‘Ngā ia o te wā – Te kimi tūrangaawaewae mō tātou’

NZAOT
CONFERENCE 2010

THE RUTHERFORD HOTEL
TRAfalgar SQUARE, NELSON
8 - 10 SEPTEMBER 2010

in conjunction with

Pre Conference Workshops
Te Hui e Mua i Tiaki Tangata

7 SEPTEMBER 2010
Seminar Rooms, Braemar Campus, Nelson Hospital

REGISTRATION BROCHURE
Te Puka Rēhita

Register today
www.nzaotevents.com
The conference organisers wish to thank the following sponsors:

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Yes, you can:

Foundation Sponsors

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Chameleon Creative, Nelson
Rehabilitation Teaching & Research Unit, University of Otago
Work For Us
Research Review
It is our great pleasure to invite you to the creative and sunny paradise that is Nelson and the NZAOT Conference 2010: Shifting Sands-Creating Our Place.

This year’s conference promises to provide you with an irresistible blend of academic material, knowledge and experience, as well as an opportunity to explore the region’s history, lifestyle and stunning landscape which has led to “creating our place”, Nelson.

Shifting Sands-Creating Our Place addresses two key areas of occupational therapy. The first, how the profession of occupational therapy is shifting through the social, political, economic and environmental issues that we are facing and how our profession as occupational therapists can establish our place within any given environment. The second, how we embark on a journey with people of all abilities to ‘shift their sands’ and enable them to ‘create their place’ within their environments. With national and international speakers presenting, the programme promises to be diverse and inspiring and appeal to occupational therapists working in an array of settings.

We look forward to meeting you on the 7th of September and hope that you enjoy the wonderful venue and exciting theme of the 2010 NZAOT Conference.

Regards
2010 Conference Committee
ABOUT THE CONFERENCE

The conference will be held over three days with pre conference workshops on Tuesday 7th September 2010. This is the start of a programme that offers diverse and inspiring presenters from within New Zealand and further afield. Here are 10 reasons why you should attend:

• Being a part of New Zealand’s premier Occupational Therapy Conference.
• Taking the opportunity to attend practical workshops prior to conference.
• Attending presentations from two international keynote speakers- Associate Professor Matthew Molineux (Australia) and Professor Wendy Wood (Canada)
• Attending the presentation of the Frances Rutherford Lecture Award recipient – Grace O’Sullivan.
• Gaining valuable knowledge that can be utilised within occupational therapy practice.
• Networking with colleagues and academic peers around New Zealand and from further afield.
• Attending the Conference Dinner ‘Life’s a beach’ at the Tides Restaurant, Thursday 9th September, 7pm.
• Tasting Nelson’s award winning wine and food. If you’re a fan of seafood, Nelson has it all!
• Taking the opportunity to stay the weekend following conference and discover the Nelson Region.
• Experience Nelson for four days.

Nelson

The Nelson region offers you the chance to discover azure skies and wide open spaces, beaches and lakes, spectacular national parks and unique landforms, vineyards and gourmet cafes, artists and galleries, entrepreneurs and boutique shopping experiences. From the northern edge of the Southern Alps across the fertile plains and out to a great sweep of beaches, our place is beautifully laid out under a generous sun that delivers New Zealand’s highest sunshine hours. So why not stay after the conference and explore the Nelson region yourself!

Conference venue

The NZAOT conference will be held at The Rutherford Hotel, Trafalgar Square, Nelson. This is located within Nelson’s town centre and offers accommodation at conference rates. The Rutherford Hotel has great facilities to accommodate the conference programme and also offers restaurant, bar and café facilities to have that end of day drink or catch up dinner with colleagues.

Pre conference workshops will be held off site at the NMDHB, DHB Seminar Rooms, Braemar Campus, Waimea Road, Nelson.
**NZAOT Issues Forum**

**Wednesday 8th September, 1.30pm – 2.15pm**

This is an opportunity for discussion and debate about issues of importance to the association and to the occupational therapy profession. Send burning issues to the executive director by email: Siobhan@nzaot.com.

**Occupational Therapy Strategic Plan (2010 – 2015)**

**Wednesday 8th September, 2.15pm - 3.00pm**

The Occupational Therapy Key Strategic Stakeholders invite you to celebrate in the launch of a collaborative Occupational Therapy Strategic Plan. Six strategic themes will guide the future development of the profession.

