therapists could better support and work collaboratively with Indigenous populations. This integrative review, which spanned across literature from across the globe, highlighted issues with service provision and tools used in practice, the importance of communication and building relationships, and the give and take of knowledge.

My occupational therapy program had little information on culturally appropriate care in the context of working collaboratively with Indigenous Peoples and communities. Despite this, I have had a great support system at Dalhousie thanks to both of my PhD supervisors and the rest of the faculty and staff. I think the school as a whole realizes that there are a lot of changes that need to be made, and we are far from where we need to be, but I am excited about how we can change educational curricula to incorporate more content about supporting the diverse populations we may serve. For example, I am working on developing with one of my PhD supervisors a module to be part of the OCCU 6003: Advanced Practice Issues course for second-year occupational therapy students which will solely focus on occupational therapy in Indigenous contexts. Although my belief is that this should have been offered a long time ago, I feel optimistic about the changes that are being made and the openness of the school to my ideas and thoughts relating to occupational therapy and working with Indigenous populations.

I have reflected on the need for the Indigenization of occupational therapy education, including what that has meant for myself and other occupational therapists. I realized that I have had little to no exposure to Indigenous culture as it relates to occupational therapy from a practice perspective. I began to work as a research assistant on an Indigenous health project and also began trying to gain a better understanding of my own Indigenous community. With a particular interest in Indigenous ways of knowing and approaching health care, I pushed to pursue my PhD with two goals in mind: 1) gain a better understanding of Indigenous ways of knowing and Westernized health care and 2) develop relationships with communities in Atlantic Canada to work with them doing community-based research. I am fortunate as a PhD student to have two supervisors whose work spans across my interest in occupational therapy and Indigenous health, therefore allowing these two overarching goals to come to life.

In this past year, I have been introduced to many scholars doing work with and for Indigenous populations. The themes I discussed above from my master's work fit well with some of the ways these scholars described doing theirs. When I decided to propose an occupational therapy-based project within my own community was when I truly gained a better understanding of how to utilize some of the knowledge I had found during my integrative review. I developed a project in the final portion of my master's program that aimed to create a program to help youth in my community feel better prepared when entering postsecondary education or the workforce. Reflecting on it now, the program I designed assumed that it would help students achieve academic success and that they wanted to pursue postsecondary education. My community was very supportive, and this project morphed into a vocational training and job matching program after a meeting or two.

I was excited to be able to give back to a community that has helped me in numerous ways to achieve my educational goals; however, I also faced the reality of trying to run a program in a community that I knew little about. How many high school students from my community have gone on to *actually attend* postsecondary education? How many current students *actually want* to leave and attend a college or university elsewhere? What do these students *actually want* to get out of a program designed to help them with their futures?

Educational attainment is significantly lower for Canadian Indigenous Peoples than for those of non-Indigenous ancestry (Statistics Canada, 2011). There have been complex processes at play to create such an inequity, including historical and ongoing colonization and assimilation. However, my assumption that every youth would want to, or be able to attain a postsecondary education based on a short program I proposed was naïve. It felt important for me to slow my process down and take time to build relationships with the community and the youth with whom I was hoping to work, especially given that I was unaware of what resources and supports were already available to students within my community. Instead of trying to jump in and run a program, I clearly needed to get involved with community events, consult actively with community members, and gain a better understanding of the needs of the youth graduating high school.

Realizing that I had knowledge as an occupational therapist was important. However, the most important realization I had during my research process was how much I had to learn about Indigenous culture and my community prior to ever being able to run an effective program. Building relationships and communicating effectively are crucial to forming sustainable and productive working relationships, and these things take time. These needs do not always align with the constraints of Western health care and clinical practice, which makes it difficult to establish rapport in a way that can foster sustainable relationships with Indigenous communities. Further to this, occupational therapists are taught in school that many of our tools and assessments may not be relevant cross-culturally; however, there is little information on what to do about this situation. For example, how can I help students identify meaningful goals and track progress in a way that is culturally informed and relevant for Indigenous students? Collaboration and open communication are often seen as key pillars of occupational therapy practice, and in context of the work described above, working with Indigenous people in the community will be a way for me to mitigate this issue.

Recommendations

I feel that there are many directions we need to go as a profession. First, I would say that changes need to be made in occupational therapy education, which will translate into practice. How can we expect students to feel comfortable working cross-culturally without ever allowing them the opportunity to do so? Fieldwork placements and experiential learning are essential for developing skills needed to be able to move away from the Westernized system and models of occupational therapy and truly practice holistically. Gaining an understanding of the health care systems within Indigenous communities is important, as access to services there often differs, and is much scarcer, than in our urban areas. We need

to critically examine the recommendations made by the Truth and Reconciliation Commission of Canada (2015) and devote time to understanding where occupational therapy fits into these recommendations. Systemic change requires a great deal of time and uncomfortable conversations; however, these conversations need to occur in order to allow occupational therapists to make changes, not only within our profession, but within our health care system.

I am in a position now from which I can advocate as an Indigenous occupational therapist and research scholar to improve access to health and education for Indigenous Peoples. My PhD work will explore the experiences of Indigenous health care professionals in three professions across Canada. I feel this work aligns well with my hope to create a more welcoming space for Indigenous health care professionals within our health system. Finally, I hope this work will help inform systemic changes not only within the health care system, but also in the education of professionals, which is equally as important, as the future of the profession rests in the hands of those who are entering our occupational therapy programs.

Conclusion

Although my knowledge of inequities and difficulties experienced by my own community is that of a novice, taking the core aspects of occupational therapy practice and using them to foster relationships has been crucial for me during the process of learning more about Indigenous culture. Asking questions while doing my part to be better informed has allowed me to be better equipped to work with and for Indigenous communities. Health care professionals certainly do not know what is best for Indigenous communities, nor is it for us to decide, but we can work collaboratively with communities to address inequities and injustices that they are facing.

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Addendum:

Since the original writing of this article, I have since developed and taught the module referenced within this article (OCCU 6003: Advance Practice Issues, OT in Indigenous Contexts), which was a brilliant learning experience. Further, the project referenced in this article in relation to working with my community has since been put to the wayside, as I had come to learn that my community currently has a system in place for high school students that support their transition out. I look forward to continually learning about my own community and the resources and programs they offer to determine ways that I can help support and offer insight and knowledge that aligns with the communities values and priorities.

