

The History of NLAOT

The Beginning

Occupational Therapy has an early history in this province that coincides with the early history of the profession in both Canada and the United States. References in the Grenfell Mission records refer to occupational therapy at the beginning of the 1900's. A recent publication by Dr. Ronald Rompkey, titled *Jessie Luther at the Grenfell Mission* gives us a firsthand look at early Occupational Therapy in Newfoundland. The book is based on a travel diary that the occupational therapist, Jessie Luther, wrote from 1906-1910 when she worked with the Grenfell mission in St. Anthony.

Prior to coming to Newfoundland, Luther had established herself as a respected member of the Arts and Crafts Society in New England, and in 1903 joined with Dr. Herbert Hall to develop programs which challenged the rest-cure approach to illness and favoured one which used occupation. In 1905 while touring a sanatorium where Luther worked, Dr. Wilfred Grenfell recruited Jessie Luther to work with people on the northern Newfoundland coast, meeting the needs of the local communities. What interested Dr. Grenfell was the non-medical application of occupation. Jessie Luther was now working full time as an occupational therapist at Butler Hospital in Rhode Island. She worked on a seasonal basis in Newfoundland, laying down our early roots. The Grenfell records may hold clues for the later development of the profession as well. We know little about our history period from 1910 to the 1940's.

In the mid-1940's St. John's was the site for what we had, until recently, thought was the birth of occupational therapy in this province. It was just following the Second World War when two University of Toronto-trained occupational therapists from Newfoundland came back to work at the Orthopaedic Hospital in St. John's. This facility was near the site of the present-day Dr. L.A. Miller Centre. Very shortly afterwards, other occupational therapists were employed at the Tuberculosis Sanatorium on Topsail Road near the School for the Deaf, and the Hospital for Mental and Nervous Diseases, a facility that we know today as the Waterford Hospital. Several of these pioneers made Newfoundland their permanent home, although they no longer continued to practice occupational therapy today.

In the 1950's the Sunshine Camp for Crippled Children, the site of the present-day Rotary Park, was founded to treat children with physical disabilities resulting from the Polio Epidemics of the 50's. Occupational therapists were employed at the Sunshine Camp and were instrumental in developing an inter-disciplinary treatment team. The Sunshine Camp expanded and moved to the Children's Rehabilitation Centre in the 60's, a more permanent location, occupational therapists continued to be a central part of the programs at the Children's Rehabilitation Centre, and it was here that occupational therapy really took root. Occupational Therapy Services were now available in many of the St John's hospitals.

The 1960's - Newfoundland and Labrador Association of Occupational Therapists is founded.

The formation of the Newfoundland and Labrador Association of Occupational Therapists (NLAOT) was the first big milestone in the development of the profession in this province. It

happened in the mid-1960's, thanks to a core group of occupational therapists working in the St. John's area. The NLAOT has represented occupational therapists on a consistent basis since that time and has been a central force in the development of the profession. In the 60's, NLAOT members presented briefs in support of a proposal for a School of Occupational Therapy in the Atlantic Region. The establishment of Dalhousie University School of Occupational Therapy in Halifax, Nova Scotia is due in some part to these efforts. The same NLAOT members initiated Newfoundland fieldwork placements for occupational therapy students in Canadian university programs. They were among the first therapists to have their departments accredited by the Canadian Association of Occupational Therapists (CAOT).

The 1970's - Growth and Consolidation

The 1970's were a time of change, expansion, re-organization and consolidation for occupational therapy in this province and in this country. The NLAOT developed a constitution and formed a committee that worked for over a decade to have occupational therapy a licensed profession. At the beginning of the 1970's there were four occupational therapists in this province and by the end of the decade our numbers totalled 23, with Occupational therapy departments throughout the province. Technology assisted occupational therapists in achieving a province-wide network, when the new teleconference system became available for NLAOT meetings, we were one of the first regular users. The 1970's also highlighted the beginning of the Annual Occupational Therapy Atlantic Conference, bringing together occupational therapists from all four Atlantic Provinces: Newfoundland & Labrador, Nova Scotia, New Brunswick and Prince Edward Island. Newfoundland & Labrador has hosted many OT Atlantic Conferences and continues to support this initiative. On a national level, Newfoundland & Labrador representation on the Board of Directors of the Canadian Association of Occupational Therapists began in the mid-70's. The NLAOT maintains affiliate status with the Canadian Association of Occupational Therapists and the NLAOT President represents the province at national levels via Professional Alliance of Canada, coordinated by CAOT.