**NZAOT AGM- Everyone welcome**

**Thursday 9th September, from 10.45am**

You are invited to the Annual General Meeting of the New Zealand Association of Occupational Therapists to be held on Thursday 9th September from 10.45am.

The regular business of this meeting includes receipt of and consideration of the annual report of Council; election of Executive Officers and Council at large; appointment of an auditor and any motions.

**Conference Organising committees**

**Local organising committee:**
Emily James (Convenor)  Richard Savill
Bella Clark  Trudy Nalder
Jill Macer  Anne Wilkinson
Alexandra Lowans  Paula Meer
Christine McKennan  Martin Chandler

**Scientific programme committee:**
Valerie Wright-St Clair  Merrolee Penman
Barbara Lavin  Clare Hocking
Jane Hopkirk  Alexandra Lowans

**Conference managers:**
Lu Budden & Dean Bradley
Convention Management New Zealand Ltd
(04) 479 4162
nzaot@cmsl.co.nz
SOCIAL PROGRAMME

Welcome Exhibition Drinks

Tuesday 7th September, 5.00pm – 6.30pm

Venue: The Rutherford Hotel

An opportunity to register for the conference, browse trade exhibitions and catch up with colleagues over a glass of wine.

Cost included in full registrations, tickets available for day delegates.

Dress code: smart casual

Conference Dinner ‘Life’s a beach!’

Thursday 9th September, from 6.30pm

Venue: The Tides, Trailways Hotel, 66 Trafalgar Street, Nelson

The dinner theme is ‘Life’s a beach!’ Relax and enjoy a night of fine dining by the Maitai River (the tide will be in!). Spot prizes for best beach wear, music and dancing from 9pm. Please be seated by 7.00pm

Restaurant is in easy walking distance of the conference venue.

Cost per ticket: $45.00 limited tickets available

Dress code: Theme based or smart casual
PRE CONFERENCE WORKSHOPS - Te Hui e Mua i Tiaki Tangata

Venue: Seminar Rooms, Braemar Campus, Nelson Hospital
When: Tuesday 7th September 2010
Two half day workshops are available, you may attend both.

(presenter biographies are on page 14)

Workshop A Tuesday 9.00am – 12.30pm

Assoc. Professor Matthew Molineux
BOccThy(QLd), MSc(ELond), PhD(QLd), AccOT

Workshop
Narratives in practice: The storied nature of occupational therapy.
Just as human life can be seen as a narrative experience, occupational therapy practice also has a storied nature. Clients and therapists bring their own stories into therapy in order to create a shared narrative with a plot centred on enabling the client’s occupational engagement. Furthermore, the reasoning of occupational therapists has long been recognised as having a narrative component. However, engaging with clients to understand their stories and co-create a story of recovery can be complex and challenging. This workshop will provide a brief overview of the narrative perspectives of humans and health before exploring stories within occupational therapy practice. Examples, of the stories from research and practice will be shared, and ideas for incorporating narratives methods into practice discussed.

Workshop B Tuesday 1.30pm – 5.00pm

Professor Wendy Wood
PhD, OTR, FAOTA

Workshop
Finding the theories that (Always!) drive practice: Strategies to optimize clinical supervision, competence and outcomes
Every clinical practice, knowingly or not, is driven by theory. As practitioners, we commonly assemble a mix of theoretical concepts, some of which we base on our own personal theories and others of which we pull from theories and conceptual practice models that are published in the literature or taught to us as students. Practitioners who are dedicated to delivering best possible practices are continually challenged to ask and answer this question: Is the theory that drives my practice as sound as possible? This workshop will engage participants in strategies that can help them identify the wealth of theories and theoretical concepts embedded within their clinical practices toward the goal of optimizing clinical outcomes. Applications related to supervision of occupational therapy students or other practitioners will also be developed.
**Where:** NMDHB, DHB Seminar Rooms, Braemar Campus, Waimea Road, Nelson. Entrance is opposite Nelson Hospital’s Emergency Department.

There are two car park areas on Braemar campus. Car parking one is as soon as you enter Braemar Campus (Haines Building closest) and car parking two has plenty of spaces is clearly marked “Public Parking” and follow the sign showing the arrows. (It is next to the Summer House Project Office).

**How to register:** Online at www.nzaotevents.com and remember if you register for both the NZAOT conference and one of these workshops you can get the workshop discount price as listed below.