Reflections on environment and nature-embedded occupation at CAOT Virtual 2020

Naomi Hazlett

The impact of human occupation on the environment has increased in public awareness in recent years, marked by the prominence of environmental activists like Autumn Peltier, Greta Thunberg, and the climate strikers of 2019. Occupational therapists such as Marjorie Désormeaux-Moreau, Marie-Josée Drolet, Sarah Thiébaut, and Yannick Ung have added their voices to this dialogue, advocating for intergenerational occupational justice (Drolet et al., 2019) and eco-socio occupational therapy practice (Désormeaux-Moreau & Ung, 2020).

Occupational therapists, however, are also concerned with the reverse influence—that is, the impact of the environment on occupation—and what occupational therapists can do to address barriers and opportunities that arise from and in the environment. At CAOT Virtual Conference 2020, presenters explored the many facets and directions of the relationship between human activity and the world around us, from winter accessibility to learning in nature and preparing for environmental disasters.

Ripat et al.: "Development of a winter accessibility toolkit"

Whether engaging in outdoor activities or navigating from place to place, snow, cold and the other winter weather conditions can have an adverse impact on users of mobility devices. Dr. Jacquie Ripat, in her presentation titled "Development of a winter accessibility toolkit," highlighted the lack of research in this field, which has subsequently resulted in a lack of knowledge on products, strategies, and skills that occupational therapists can implement to help their clients to increase their ability to move outside in the winter.

Saskatoon, Saskatchewan. Photo by Joshua Reddekopp.

"I live in Winnipeg… Winnipeg is notorious for winters," Jacquie Ripat explains. "We don't have the same snowfall and thaw cycle that many other places have…we have snow and ice in November that remains, right through to March, April. But this shouldn't mean that people can't engage in their communities or participate in their meaningful occupations throughout the winter months."

Jacquie and her colleagues from educational institutes across Canada presented their solution to address this gap: an evidence-informed, web-based toolkit of winter accessibility solutions for mobility device users and stakeholders. This resource was created in three phases: a scoping review, online focus groups, and rapid prototyping. Some of the factors identified in the scoping review for increased winter accessibility included winter-specific mobility training, protective equipment, snow and ice removal, and public transit policy. Focus groups added additional factors for occupational therapists to consider, including the role of community organizations, the need for advocacy and awareness, policies that address the added assistance people need in the winter, and strategies to maintain winter safety.

The toolkit is currently in prototype form, and Jacquie and her colleagues are in the process of applying for funds to support the start-up and maintenance of the toolkit. Occupational therapists can benefit from the knowledge gained from the published scoping review (Ripat et al., 2020) as a starting point, and can contact Jacquie at jacquie.ripat@umanitoba.ca for updates on the release of the toolkit or to join the conversation on winter accessibility.

Bunting: "Beyond the lab: Nature as resource for OT education"

"Nature provides physical, mental, emotional, and spiritual benefits—[it] slows our heart rates, reduces mental fatigue, is calming, and can lead to feelings of connection," Katie Lee Bunting explained in discussing her recent research project, "Beyond the lab: Nature as resource for OT education." Katie's research looked at the impact of outdoor education on masters of occupational therapy students' self-regulation, resilience (termed "academic buoyancy"), and sense of connection to nature, campus and their peers; furthermore, her work explored the students' experiences of learning outdoors. "When I started teaching," Katie says, "I took over a class on the Kawa Model. It just seemed right to teach about this model outdoors, and I became curious about how this experience affected students' learning and wellbeing." She found the following:

Vancouver Island, BC. Photo by Mathijs Deerenberg.

> "a natural environment can facilitate student occupational therapists' self-regulation, academic resilience, and stronger connections with each other and campus. Our project also found that nature offers students a space to consider new ways of understanding and engaging with class content. While research on the use of nature as a therapeutic tool in occupational therapy is growing, there's a large body of research on the general health benefits of nature, so it's not a big leap to call on occupational therapists to consider using nature and doing in nature to promote whole-body health."

For next steps for the project, "I'm going to keep teaching this class outdoors," Katie explains, "and try to find ways to get students out of the classroom when possible." For occupational therapists who provide education in their practice, as well as professors and instructors, she offers the following resource: "I worked closely with Jocelyn Micaleff of UBC Health Promotion and Education, and her colleagues, to develop a resource that provides a bit of a 'how to' for people wanting to teach outdoors. You can find it here: wellbeing.ubc.ca/taking-learning-outdoors-nature."

Evert: "Earth, wind, and fire! Preparing clients for disasters"

Mary M. Evert, a member of the board of directors for the Canadian Occupational Therapy Foundation and the former president of the American Occupational Therapy Association, affirmed the need for occupational therapists to be involved in disaster planning in her presentation, "Earth, wind, and fire! Preparing clients for disasters." The poster presentation first outlines the causes of disasters, which can include pandemics like COVID-19, but also other environmental occurrences such as forest fires and hurricanes. Mary highlighted the role of disasters, such as the tuberculosis epidemic in 1917 and the changes in occupation which result, as an impetus for the development of the profession.

According to Mary, the World Federation of Occupational Therapists outlines four stages of disaster: development and preparedness; immediate disaster response; emergency relief response; and recovery, rehabilitation, and reconstruction. Although occupational therapists may consider themselves rehabilitation practitioners and best versed to act in the fourth phase of a disaster, Mary stresses the importance of the occupational therapy role in disaster preparation. During the preparation phase, occupational therapists can create a plan not only for themselves, but also in their workplace and community. Important too is knowing the potential dangers specific to your geographic region, and what resources are available, such as government emergency preparedness information, and integrating this information into work with clients. Mary concluded her presentation by putting forth a vision that

"Occupational therapy teams will actively assist in assuring the best readiness, immediate and post-crisis/emergency/disaster response outcomes for our citizens, clients, communities, and families."

Conclusion

There are many dimensions of person-environment influence that occupational therapists must take into account. The environment, both natural and built, can be a source of wellbeing and pleasure, and an opportunity for meaningful activity for many. As a result, it is important for occupational therapists to recognize areas of future study and action in a range of contexts: when barriers prevent access to the environment, when opportunities present themselves for nature-embedded learning, or when responding to present and future disasters.