In terms of re-organization, it was during this period that the Association of Allied Health Professions (AAHP) had its early beginnings. The AAHP served to bring together health professionals that included occupational therapists, physiotherapists, speech language pathologists, psychologists, and others. The formation of the AAHP and its role in negotiating collective agreements between the Province of Newfoundland & Labrador and its members was seen as a significant milestone for occupational therapy practice in the 70's. One of the early presidents of the AAHP was an occupational therapist.

The 80's were a time of community occupational therapy, the growth of private practice and a legislated profession. It is said that occupational therapy in Newfoundland came of age in the 80's, even though 60% of the membership of NLAOT at that time, were under the age of 25. Membership numbers fluctuated from a low of 18 in 1981 to a high of 50 in 1989, but even with these small numbers the NLAOT established permanent committees such as the Education Committee, Public Relations Committee and a Fund Raising /Social Committee. In 1987 the Legislation Committee was dissolved after a term of over 15 years, when Bill 8, an Act Respecting Occupational Therapists received royal assent. This Act allowed for direct access of clients to occupational therapists and was seen as a milestone for its time. The Newfoundland

and Labrador Occupational Therapy Board (NLOTB) is responsible for the licensed practice of occupational therapy in this province.

The Provincial Health Care System during this period was working on a community-oriented model for service delivery and occupational therapists were involved in many facets of this process. During this decade the NLAOT established an on-going relationship with the Provincial Department of Health and advocated for the expansion of occupational therapy practice into the community. Our profession was no longer institutionalized but was reaching out, practising in school-based programs, community outreach programs, technical aid programs, consultant visits, work hardening, work preparation and community health initiatives. This era also saw the opening of private practice in occupational therapy. These innovative therapists identified other sources for occupational therapy practice.

In the 1980's the Province of Newfoundland & Labrador entered into a formal agreement with Dalhousie University, School of Occupational Therapy and purchased a number of seats at the School reserved specifically for students of Newfoundland & Labrador. Occupational Therapy Fieldwork Programs were part of the normal routine of Occupational Therapy Departments in the Province and also acted as an important source of recruitment for therapists. Prior to the establishment of the Occupational Therapy Program at Dalhousie University, 85% of occupational therapists in this province were foreign educated, mainly from the England and Ireland. By the end of the 1980's the number of Canadian educated therapists had steadily increased and by 1989, 70% of therapists practising in this province were educated in Canada. In 1987 we saw the first Newfoundland graduates from the School of Occupational Therapy at Dalhousie University. Three Newfoundland & Labrador students graduated from the program in that first year, and continue to practice in the province today.

The 1990's- A Mature Occupational Therapy Community

We are a unique professional group in this province, due in part to the demographics of our membership, age, gender and place of origin. It is for these reasons, that occupational therapists in this province retain the energy, the spirit and the confidence of youth, although the profession has been in existence for over a century. It is this energy that enabled the NLAOT to host the 1992 Annual Conference of the Canadian Association of Occupational Therapists. Hosting the National Conference was a significant milestone in our development and allowed us to demonstrate to the country our abilities and achievements.

Other achievements in this decade include: the College of the North Atlantic graduated its first students from the Occupational Therapy Assistant Program, occupational therapy assistants play a vital role in the delivery of Occupational therapy services, the long-term care sector embraced occupational therapy as a vital member of their team, and some expansion in the provision of community based services.

During the 90's we saw incredible growth in this province with occupational therapists working in all regional health care facilities in the province. The number of private clinics in the province expanded to meet the demand for service from private payers.

The 90's were a period when occupational therapists became recognized as experts in the field of occupation. It was during this period that occupational therapists began to give expert testimony in terms of individuals functional independence and occupational therapy assessments were requested on a more consistent basis for individuals requiring home support, modified employment and adaptive equipment.

This was also a time of learning old things in new ways, regionalization, rationalisation and amalgamation of services saw occupational therapy move from a department based structure to a program-based model of service delivery, where formerly occupational therapists had largely practiced within the relatively structured and predictable environment of departments. A shift in thinking and role definition was required as we moved to work with new partners.

2000-2020

Occupational Therapy Workforce

Occupational Therapy continued to grow and change throughout this period. We now had a stable and mature workforce of approximately 200 occupational therapists assisted by occupational therapist assistants who were formally educated for their role through a program at the College of the North Atlantic, and whose first graduates were in 2002. Occupational therapists were present in growing numbers in all four health boards, including both rural and urban practice areas and in private practice which advertised 21 sole and group private practices by 2020.