**How much:**

<table>
<thead>
<tr>
<th></th>
<th>Workshop</th>
<th>Discount Price (attending 1 or 2 workshop(s) plus conference as a full delegate)</th>
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<tbody>
<tr>
<td>NZAOT Member</td>
<td>$95</td>
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<tr>
<td>Retired / Full time Student</td>
<td>$38</td>
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</table>
# NZAOT 2010 Conference Programme

## Te Hui Te Wātaka

(Correct at time of print, subject to change)

### Tuesday 7 September

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
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<tbody>
<tr>
<td>9.00am - 12.30pm</td>
<td>Pre conference workshop with Assoc. Professor Matthew Molineux, School of Occupational Therapy and Social Work, Curtin University of Technology. <strong>Narratives in practice: The storied nature of occupational therapy.</strong> <em>(Seminar Rooms, Braemar Campus, Nelson Hospital)</em></td>
</tr>
<tr>
<td>1.30am - 5.00pm</td>
<td>Pre conference workshop with Professor Wendy Wood, Colorado State University. <strong>Finding the theories that (always) drive practice: Strategies to optimize clinical supervision, competence and outcomes.</strong> <em>(Seminar Rooms, Braemar Campus, Nelson Hospital)</em></td>
</tr>
<tr>
<td>5.00pm - 6.30pm</td>
<td>Registration and Exhibition Welcome Function - Rutherford Hotel</td>
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### Wednesday 8 September

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7.45am</td>
<td>Registration Opens</td>
</tr>
<tr>
<td>8.30am</td>
<td>Mihi Wakaata / Official Welcome</td>
</tr>
<tr>
<td>9.30am</td>
<td>Frances Rutherford Lecture: Grace O’Sullivan. <strong>Time: Occupational therapy: Setting the pace</strong></td>
</tr>
<tr>
<td>10.45am</td>
<td>MORNING TEA</td>
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<tr>
<td>12.45pm</td>
<td>LUNCH- kindly sponsored by Euromedical Ltd</td>
</tr>
<tr>
<td>2.15pm-3.00pm</td>
<td>NZAOT Issues Forum</td>
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<tr>
<td>3.00pm</td>
<td>AFTERNOON TEA</td>
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### Thursday 9 September

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>5.00pm</td>
<td>DAY CONCLUDES – evening at own leisure</td>
</tr>
</tbody>
</table>
### Thursday 9 September

#### 8.30am
REGISTRATION OPENS

#### 9.00am
**Keynote:** Professor Wendy Wood, Colorado State University. *Navigating shifting sands: Lessons from wise way finders.*

#### 10.15am
MORNING TEA

#### 10.45am
NZAO AGM – Everybody welcome

#### 12.45pm
LUNCH – kindly sponsored by Euromedical Ltd

#### 1.30pm – 3.00pm

<table>
<thead>
<tr>
<th>Workshop 1</th>
<th>Panel Discussion</th>
<th>Presentations – Physical Dysfunction</th>
<th>Presentations – Children &amp; Young People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes in community practice. Fiona Mains &amp; Dr Linda Wilson, School of Occupational Therapy, Otago Polytechnic.</td>
<td>Supporting new graduates: New graduate supervisor, fieldwork coordinator and educator perspectives. Dr Linda Robertson, Kaye Cheetam Otago Polytechnic, Tara Morison Taranaki Base Hospital, Richard Carter &amp; Karen Goymour Whanganui DHB.</td>
<td>'Putting the cart before the horse’ – Redesigning OT service delivery for elective neck and back surgery patients. Sharon Downie, Monash Medical Centre Occupational Therapy Department.</td>
<td>Enabling successful schooling: A case study to explore successful local schooling for a student with very high needs. Jill Ford, Ministry of Education.</td>
</tr>
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<td></td>
<td></td>
<td>Voice recognition software: Is it the way of the future for us and our clients or just smoke and mirrors? Raewyn Aprea, TalkLink Trust.</td>
<td>Introducing the Occupational Child-Centred Assessment Approach (OCCAA) for use in professional practice. Dr Ted Brown, Department of Occupational Therapy, Monash University.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Expanding the basis of practice: Learning from people with an impairment. Dr Clare Hocking, Auckland University of Technology.</td>
<td>Hidden treasures in shifting sands: Occupational therapy for children who are gifted and talented. Wendy Hindmarsh-Hook, Professional Advisor for Occupational Therapy Child, Women &amp; Family Services, Waitemata DHB.</td>
</tr>
</tbody>
</table>