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OT THEN

TOPIC EDITORS: HADASSAH RAIS & ELIZABETH POOLEY

Opening the archives and generating new evidence

Caryn Graham, Parul Razdan, and Lori Letts

"...if archival records reflect reality, they do so complicitly, and in a deeply fractured and shifting way. They do not act by themselves. They act through many conduits—the people who created them, the functionaries who managed them, the archivists who selected them for preservation and make them available for use, and the researchers who use them in constructing accounts of the past." (Harris, 2002, p. 65)

Archives are collections of materials, such as documents or pictures, which hold information pertaining to a historical time period (Ontario Ministry of Government and Customer Services [OMGCS], 2015a) and collected according to a specific theme. Archives capture the stories of people and the archive collectors. They allow readers to understand and experience the archive's time period. On the other hand, as archives are inherently subjective, it is important to navigate the use of archives in research and clinical work with a sense of purpose and care.

The scope of archives can be specific or broad, and they may span various disciplines, including occupational therapy. From census records, to volumes of old magazines, to preserved medical records, some archives contain historical evidence on the development of health care or historical accounts of past events (OMGCS, 2015b; Library and Archives Canada, 2019). Therefore, archival collections can help us understand the field of occupational therapy. For instance, certain archives can provide an understanding of client perceptions and experiences of earlier occupational therapy practice.

This article is based on our reflections on using archives during our project Archives as Evidence, which was presented at the Canadian Association of Occupational Therapists Conference in 2019 (Graham et al., 2019). Here, we will discuss benefits, cautions and key considerations to bear in mind when donating health care research material to an archive, as well as when using an archive for research and clinical practice.

Our experience conducting archival research

Archival research involves using archival material as the primary source of evidence from which to draw conclusions about a research question. Generally, this form of research includes locating archival sources; searching for relevant data collections; and extracting, analyzing, and interpreting the evidence (Corti, 2004). When considering working with archives, it is important to consider the benefits and challenges and how these impact the research process.

Some archives contain unpublished works or data collected for research purposes by a retired or deceased researcher. As students in an occupational therapy program completing an evidence-based practice project (Caryn and Parul), we accessed this type of archive, one created by Dr. Mary Tremblay (1944-2009). Dr. Tremblay was a Canadian occupational therapist, historian, educator, and advocate for disability rights. Her research interests included the experiences of early survivors of spinal cord injury and veterans of war. Upon her passing, her research material was donated to McMaster Health Sciences Library in Hamilton, Ontario. The subset of data we selected and examined consisted of transcribed oral history interview recordings focusing on the firsthand accounts of male World War II (WWII) Veterans and civilians who had sustained spinal cord injuries between 1940 and 1960.

Benefits

Through our work, we found that investigating and interpreting archival information for research can have many benefits, including:

- Archives provide individuals the opportunity to learn history, such as through reading social and health histories of research participants. During our project, we all felt privileged to read the interviews and understand lived experiences through the perspectives of participants.
- Archives can allow researchers and readers to understand the development and progression of health care fields. This knowledge may inform their understanding and evaluation of the current context of their profession, as well as provide insights for the future. For example, many participants described to Dr. Tremblay that their occupational therapists helped them participate in craft activities such as leatherwork; however, some also disclosed a lack of support and guidance for community reintegration. Therefore,

early roots of occupational therapy as a profession in Canada emerge from these accounts about the profession following WWII.

- Archival data may be diverse and may encompass powerful and unfiltered primary sources of data in the form of documents, recordings, and photos (Corti, 2004). For example, oral history interviews, such as those used in our project, are personal accounts that can help researchers gain perspective into life histories and lived experiences of participants. Although not formally reviewed in our project, the archive we used also contained cards and photos sent to Dr. Tremblay in years following her interviews with the participants. These personal communications were exciting for us to see and illustrated the human experience in a way that other types of archival materials could not.

Cautions and considerations

Working with archival evidence can pose challenges, and we provide these cautionary questions for consideration when donating items to an archive or using archives in research and evidence-based practice:

- Are the ethical issues of **consent and confidentiality** of the participants respected?
  - The ethics of archival research can become complex. Participants may have consented to a study at the time of data collection; however, they may not have consented to having their data included in an archive to be used for further studies or for consultation by professionals, such as the research that was conducted with Dr. Mary Tremblay's archives. Other archive materials are in the public domain, such as newspaper articles or other publications for which issues of consent and confidentiality are far less complex, though copyright considerations may need to be addressed and permission sought for use of the work. In our project, we found support and guidance from our local Research Ethics Board to be helpful in determining how data could be used, which included redaction of identifying information.
  - The process of obtaining informed consent is standard for most research endeavours, but are waivers related to informed consent still valid in the future? What should be included in a waiver to facilitate the prospective act of creating an archive for future use by researchers? What needs to be included in a consent form to ensure that participants are aware that their data may be included in an archive accessible to researchers and professionals? How do you discern the degree to which participants wished to protect their personal health information after their deaths? If you are unsure, what are the ethical and legal responsibilities of researchers using archival records?
  - These questions arose during our project, and while some still remain unanswered, we found that by working collaboratively with the Research Ethics Board and an archivist, we were able to determine what information could be used and in what context. Some participants had consented to have their interviews donated to archives; other consent forms implied the research could be used in the future. Other materials, while of interest, could not be relied on for analyses due to questions about consent and confidentiality. In situations in which we were uncertain, we did not include the data in question our analyses.
- Who are the **participants** of the research, taking into consideration that **perspectives** of certain marginalized groups who are often not heard?
  - This is particularly important when working with archives that consist of qualitative research data, such as oral history interviews. Historically, people from marginalized groups, such as people with disabilities, do not have the platform to tell their stories (Rice et al., 2015). When conducting research using archives, it is important to consider the context, including the power and social class of the participants, and how such factors may or may not make the findings and conclusions generalizable to the population at large. In our study, we were able to review transcripts from interviews with people who were some of the early survivors of spinal cord injuries in the years after WWII; these people experienced societal views of people with disabilities as being unable to contribute. Their stories provided powerful accounts of the ways in which some of them advocated to change stereotypes.
- What are the **biases of the creator** of the archives, and what are the **biases of the future researchers?**
  - The original researchers or the creators of the archives bring their own perspectives and purposes to the collection and use of data. It is important to consider that it is very likely that researchers using the same data in the future will have a different lens than that of the creator(s). For example, biases and societal contexts of future researchers can impact their interpretation of archival contents. Dr. Tremblay was a skilled interviewer who asked open-ended questions about people's experiences. There were times when we may have asked different questions, but we were nevertheless able to successfully access and analyze data to help us answer our research question. We needed to acknowledge the limitations associated with using archival data, including the inability to ask different questions; however, we also saw the strength in the ability to access data from people who have subsequently died and therefore can no longer be interviewed.
- Do you have access to a supportive interprofessional team?
  - Without proper guidance, finding needed information in an archive can be challenging. Having support from an archivist can allow research to be completed in a timely and efficient manner. An archivist can provide guidance on understanding archival terminology and finding specific collections related to a research topic.

