

Occupational Therapy Canada 2018: A day of reflection and dialogue

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A follow-up report on the Occupational Therapy Canada (OTC) Reflection Day 2018 workshop - *Disrupting 'business as usual': Enhancing the provision of culturally safe occupational therapy with Indigenous communities, families, and individuals through organizational leadership*

On June 20, 2018, occupational therapy leaders from across Canada gathered in Vancouver for OTC's annual reflection day. Canada's five national occupational therapy organizations were represented: the Alliance of Canadian Occupational Therapy Professional Associations (ACOTPA), Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), Association of Canadian Occupational Therapy University Programs (ACOTUP), Canadian Association of Occupational Therapists (CAOT), and Canadian Occupational Therapy Foundation (COTF). The planning committee, made up of representatives from each organization and chaired by Sharon Eadie of the College of Occupational Therapists of Manitoba, met monthly over the past seven months. The planning group was initially tasked with broadening last year's dialogue on the Truth and Reconciliation Commission (TRC) of Canada's Final Report (2015) to include the applicability of cultural safety frameworks to other historically marginalized social identity groups. After much discussion, the group felt that the work initiated at last year's event was incomplete. True to the reconciliation directives of the TRC, the planners sought to support participants' further reflection on ways to challenge their organizations to first identify and then *disrupt* any of their organizational policies, procedures, and cultures that reproduce structures that can inadvertently oppress Indigenous peoples.

Together with the reflection day's invited facilitators, Alison Gerlach and Gayle Restall, the planning group members fine-tuned the day's objectives. Through dialogue and reflection, the planners aimed to support participating organizations to:

1. Reflect on, and work toward, occupational therapy's responsibility to respond to the TRC calls to action.
2. Explore the relevancy of cultural safety in mitigating health inequities experienced by diverse Indigenous peoples in Canada.
3. Understand key underlying principles of cultural safety and their application to occupational therapy organizations in Canada.
4. Explore the implications of applying three key underlying principles of cultural safety to enhance the capacity of occupational therapy organizations to meaningfully address

health inequities experienced by diverse Indigenous population groups.

5. Identify tangible actions at an organizational level to support occupational therapy organizations and systems to provide leadership in fostering culturally safe occupational therapy with Indigenous peoples.
6. Situate key learnings about cultural safety to inequities experienced by people with other intersecting social identities in Canada.

The day was opened by Elder Roberta Price from the Snuneymuxw and Cowichan First Nations on Vancouver Island, who welcomed occupational therapy leaders from across the country and guests from British Columbia's Provincial Health Services Authority to the traditional, ancestral, and unceded territories of the Musqueam, Squamish, and Tsleil-Waututh First Nations. After reviewing the work done in 2017 on the TRC calls to action, Alison and Gayle posed the question, *in what ways can each of our organizations provide the leadership necessary to foster culturally safe occupational therapy with Indigenous communities and clients?* Background "stimulus" information was provided by Alison and Gayle, highlighting the key and interconnected concepts of cultural safety and health equity. Cultural safety is defined as an outcome based on respectful engagement that strives to address power imbalances inherent in the health care system, and that results in an environment free of racism and discrimination in which people feel safe when receiving health care (Centre for Excellence in Indigenous Health, UBC). Cultural safety is a key component of equity-based health care.

Drawing on the work of Reading (2015), the concept of health equity was discussed in relation to how Indigenous peoples' health and well-being can be shaped by proximal ("leaf"), intermediate ("trunk"), and distal ("root") determinants (see Figure 1). This model highlights how kinship networks spiritual connections to the land, and cultural practices were and continue to be fragmented by colonial policies and practices. A failure to understand the historical and ongoing impacts of social determinants on the occupational lives of Indigenous peoples, risks that occupational therapists will individualize health problems and fail to attend to, or address, socially structured determinants. While occupational therapists may seek to alleviate the impacts of these determinants, therapists and organizations most often remain at the level of the "leaf"—not getting to the distal or root causes of health inequity, and therefore not disrupting colonialist processes that can reproduce oppression. A relational orientation is aligned with the

principles and intent of cultural safety. Relationality forefronts the need for relationship building *and* emphasizes the inseparability between being in relationships with and coming to know about communities, families, and individuals.