#### 3.00pm
AFTERNOON TEA

#### 3.30pm – 5.00pm

<table>
<thead>
<tr>
<th>Workshop 1</th>
<th>Presentations – Adult Rehabilitation</th>
<th>Presentations - Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers’ literacy expectations shaping the occupational experiences of new entrant students. Rita Robinson, School of Occupational Therapy, Otago Polytechnic.</td>
<td>The day-to-day experience of occupying time when you have time on your hands. Steve Park, Dr Anita Bundy &amp; Dr Lindy Clemson, University of Sydney.</td>
<td>Where has the meaning of occupation gone? Dr Kirk Reed, Auckland University of Technology.</td>
</tr>
<tr>
<td></td>
<td>Occupational therapy for chronic headaches. Susan McNulty, University of Southern California.</td>
<td>A framework for understanding occupations? Dr Linda Wilson, &amp; James Sunderland, School of Occupational Therapy, Otago Polytechnic.</td>
</tr>
<tr>
<td></td>
<td>The role of the occupational therapist in the ‘communication assistive technology’ world. Raewyn Aprea, TalkLink Trust.</td>
<td>Occupational justice and the stigmatisation of people with mental illness. Julie Netto &amp; Prof Errol Cocks, School of Occupational Therapy &amp; Social Work, Curtin University.</td>
</tr>
<tr>
<td></td>
<td>A shift in technology use and access - The current options for the integration of wheelchair controls with computers and environment control units (ECU). Mark Dewar, TalkLink.</td>
<td>When even the sands are washed away ... stories of survival through occupational eyes. Alison Nelson, Hawke’s Bay Hospital Soldiers’ Memorial &amp; Dr Linda Wilson, School of Occupational Therapy Otago Polytechnic.</td>
</tr>
</tbody>
</table>

#### 6.30pm
CONFERENCE DINNER at the Tides Restaurant, please be seated by 7.00pm
FRIDAY 10 SEPTEMBER

8.00am  REGISTRATION OPENS

8.30am  Occupational Therapy Board of New Zealand - Boundaries to the scope of practice – new landscapes require flexibility

9.00am  Keynote: Associate Professor Matthew Molineux, School of OT & Social Work, Curtin University of Technology. Standing firm on shifting sands.

10.15am  MORNING TEA

10.45am - 11.15am  Poster Presentations

Power of occupation: Adventure based learning within forensic mental health. Pam Schofield, Canterbury DHB.

TPEG-based occupational evaluation and therapeutic activities planning system design. Kun-I Chiu, Minghsin University of Science and Technology.

Using sleep systems for all ages: the Outreach experience. Emily Gooder, Enable New Zealand.

How modern technology has affected our workplaces and the impact on occupational therapy practice. Jane Cowan-Harris, SitRight WorkWell.

11.15am -12.45pm  Workshop 1  Workshop 2

Better@Work - changing the way occupational therapists work with ACC. Sustainability rates and return to work tools and the Better@Work programme one year on. Joanne Mintoff, Lifestyle Potential. (maximum 25 people)

Occupational justice in New Zealand: Implementing the WFOT position paper on Human Rights. Dr Clare Hocking, Auckland University of Technology.

Academic teaching and clinical education learning environments: How do health science students view them? Dr Ted Brown, Dept. of Occupational Therapy, Monash University, Peninsula.

The acute care environment: a student perspective. Luciana Blaga, Otago DHB & Dr Linda Robertson, Otago Polytechnic.

The influence of occupational therapy student fieldwork placements on recruitment. Susanne Keller, Midcentral DHB & Dr Linda Wilson, School of Occupational Therapy, Otago Polytechnic.

The lived experience of people who are recovering from mental illness. Kim Henneker, Hawkes Bay DHB.

12.45pm  LUNCH– kindly sponsored by Euromedical Ltd

1.30pm - 3.00pm  Workshop 1  Workshop 2  Panel Discussion  Presentations – Brain Injury

Engaging support staff in education. Alexa Andrew & Linda Robertson, School of Occupational Therapy, Otago Polytechnic.

Shifting sands: creating our place. Be the wind, not a grain of sand! Clive James, CAMHS Tauranga.

Cultural safety: firm foundations to fluency. Isla Whittington, Raukura Hauora o Tainui, Dr Linda Wilson, School of Occupational Therapy, Otago Polytechnic, Jane Hopkirk, Te Rau Matatini & OT Board of NZ, Alison Nelson, Hawkes Bay DHB & Kevin Brown, Enliven, Presbyterian Support Services.