Future directions

During our project, we used oral history interviews found within Dr. Tremblay's archive as evidence to gain an understanding of the lived experience of spinal cord injury around WWII, as well as rehabilitation practices at the time. Regarding the broader implications of evidence in archives, occupational therapists in practice can utilize archival materials or records as a means to better understand the growth and development of occupational therapy practice in Canada, as well as gain insight into the historical perspectives of clients who have had an injury, illness, or disability and their experiences and perceptions of receiving occupational therapy services. This became apparent as we discovered that participants in the archive had expressed the need for more home- and community-based services—still important and relevant in modern-day practice.

One way to ensure that archival research (involving the use of data including, but not limited to, records, interviews, or other material with personal health information) can be undertaken in the future is through crafting consent forms in collaboration with both an archivist and a Research Ethics Board. By anticipating possible future uses of data and considering donations to an archive, it may be possible to ensure that valuable data are not lost. It is beneficial to use an approach that demonstrates commitment to ethical standards and protection of personal health information but also allows for open and meaningful access to evidence found in archives.

Therefore, it is important to seek answers, as donating your research material or information collected during your career to an archive upon retirement or death can assist future generations to understand and appreciate its contents, as well as bring to light your life's work!

Acknowledgements

We would like to gratefully acknowledge the work of Dr. Mary Tremblay and the support of the archivist Melissa Caza and professors Carol DeMatteo, Shaminder Dhillon, and Dr. Ellen Amster.

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MENTAL HEALTH

TOPIC EDITOR: HIBA ZAFRAN

Understanding occupation in the complexity of homelessness

Hilary Walsh

My final fieldwork placement of my Master of Science in Occupational Therapy degree was with a community organization in St. John's, Newfoundland and Labrador, that provides housing, counselling, and employment support for individuals who face multiple barriers. The organization uses a Housing First model to help people who are at risk of experiencing homelessness. The role of my preceptor was to complete independent living assessments and make recommendations related to housing plans. I quickly realized that larger systemic issues of poverty, lack of safe and affordable housing, trauma, lower levels of education, unemployment, and lack of access to health care services have a direct and significant impact on occupation. In this article, I would like to share the models and lens that helped me unravel my clients' needs while they were experiencing homelessness or precarious housing.

I learned how complex creating a housing plan can be in the first week of my placement. My first client was an Indigenous woman who had arrived in St. John's requiring medical care that was not available in her hometown. She was unable to return home due to a lack of affordable supportive housing. When we first met she was living in a shared rooming house. I knew from reading her file that she engaged in alcohol misuse and could be aggressive. However, during our session, she appeared nervous and hesitant. She stated she did not feel safe; her rooming house had bed bugs and rodents, and there were no locks on any of the interior doors while other tenants' guests often visited the home. After the session, I mentioned to my preceptor my surprise at her demeanour. My preceptor suggested that she might be experiencing withdrawal, as it was the end of the month; individuals receiving government funding often do not have enough to make ends meet during this time.

There were many parts to this client's narrative: alcohol dependence, unstable housing, poverty, a dangerous living area, unpredictable changes in behaviour, lack of knowledge about the city, lack of social supports, and lack of trust. The sheer number of barriers felt insurmountable. I wondered which piece I should look at first. Each was tangled up in another part of her story. How do you keep someone housed whose skills and behaviours are highly variable? How do you help someone whose narrative involves larger systemic issues to remain housed? What recommendations create the least amount of harm to the client and others while still incorporating respect for her choices?

Guiding models for practice

Housing First and harm reduction

The organization with which I worked with embraces the Housing First model. The premise of the model is to find an individual housing and then provide wraparound support services (Homeless Hub, 2019). Given a stable environment, an individual can meet their basic shelter needs and begin to work on recovery in mental health or addictions. An essential component of Housing First is harm reduction, a philosophy according to which one should meet people where they are, without judgment, and work with them to decrease the harm they may do to themselves while they are using substances or engaging in unsafe behaviours (Bierness, Jesseman, Notarandrea, & Perron 2008). Harm reduction is about respect within the context of a non-judgment. When you remove judgment, it can add a depth to your understanding of their life and narrative and helps to develop a therapeutic relationship (Marlatt, 2011).

Needs-based models

Maslow's hierarchy of needs (1943) and the theory of the human need for occupation (Wilcock, 1993) are two models that helped me develop my reasoning around how to address complex needs within a system of barriers. Maslow's hierarchy of needs (1943) can help contextualize an individual's priorities. An individual must meet their physiological and safety needs before they can begin to meet other higher-level needs (McLeod, 2018). If someone is experiencing precarious living, they may spend the majority of their time focusing on meeting their basic needs using their survival skills learned from difficult experiences (Cronley & Evans, 2017).

The theory of the human need for occupation describes occupation as key for humans to meet biological needs, adapt to environments, and flourish into becoming the most one can be (Wilcock, 1999). Occupation can meet an individual's needs in three major ways:

1. Providing for immediate bodily needs—sustenance, self-care, shelter, and safety
2. Developing skills, social structures, and technology aimed at superiority over predators and environment
3. Exercising and developing personal capacities, enabling an individual to reach their full potential (Wilcock, 1999)

Maslow's and Wilock's theories are complementary. Where Maslow's model focuses on a hierarchy of needs, Wilcock's focuses on a hierarchy of occupations to get needs met. For example, Maslow's "physiological needs" and Wilcock's "bodily needs" appear to align. In accordance with Wilcock's theory, it will be difficult for someone to participate in occupations in categories two (environmental mastery) and three (reaching one's potential) without having engaged in the occupations needed to meet their bodily or physiological needs.

Applying models to practice

Using the above models helped untangle the complexities individuals face including: mental health difficulties, addictions, chronic health issues, and homelessness. Understanding and appreciating the occupations and skills clients use to survive is important. My preceptor often drew attention to creative ways a person had their needs met or found shelter, food, and/or safety. Looking at survival skills can help to identify client's strengths. For example, the client described above rarely bought or made her own food; instead, she visited the local soup kitchen or food banks and saved food for later. This required her to be organized and resourceful, as she had to coordinate around times when services were providing food. The following table summarizes some reflection questions occupational therapists can use to guide clinical reasoning.