Restructuring of Publicly Funded Health Care

The first two decades of the new millennium saw continued restructuring of publicly funded health care services in the province, with consolidation of services across the continuum of care, including acute care, community, long term care and public health, into four health boards. This restructuring eliminated many barriers to the facilitation of care across the continuum and created new roles and new positions for occupational therapists, particularly in the community and in long term care. In community, especially toward the end of the second decade, increased focus was placed on programs aimed at Aging in Place, Primary Care and Mental Health.

Program based management approaches to clinical services reallocated occupational therapists from traditional occupational therapy departmental structures into interprofessional teams that worked together to develop and deliver programs to specific populations of patients. There was an increased focus on the social model of care as well as the medical model, with greater recognition of the prevalence of chronic disease, the aging population, and the impact of mental health issues on the health of the population, all of which required occupational therapy services to address the occupational performance issues that were integral to these areas.

Broadening and Changing Occupational Therapy Services

New approaches to service delivery were implemented, including an interprofessional model of primary health care, an increased focus on population health, health promotion and prevention of injury and disease. The determinants of health, including housing, employment, the environment, and social interaction were recognized as important contributors to a healthy

population and to effective service delivery and occupational therapists were recognized as having expertise in these areas. An increased emphasis on employee wellness, including mental health, was identified as important to an effective workforce and occupational therapists working in occupational rehabilitation programs in both public and private practice were integral to addressing these areas. There was an emphasis on providing services from a community base whenever possible, resulting in the development of new partnerships with community agencies, municipalities, schools, employers, etc., thereby increasing access to services. At the same time, there was a recognition of the importance of providing evidence based interprofessional services to specific populations of people, including children with autism and learning disabilities, people with eating disorders, people requiring hip and knee replacements, specialized stroke teams, and the new youth and adult residential mental health facilities in the province. Occupational therapists were an important part of all of these teams.

Changes to the Education of Occupational Therapists

The Canadian Association of Occupational Therapists recognized the increased autonomy of practice in these new structures and changed the entry to practice educational qualification in Canada from a baccalaureate to a master's-level degree. This change was meant to ensure that the graduating occupational therapist would understand the necessity of strong evidence-based practice, the importance of working effectively in interprofessional teams, implementing program development and evaluation, demonstrating leadership in practice, and advocating effectively for occupational therapy services for clients.

Professional Practice Structures

With everchanging models of healthcare delivery, leadership was recognized as a key component to sustainability and growth in the profession. New clinical leadership positions were created in the publicly funded health boards to provide occupational therapists working autonomously in interprofessional teams with professional practice structures and supports. These were created to ensure competent practice, safe quality care to clients and families, ongoing professional development for therapists, educational opportunities for students and quality initiatives so that therapists could meet their professional responsibilities. As well as providing clinical services to clients, therapists were expected to provide clinical placements to occupational therapy and occupational therapist assistant students, engage in continuing education, participate in peer and self review, address the ethical issues that arise in increasingly complex practice environments, use evidence-based clinical decision-making tools to allocate limited resources fairly and equitably and to independently manage caseloads.

New Partnerships

Occupational therapists developed communications and partnerships effectively with a wide range of potential partners, including employers, schools, community agencies, municipalities, the provincial government etc. The Newfoundland and Labrador Association of Occupational Therapists developed liaison committees with the Workplace Health and Compensation Commission and the Newfoundland and Labrador Housing Corporation to create effective working relationships between these organizations and occupational therapists to better meet the needs of the clients they both served. The Department of Health created a Special

Assistance Equipment Program in 2002, hiring an occupational therapist to develop and implement policies and procedures that would ensure patients received appropriate adaptive equipment to meet their occupational performance needs and to provide mentorship to therapists across the province.

Telehealth Services

Occupational therapists had been early users of the Telehealth Network to link therapists across the province for professional purposes. Technology now became a vehicle for provision of clinical services as well. The COVID – 19 pandemic, beginning in 2020, created additional urgency and fuel for progression to virtual care with occupational therapists working in community and mental health practices becoming early and strong adopters.

Occupational Therapy practice is increasingly concerned with evidence-based outcomes, a focus on occupation, and clinical research. Many of our discussions are focusing on a more social model of care rather than a medical model of care and efforts to expand and build new partnerships abound. The NLAOT is actively leading the profession in new directions.

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