Lives that speak: A collaborative research project. Dr Mary Butler, Injury Prevention Research Unit & William Fairbank, Bridgهام Centre for World Peace.

In an aging world: Understanding the community integration experiences and needs of older adults following traumatic brain injury. Linda Ritchie, Auckland University of Technology & Counties Manukau DHB & Dr Valerie Wright-St Clair, Auckland University of Technology.

Identity oriented goal training after TBI. A new approach to client centred goal setting. Sandy Rutherford, Kathryn McPherson, Nicola Kayes & Felicity Bright, Auckland University of Technology.

Pets providing therapy. Belinda Simpson, Abano Rehabilitation.

3.15pm - 4.00pm  CLOSING CEREMONY
Frances Rutherford Lecture

Grace O’Sullivan
MHSc.(OT), NZROT, Doctoral Candidate

Keynote Presentation
Time: Occupational therapy: Setting the pace

Abstract: I didn’t know what I didn’t know. I imagine many of us can relate to that thought. Knowledge comes progressively; we learn from experience and act differently as a result of new knowledge and insights. With that notion in mind, the focus of this presentation is the pursuit of knowledge that will make a difference to occupational therapy practice and thus to the health and well being of people and communities. Occupational therapists are challenging existing practices, moving into new settings, and delivering services to populations we previously overlooked. Those changes are occurring because occupational therapy has taken on a new meaning, supported by the principles of occupational justice, equity, and people’s right to have opportunities to engage in meaningful occupations, despite their age or level of ability.

The importance of occupation in people’s lives is increasingly acknowledged at international and governmental levels. The World Health Organization recognized its role in promoting health in the International Classification of Functioning (2002) as did the New Zealand Government’s Health and Disability Sector Standards (2008). As a health profession, we need to foster this shift to maximize the impact we have on the lives of others, be they individuals, families, or communities. One way of doing that is to be a proactive agent of change. To illustrate what is within every occupational therapist’s grasp, this presentation draws on examples from practice, research, and representative roles of the difference one occupational therapist can make by trusting their knowledge base, challenging the status quo in practice, and championing occupational justice.

About the Presenter:
Grace O’Sullivan currently divides her time between her doctoral thesis focusing on the support needs of people who live with dementia in the community, a busy private practice, and her role as editor of the New Zealand Journal of Occupational Therapy.

Graduating from AUT University with a Bachelor of Health Science (Occupational Therapy), and later a Master of Health Science, Grace has made a considerable contribution to knowledge development and dissemination in occupational therapy and occupational science. She has also raised the profile of occupational therapists in professional and governmental forums.

As a result of putting knowledge into practice, she was awarded the Medical Staffing International / NZAOT Occupational Therapy Achievement Award in 2005 for achievement in her field of practice. More recently her work in residential care has been recognised through a Health Care Providers New Zealand, Built and Grown Environment Award in 2007.

Grace will present the prestigious Frances Rutherford Lecture. This award aims to encourage occupational therapists in their professional careers and to acknowledge those who have made a significant contribution in their specialist field of occupational therapy.

Other interests include: Walking the beach early in the morning, working out at the gym, tramping or cycling in the quiet of the countryside, traveling, pottering around in the garden, reading, listening to the sound of silence and country music.
KEYNOTE SPEAKER

Professor Wendy Wood
PhD, OTR, FAOTA

Keynote Presentation:
Navigating shifting sands: Lessons from wise way finders

Abstract: Enlightened institutions and groups worldwide, including that of the occupational therapy profession, owe their existence today to wise way finders who successfully navigated the shifting sands of earlier times. In this keynote address, I will explore the wisdom of wise way finders, past and present, from occupational therapy and beyond. My purpose in doing so is multifaceted. Given the shifting sands that contemporary occupational therapists must navigate, I wish to propose time-proven strategies for making our way forward during today’s rapidly changing times. I want to suggest possible guideposts by which we can gauge our progress in the light of an unforeseeable future. I will endeavor, too, to offer sustenance and justifiable hope for the promising journey ahead. Woven throughout my presentation will be a focus on the centrality of everyday occupation to human wellbeing and, therefore, to occupational therapists’ strategies for imaginatively and constructively addressing and creating change.