Table 1

Reflective questions for professional reasoning:

- What are this person's survival skills, strengths, and resources?
- What occupations are necessary for their survival? Do they have access to and skills for participating in these occupations?
- Which environments does this person access for food and shelter?
- Which current occupations are meaningful to the client and health promoting?
- Which activities are causing harm?
- How might these activities be graded/adapted to minimize harm?
- Are my own morals or assumptions causing harm or impeding me from engaging in harm reduction?
- What other sources of harm might this person be facing, and in which activities, relationships or environments?

Occupation, complexity, and homelessness: Lessons learned

Working with these clients made me realize the importance of using a harm reduction lens. For example, our client did not identify reducing her intake of alcohol as a goal. To be client centred, I had to be considerate of her choices. For someone with a substance use disorder, using their drug of choice is a meaningful occupation (Kiepek & Magalhães, 2011). The social workers with whom I worked described completing a task analysis of using a crack pipe to help determine safer ways for a particular client to use. To prevent falls and encourage the use of clean supplies, they placed small plastic bags of clean equipment around her home. Occupational therapists are a valuable asset in a harm reduction approach, as we are skilled at task analysis.

Our mandate as occupational therapists is to promote participation in meaningful occupations to increase quality of life (Townsend & Polatajko, 2013). But, given that much of our schooling is focused within a biomedical system, I feel that at times our view of occupation can be constrained, addressing only activities that are related to improving health and not always fully encompassing quality of life. Occupations are not only limited to activities that improve health; occupations are determinants of health (Kiepek & Magalhães, 2011).

Viewing occupation as a determinant of health fosters a more holistic view of the impact occupation has on quality of life. It allows us to consider a larger range of occupations and observe engagement on a spectrum (Kiepek & Magalhães, 2011). This may help us to better understand when too much or too little engagement in an occupation becomes detrimental to health.

Broadening the range of occupations addressed, viewing occupation as a determinant of health, and introducing harm reduction techniques into occupational therapy education would enhance our profession's ability to respond to the needs of clients like mine. Working with clients facing complex difficulties has helped me to make concrete my understanding of occupational therapy and to develop a framework for my professional reasoning. It has given me a deeper understanding of our work and I am excited to enter my career with this knowledge.

Acknowledgements

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EDUCATION & FIELDWORK

AD-HOC EDITOR: ANDREA DUNCAN

Using social media to create an online community of practice during fieldwork

Karen Falcicchio, Caroline Storr, and Marika Demers

In our ever-growing global society, staying connected with online communities is becoming increasingly important for occupational therapists. The Canadian Association of Occupational Therapists' practice networks, the multiple provincial social media groups, and the World Federation of Occupational Therapists' International Online Network are just a few examples of useful online communities. On whatever platform, the benefits of connecting with peers online to share ideas and innovations, work through complex cases, or contemplate ethical dilemmas are enriching to the profession (Cheston et al., 2013; Moorhead et al., 2013). To foster an online community of practice during our students' fieldwork courses, we (the authors) explored using social media to facilitate student interactions while at their respective clinical sites.

Background

McGill University attempts to communicate to student occupational therapists the importance and process of creating an online network of colleagues throughout their fieldwork experiences. McGill originally introduced the use of social media to facilitate learning to its occupational therapy program in 2004. This introduction was part of a larger research study at the university, the purpose of which was to create an asynchronous community of learners using the discussion board feature of a teaching platform called WebCT (Thomas & Storr, 2005). During this study, students were encouraged to use the discussion board for frequent, informal dialogue and discussion. The academic coordinators of clinical education, or university fieldwork coordinators, who were part of this research study developed an expectation that each student would participate in a minimum of two posts per clinical course. The first online post required students to detail the role of the occupational therapist within the specific site where they were completing their fieldwork. In the second post, students were to focus on an interesting case that they wanted to share with their peers. Reading of other students' posts was also encouraged.

Over time, the students indicated to the university fieldwork coordinators that the discussion platform was not useful in fostering peer learning, information exchange, and interactions. Participation in the discussion board was viewed by students as a forced participation assignment; the project's original objective was therefore not being met. Students did not read most posts, with an average of 18.2 and 11.6 views per post for the years 2017 (cohort of 71 students) and 2018 (cohort of 60). This diminished experience with the "discussion board" platform prompted the McGill fieldwork coordinators (the authors) to explore new online platforms and social media options that would achieve the goal of creating an online community of practice during fieldwork.

How this platform was chosen

The university fieldwork coordinators consulted with students from two cohorts regarding their preferred features for a new platform. Students reported preferring an interactive platform allowing informal discussion, similar to popular social media apps. Preference for a platform that allowed for "likes" was referenced by several students as well. The university fieldwork coordinators also consulted the university's Teaching and Learning Services department to choose a platform that would allow for data confidentiality, customization of privacy settings, and monitoring. The need for the platform to have good usability, including on mobile devices, was also emphasized by students. The ability to post photos as well as animations in Graphics Interchange Format (GIFs) was the last aspect the university fieldwork coordinators considered, based on student consultation. They believed that the ability to express oneself with more than written words would likely increase engagement in the platform, as the use of photos and GIFs is widespread in social media to emphasize or further explain a post. Following consultation and trials of different platforms to assess their strengths and weaknesses, the coordinators decided to choose Microsoft Yammer. Yammer is a social networking service that has a popular social media feel and allows for closed/private groups. It is offered through Microsoft Office 365, which is free to all McGill students.

Creating the online community

The first step in promoting the use of this platform was carving out class time within a clinical seminar when students could download the app and troubleshoot using it. This was done

through activities that helped establish a positive feeling when using the app. In the first activity, the students were asked to select a GIF or picture expressing their current feeling during the seminar. Second, the students had an opportunity to win a jar of pens—very useful for their first fieldwork experience. A picture of the jar of pens was posted on the platform and the first student to post the correct number of pens contained therein won the jar. The university fieldwork coordinators observed that these activities created a sense of excitement and fun for students while using the app, which contrasted with the sense of forced participation with the previous discussion board platform.