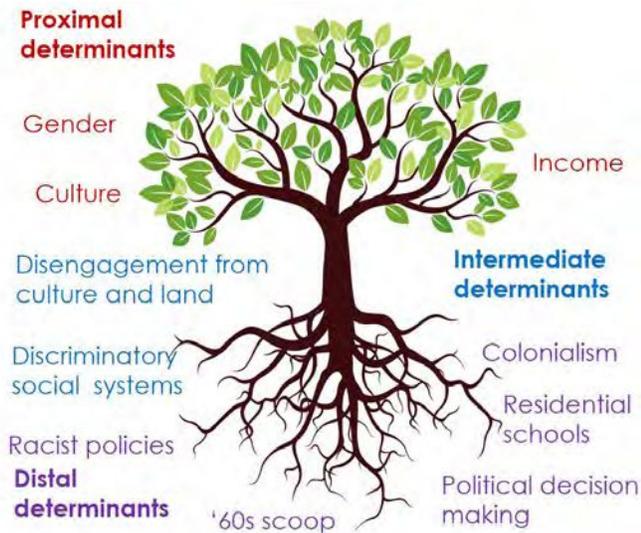


Figure 1. Examples of proximal, intermediate, and distal determinants of health inequities experienced by Indigenous Peoples (based on Reading, 2015; rolandtopor/Shutterstock.com)

In keeping with more recent professional emphasis on reflexive practice, participants were asked to look within their own occupational therapy organizational cultures. After identifying some of the cultural values and worldviews that shape occupational therapy, participants identified aspects of occupational therapy culture that can constrain or support cultural safety. Values that were seen to constrain culturally safe occupational therapy practice included the focus on the individual, a biomedical emphasis on ‘fixing the problem’, a tendency to “fit in” to dominant structures, and accommodation of rather than resistance against processes and protocols that serve systems rather than people.

Participants questioned whether occupational therapy organizations minimize their collective power to make change while not fully considering the aspects of occupational therapy culture that can support culturally safe practice. The group identified the need to build on the strengths of the profession’s historical roots in social justice—its broad, holistic, occupational and ecological perspective that positions the profession well to address the root causes of health inequities. Therapists’ shared identity as flexible, creative, problem-solvers further supports their capability as social change agents.

Each of the five professional organization working groups provided recommendations to support culturally safe practice. For example, ACOTRO considered how understandings of

client risk and harm could be broadened to include collective and community conceptualizations of the client. The ACOTUP table stressed the need for Canada’s 14 occupational therapy university programs to find ways to share effective strategies that support recruitment and retention of Indigenous students. Researchers and educators were also challenged to develop and modify models and tools to better respond to community and collective occupational issues. COTF considered developing funding to support Indigenous student research as well as support for Indigenous-identified research priorities. The recently formed ACOTPA underlined the need to continue a shared conversation on how to make explicit and operationalize culturally safe processes that go beyond simple diversity checklists and instead go toward an examination of organizational barriers and enablers to inclusion of Indigenous members and perspectives. CAOT, in addition to the many existing initiatives, proposed infusing Indigenous cultural safety training in professional development activities as well as exploring the creation of a cultural advisor role.

In summarizing key messages for the day, participants acknowledged that the profession is at the beginning of a long journey of reconciliation. Healing through dialogue, critical reflexivity and truth-telling will be ongoing. Occupational therapy models, values, tools, and terminologies need to better reflect collective and community perspectives while positioning relationship building as an essential starting point for practice. Importantly, as Alison emphasized in her closing remarks, occupational therapists cannot be expected to do this work on their own. Professional leadership organizations must align their policies and processes to better support the work of practitioners in their efforts to provide culturally safe practice and alleviate health inequities.

References

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About the authors

Barry Trentham, PhD, OT Reg. (Ont.), Sharon Eadie, OT Reg. (MB), Alison Gerlach, PhD, and Gayle Restall, PhD, OT Reg. (MB) made up the event presentation committee. For any questions or comments about this article and a full list of references for the reflection day, please contact: b.trentham@utoronto.ca