About the Presenter:
Wendy Wood is Professor and Head of the Department of Occupational Therapy at Colorado State University in the United States. Dr. Wood became an occupational therapist in 1975 upon graduating with a Bachelor of Science in Occupational Therapy from Tufts University. She earned a Master of Arts in Occupational Therapy in 1988 and a Ph.D. in Occupational Science in 1995, both from the University of Southern California. Her doctoral work examined relationships among environmental opportunities for occupation and the well-being of zoo chimpanzees. Dr. Wood joined the Division of Occupational Science at the University of North Carolina at Chapel Hill in 1995, where she studied environmental influences on the occupations and quality of life of people with dementia. From 2005-2008, she was an Associate Professor in Occupational Therapy and Research Associate Professor in Geriatrics at the University of New Mexico, as well as a home health practitioner. Dr. Wood served as Associate Editor of the American Journal of Occupational Therapy from 2004 to 2008. She has authored over 40 articles and chapters in referred publications. In addition to being a passionate advocate of occupational therapy, Dr. Wood enjoys playing her guitar, gardening, biking, hiking, and skiing with family and friends.

KEYNOTE SPEAKER

Assoc. Professor Matthew Molineux
BOccThy(Qld), MSc(ELond), PhD(Qld), AccOT

Keynote Presentation:
Standing firm on shifting sands

Abstract: It seems almost trite to state that the world is changing rapidly, but the world is changing. As a result, the contexts in which occupational therapists operate are constantly shifting. An easy way to respond to this situation is for the profession to be blown by the prevailing winds and therefore follow the ever-changing landscape. To do so would, however, be detrimental to the profession and more importantly the people we serve. This presentation will consider the ways in which occupational therapists can stand firm on the ever-shifting sands, so that we are well placed to serve individuals, communities and societies.

About the Presenter:
Matthew Molineux is an Associate Professor in the School of Occupational Therapy and Social Work at Curtin University of Technology, Perth, Western Australia. Matthew graduated from the University of Queensland with a Bachelor of Occupational Therapy and after working in Brisbane for a short time he moved to the United Kingdom where he worked for 16 years before returning to Australia in early 2009. He has worked in occupational therapy education since 1996 and prior to moving to Perth he established the UK's first Occupational Science and Occupational Therapy academic group. He completed a Master of Science in occupational therapy at the University of East London and it was around that time that he discovered occupational science. Since then he has been passionate about encouraging, and sometimes challenging, occupational therapy students and practitioners to engage in occupation-based practice. Matthew’s interest in occupation carried over into his Doctor of Philosophy in occupational therapy at The University of Queensland when he gathered oral histories of men living with HIV in the UK and analysed them narratively to explore issues such as occupational identity and an occupational, rather than biomedical, trajectory of living with HIV. Matthew has edited Occupation for Occupational Therapists and has numerous book projects in development; Occupational Therapy and Physical Dysfunction: Enabling Occupation (co-editor), Occupational Narratives (editor), Dictionary of Occupational Science and Occupational Therapy (editor/author). He is a member of the World Federation of Occupational Therapists International Advisory Group: Occupational Science.
**ACCOMMODATION**  
*(All prices are in New Zealand dollars and include GST)*

**The Rutherford Hotel**  
The Rutherford hotel is perfectly located as it is your conference venue, this price is available when you book at the time of registration (not direct with the hotel).

Executive Room - $175 per night per room.

**Rutherford Hotel Booking Clauses**

**Hotel Deposits**  
Accommodation will not be confirmed until a valid credit card number and expiry date is provided or a deposit of one night’s tariff is received. This will be forwarded to your requested hotel and will be held against your room account.

Delegates must settle the balance of their account with the hotel concerned upon check out. If accommodation deposits are not received before 6 August 2010 your room will be released back to the hotel. The conference managers does not take responsibility for accommodation if deposits are not received by this date. Accommodation reservations are not confirmed until payment is received.

**Deadline for accommodation bookings**  
The conference managers has an obligation to return all unsold rooms to the hotels on 6 August 2010, therefore requests for accommodation bookings and rates reserved after that date cannot be guaranteed. The rates quoted are only valid for bookings made prior to 6 August 2010. Late bookings can be made through the conference managers after 6 August 2010 but are subject to availability and credit card details are required to secure the reservation. If the reservation is cancelled please refer to the cancellation policy.

**Amendments**  
Any addition or amendment to accommodation requirements must be advised in writing to the Conference Administrator, not to the hotel direct.