Next, the university fieldwork coordinators introduced ground rules as to what could and could not be posted within the platform. They emphasized rules around confidentiality of clients and educators as well as respect for peers, educators, and sites. For example, students were informed that Yammer was not the appropriate medium through which to express dissatisfaction with a site or an educator. Lastly, the university fieldwork coordinators remained present as moderators throughout the clinical course to encourage participation and push reflection further.

The outcome

McGill University implemented this program during the occupational therapy master's students' first and second clinical courses in the spring and summer, over a period of five months. The outcome of the process exceeded the university's expectations. Student involvement increased greatly, with 81 new topics of discussion being posted, 56.7 reads on average per post (given a cohort of 69 students), and 100% of students being active on the platform (see Table 1). The creation of the online community was much more organic than on previous discussion boards, with the students themselves bringing up interesting topics, complex cases, therapy ideas, and ethical dilemmas to discuss. Some examples of discussion topics included: power dynamics in an interprofessional team, managing increasing responsibility as a student occupational therapist, the emotional impact of witnessing a client in crisis, accepting gifts from clients, assessing cognition with paper/pencil tests versus through observation of activities of daily living and instrumental activities of daily living, the use of language with a clientele with psychosocial needs, the role or lack of role of an occupational therapist within a specific site, how to create psychosocial goals in a site with a musculoskeletal mandate, an occupational therapist's role working within the Deaf community, and professional liability. Since the ground rules had been so heavily emphasized throughout the clinical seminars, and the university fieldwork coordinators remained present as moderators throughout, none of the rules were broken during this experience; in fact, the majority of the posts were very positive. The coordinators' involvement as moderators also helped to create an online atmosphere of optimism and reassurance whenever possible. The students also used the platform to encourage each other throughout their clinical course, with comments such as "We made it through the first week!! Congrats!" and "We can do it." One representation can be seen in the figure below (see Figure 1).

Figure 1

Example of a student post on the platform

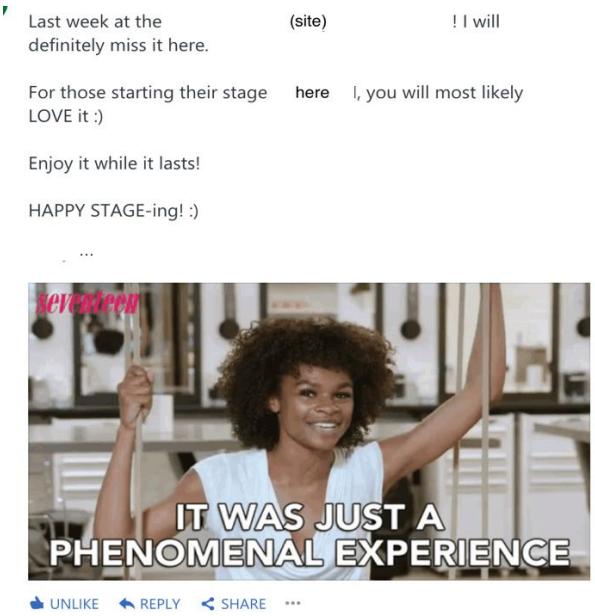

Table 1

Participation rate for the online community of learners during the first clinical course (n=69)

Participation outcomes	Discussion forum 2017 (n=60)	Discussion forum 2018 (n=71)	Yammer platform 2019 (n=69)
Number of messages	57	90	423
Number of reads	1286	1332	11,348
Number of likes	n/a	n/a	846

Conclusion

Using the new interface of Yammer, the McGill University created a social online community of practice for student occupational therapists completing their clinical fieldwork experiences. The depth of the topics of discussion and the volume of students' interaction exceeded our expectations and led to a richer learning experience. This experience highlighted the need to listen to our students' feedback to continue to push our teaching practices, as well as the importance of staying informed regarding what resources are available, as new technology is always evolving.

We anonymously polled the students online during a clinical seminar after their clinical courses. The students were asked their opinion on the use of this platform through several questions. Over 75% of the 60 student responders agreed that Yammer should continue to be used during clinical courses

and that it decreased their feelings of isolation during their clinical courses. One student wrote, "Love the idea! Great way to collaborate with students at other sites and have input from each other." We will continue to examine student participation by cohort over their four clinical courses to examine variances and possible changing learning needs. We will also further evaluate the opinions of the students on the use of this platform using the school's online course evaluations.

We hope this article has challenged you to consider how you could implement an online community of practice within your university or organization to help promote communication, discussion, and reflection. We recommend that if future clinical educators decide to trial this platform, they should dedicate time to the introduction of the platform and include in this introduction an activity that associates the platform with positivity and fun, preventing it being seen as a forced participation assignment. Moderation from a clinical educator can also help to encourage the development and maintenance of a positive and reassuring online community in which to find support during what is a very stressful time in students' lives.

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Please note that since the writing of this article, Marika Demers has left this position to pursue her postdoctoral studies.

Samuel Turcotte: Empowering clients in physical rehabilitation with a strength-based approach

Samuel Turcotte, occupational therapist and adjunct professor at Université Laval, is the recipient of the 2018 doctoral scholarship from the Canadian Occupational Therapy Foundation (COTF). His project, which he carries out under the direction of Catherine Vallée and Claude Vincent, explores the strength-based approach in the context of physical rehabilitation.

For Samuel, the issue of equity is important. He feels privileged to have a support network and rich participation opportunities. These factors allow him to define himself in a positive way and he would like people with disabilities to have the same experience. In his doctoral study, he consults external clients in neurological physical rehabilitation to better understand the rehabilitation experiences lived by users and the adequacy between these experiences with the strength-based approach. Samuel is currently completing the data analysis and notes that patients would like the strength-based approach to have a stronger presence throughout the services offered. However, the preponderance of the biomedical model ensures that the deficit-based approach prevails. The next steps are therefore, to explore ways of consolidating and then implementing the strength-based approach.

"For Samuel, the issue of equity is important. He feels privileged to have a support network and rich participation opportunities. These factors allow him to define himself in a positive way and he would like people with disabilities to have the same experience."

Samuel's work raises occupational therapists' awareness of the skills and know-how that support users' self-determination in the rehabilitation process. Samuel notes that the strength-based approach relates to the pillars of empowerment. Indeed, the main benefits of the approach (recovery, reintegration into the community, network of reciprocal social relationships, sense of self-efficiency, hope, discovery or rediscovery of one's value and establishment of niches; that is to say, environments in which it is possible to flourish) are closely linked to the practice of occupational therapy. According to Samuel, occupational therapists have the potential to be leaders in the strength-based approach and to contribute to the cultural change proposed and desired by the users we meet.

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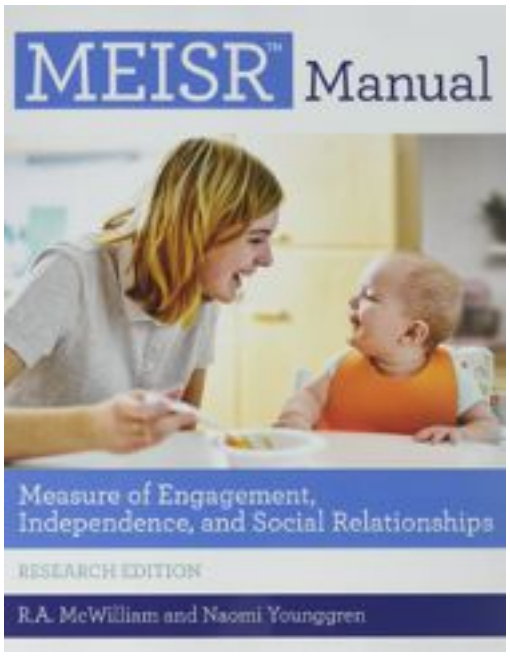
Book Review



McWilliam, R. A., & Younggren, N. (2019). *Measure of Engagement, Independence, and Social Relationships* (MEISR™). Brookes Publishing. 216 pp. ISBN 9781681253459

McWilliam and Younggren have put together an easy-to-use parent-completed tool for developing a snapshot of the functional behavior of children up to three years old. The Measure of Engagement, Independence, and Social Relationships (MEISR) examines a child's functioning within 14 everyday routines such as waking up, toileting/diapering, meal times, dressing, "hangout – TV – books," and play with others, to list a few.

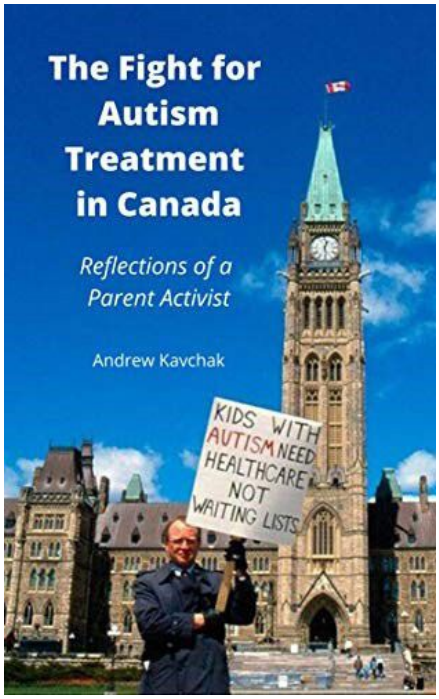
The MEISR questionnaire is a booklet of 23 pages organized around family routines. The MEISR is different from developmental checklists. It "... empowers families by ensuring that they have their voice[s] heard in the team's understanding about what the child can and cannot do" (p. 87). Going through the detailed items under each of the 14 routines can help families see the value of routines and the multitude of learning opportunities that are embedded in their typical day-to-day activities. The premise is that young children grow and learn when they participate fully in everyday routines and activities. The MEISR assesses the extent to which children participate in their everyday routines, which is an assessment of "functioning" (p. 19).

The manual is divided in three sections. The first section, "Context and Conceptual Framework," presents the fundamentals needed to understand and implement the MEISR; the second section illustrates ways to use the MEISR and how not to use it; and the third section focuses on implementation, scoring, and working with data. The volume's comprehensive use of figures and tables makes it easy to comprehend the scoring and how to understand a child's functioning within the domains of engagement, independence, and social relationships.

While this measure appears to play a role in informing American federal child outcome reporting (as per Chapter 5, "MEISR and the Child Outcomes Summary Process"), it can provide Canadian professionals with a tool that can help them shift to a functional way of viewing children and use family members' knowledge of their child in completing assessment. It can be used in early intervention programs or in children's treatment centers to discern the primary therapist's role, or it can be used as part of an intake assessment in order to set family-focused goals as well as for reassessment purposes to measure gains and assist with the development of future goals.

Review written by Paola Azzuolo, OT Reg. (Ont.), who works at All Kids Can Fly in Georgetown, Ontario.

Book Review



Kavchak, A. (2020). *The Fight for Autism Treatment in Canada: Reflections of a Parent Activist*. Amazon.com Services LLC

Andrew Kavchak writes a thought-provoking and critical history of Canada's inattention to autism treatment policy. He demonstrates his passion for fair access to treatment and, through activism, aims to not only raise awareness of autism, but spark action for change. His detailed descriptions of significant milestones in the fight for autism treatment illuminate the shortcomings and failed promises of national leaders as he calls for the development of a National Autism Strategy.

Chapters one to three detail Kavchak's own experiences with autism, beginning with his son's diagnosis in 2003, illustrating the scant resources and systems in place to support his family and others like them. He highlights the challenging and unsupported experience this diagnosis brought about through endless waitlists and lack of services. Kavchak's descriptions of the first few years of his activist journey provide a grim picture of the systematic neglect of those individuals and families affected by autism by Canada's national leaders, which catalyzed his leadership of the movement calling for "Medicare for Autism Now" (p.129). Subsequent chapters outline a detailed political timeline in the fight for proper care. This series of political details, while informative, may be difficult to follow for a non-politically informed reader. However, such specifics are necessary to emphasize the disheartening and unproductive process of government consultations aimed toward developing a fair and effective autism policy. According to Kavchak, this process left Canadian families void of assistance and deeply burdened both financially and practically.

Andrew Kavchak tells a stimulating and critical story of the reluctance of the Canadian government to provide the necessary funding and treatment to families affected by autism. The author goes beyond his own experience to further emphasize these points, highlighting the heartbreaking realities that still persist today. "Medicare and education are supposed to be keystones of this country, but they've failed us both miserably" (p. 168).

With the rise in autism prevalence in Canada, there has been an increase in awareness and greater understanding of Autism Spectrum Disorder. However, "awareness without action" (p. 75) falls short when government assistance is not provided for the families in need. This book not only emphasises the necessity for government assistance for children with autism, it demands more equitable access to healthcare and treatment for all. This book can benefit occupational therapists by offering relevant insight into the perspectives of parents and families of children with autism who are seeking services, as well as become a useful tool for to promote advocacy in this area.

Readers may obtain an ebook or paperback copy of the book from Amazon.

Review written by Meredith Dash, MScOT/PhD Candidate, Western University, London, ON, mdash@uwo.ca

CAOT Workshops

Foundations in brain injury rehabilitation: Mild to moderate severity

Online delivery – January 18 to March 14, 2021

This eight-week online course will introduce and explore an evidence-based framework of intervention for clients with mild to moderate brain injuries. You will be guided through the intervention process from the assessment/information gathering phase throughout the intervention process for clients with varying degrees of impairment and in multiple contexts. Strategies to promote brain health and neuroplasticity will also be reviewed.

Mental health, cognition and return to work

Online delivery – February 5, 2021 or February 12, 2021

This one-day workshop will introduce and explore how to utilize a Comprehensive Functional Capacity Evaluation to assess functional cognition and to determine whether a client can return to work. You will be guided through how to assess critical areas such as work-specific attention, executive functioning, activity tolerance and psycho-emotional status in order to create a return to work plan for clients with a constellation of physical, cognitive and/or psycho-emotional factors.

Raising resilience in children with neurodevelopmental: Beyond behaviour

Online delivery – February 25 & 26, 2021; May 13 &14, 2021

This two-day workshop will offer you family-centred strategies to raise resilience in children with neurodevelopmental conditions. You will apply the World Health Organization's Child's Health and the Environment Policy and the evidence-based SENSE of Regulation Program (Stress Management; Environment; Nourish mind, body, microbiome; Sleep; and Exercise) to occupational therapy practice to enhance neurodevelopmental potential for children.

Register for any of these workshops online at www.caot.ca/workshop
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CAOT Workshops

Complex pain and the role of occupational therapy

Online delivery – January 28 & 29, 2021

This workshop will increase your understanding of the biopsychosocial aspects of complex pain, addressing trauma in client living with complex pain and how to delivery pain-related client education. An overview will be provided on various therapeutic approaches, including pacing, physical modalities, cognitive behavioural therapy and goal setting.

Anxiety management in children: Practical strategies

Online delivery – February 25 & 26, 2021; September 16 & 17, 2021

This two-day workshop will equip you with the tools to increase your understanding, competence and confidence in working with school-aged children (4-12) and their parents in the treatment of anxiety. You will be introduced to formal and informal methods of assessing anxiety in children and how to make a plan for intervention. You will also learn practical intervention strategies and tips that can be implemented with both children and parents.

Resolving picky eating from the inside out

Online delivery – April 15 & 16, 2021; June 3 & 4, 2021

This two-day workshop will explore the physiological (taste, texture, addictions, nutrient deficiencies, dysbiosis, neuro-endocrine imbalance) and cultural (habits, societal norms, industrial processing of food) factors behind picky eating. You will be provided with tools for assessment, concrete strategies/intervention plans, and have an opportunity to discuss how to use interprofessional collaboration to enhance a child's capacity to eat healthy, nutrient-dense foods.

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CAOT Workshops

Cognitive impairment and physical activity

Online delivery – November 21, 2020 or April 23, 2021

This one-day workshop will provide you with the foundations to design evidence-based intervention plans that incorporate physical activity for older adults with cognitive impairment. You will have the opportunity to learn about common barriers to physical activity and concrete suggestions to support adherence.

Seated posture, pain reduction and mobility for the elderly: Stop the migration!

Online delivery – April 29 & 30, 2021

This two-part workshop will improve your understanding of how seated posture affects pain and the overall capacity of the elderly client to function on a day-to-day basis. You will be able to enhance comfort sitting and ultimately practice propulsion theories in your own clinical practice.

Foundations in mental health and well-being

Online delivery – May 13 & 14, 2021

This two-day workshop will equip you with the knowledge to start incorporating resiliency skills in your clinical practice, including mindfulness, interpersonal effectiveness, distress tolerance, emotion regulation, behavioural activation and social prescribing.

Register for any of these workshops online at www.caot.ca/workshop
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CALL FOR PAPERS

Special Issue: July 2021

Virtual Care and OT

Deadline for Submissions: **February 1, 2021**
For more information please contact: Flora To-Miles, Managing Editor at: ftomiles@caot.ca
To review *Occupational Therapy Now* guidelines, go to:
https://caot.ca/uploaded/web/otnow/OTNOW_AUTHORGUIDELINES_July2019.pdf

Guest Editor:
Leslie-Ann Stewart, MSc (Kin), OT Reg. (Ont.), adjunct lecturer (status only), Department of Occupational Science & Occupational Therapy, University of Toronto; Clinical Operations Manager for Teladoc Health Canada inc., Toronto, ON.

Call: This special issue will discuss occupational therapy and virtual care. Virtual care is being used as a therapeutic modality to provide care for individuals requiring occupational therapy in various clinical settings. In this issue, we would like to explore innovative ways to access clients remotely, explore efforts to create or streamline practice guidelines within the virtual space and experiences within a recovery-oriented framework as related to occupational therapy practice. We would also like to hear about some of the challenges occupational therapists have encountered using virtual care and providing services to Canadians across the country.

We are looking for papers, case studies, and first-person accounts describing, for example:

- Access to care through remote opportunities (e.g., videoconferencing, telephone, mobile health teams) and its impact on health care
- A review of virtual care platforms that are currently on the market for healthcare practitioners
- Lived experience switching from in-person to virtual care interventions
- Shifting to a virtual care model during a pandemic (i.e., COVID-19)
- Use of various videoconferencing platforms to complete assessments and/or interventions
- Evidence-based occupational therapy programs and interventions that help people develop awareness of, monitor, and manage their mental health, physical health and/or substance use problems
- Any advantages, challenges, and lessons learned using a virtual care model through research
- Exploring how virtual care has impacted the rehabilitation setting
- Fieldwork experiences that student occupational therapists have encountered using virtual care to facilitate learning or completing their placements

Submissions (ranging in length from 300 to 1500 words, including references) are welcomed from anyone who has something to say about the occupational therapy role in virtual care. All submissions should be written to provide information to a diverse audience. Authors and readers of this issue will include occupational therapists, students, people with lived experience in accessing virtual support for various health conditions, caregivers, interdisciplinary colleagues, policy-makers, researchers, managers, and other stakeholders.

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