**Cancellation Policy**  
All cancellations must be in writing to the conference managers and not to the Hotel direct. No accommodation deposits will be refunded on or after 6 August 2010 (unless at the discretion of the hotel). Cancellations made after 31 August 2010 (7 days before the Conference) may result in the hotel charging for the total number of room nights booked.

**Early and Late Arrivals**  
Check in time after 2.00pm. Check out time is 10.00am.

Please also note that for arrivals prior to check-in time of 2.00pm, rooms cannot be guaranteed unless the previous night has also been reserved. Hotel rooms will only be held until 6:00pm, if you are likely to arrive at your hotel after 6:00pm, please advise the conference managers, Convention Management, otherwise it is possible that your room will be released and your deposit forfeited and the total number of room nights be charged to the credit card provided. Check out time is 10.00am, additional charges may apply for late checkout.

**Other accommodation**  
There is a large variety of accommodation options available within 5 minutes walking distance from the conference venue. To view other accommodation options please refer to the website www.nzaotevents.com. Please remember that accommodation is subject to availability, so book early!
REGISTRATION INFORMATION 2010

Please note that the conference committee are pleased to offer a reduced registration with payment required by 19 July 2010.

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<tr>
<th></th>
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<th>Late Rate From 19 July</th>
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Day delegate registration fees

(please circle day attending) WED THU FRI

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½ day Pre-conference Workshops (limited spaces – bookings made on a first in basis)

<table>
<thead>
<tr>
<th></th>
<th>Each Workshop</th>
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REGISTRATION FEES ARE INCLUSIVE OF THE FOLLOWING:

**Full delegate**
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ABSTRACTS FOR BREAKOUT SESSIONS  
(correct at time of print, subject to changes)

Wednesday 8th September 11.15am – 12.45pm

You choose one of the following sessions to attend:

(OPTION 1) Workshop 1

Low risk research with high risk participants: A guide to ethical approval for occupational therapy research.
Penelope Kinney and Dr Linda Wilson - School of Occupational Therapy, Otago Polytechnic.

With an increasing number of occupational therapists completing postgraduate study and emerging clinical researcher roles, practice needs to change with the changing demographics of the profession. Occupational therapists are increasingly interested in completing research, especially with the recipients of our services. This requires gaining ethical approval. Therapists can find the thought of seeking such permission daunting, especially. Most occupational therapy research will probably be seen as relatively low risk, even though our clients may be very vulnerable people.

Ethical approval has been part of the New Zealand health research system since the 1950s, although our current system of independent ethical review was developed largely in response to the Cartwright Inquiry. The health and disability ethics committees (established under the New Zealand Public Health and Disability Act 2000) provide protection for participants in research in the health and disability sector.

The primary role of the committees is to provide independent ethical review of health and disability research and innovative practice to safeguard the rights, health and wellbeing of consumers and research participants, in particular, those with diminished autonomy.

The purpose of this workshop is to help people obtain ethics approval, using as an example a successful application to a Health and Disability Ethics Committee. We identify the issues faced and then outline strategies used to manage these challenges, which we believe can be used by other occupational therapists seeking ethics approval.

People are encouraged to bring ideas for their research that will be workshopped to identify key ethical issues during the workshop.

References:

About the authors:
Penelope Kinney is a lecturer at the School of Occupational Therapy in Dunedin. She is involved in teaching in the undergraduate programme and coordinating the postgraduate programmes. Prior to coming to Otago Polytechnic Penelope worked in the secure forensic unit for the Canterbury District Health Board, with probably one of the most vulnerable and dangerous populations. She is currently enrolled in her masters by thesis which involves researching a forensic psychiatric population.

Linda H Wilson is an experienced occupational therapist who currently lectures in the School of Occupational Therapy at Otago Polytechnic at both the undergraduate and postgraduate levels, and supervises honours and masters students. She also chairs the Otago Polytechnic Research Ethics committee. Her doctoral studies gave her a way of looking at changes in the profession’s practice that help our understanding of barriers to participating in research within this profession. She has recently been on sabbatical to the US and Canada where she was be involved in exploring aspects of international occupational therapy history and future practice.
Digital technology and the commonplace: Equipping students to explore and question the use of digital technologies in occupational therapy practice.
James Sunderland - School of Occupational Therapy, Otago Polytechnic

This workshop is based around the presenter’s experience of researching, planning and delivering a Stage Two paper called Participation in Occupation One, offered in the Bachelor of Occupational Therapy programme delivered at the School of Occupational Therapy, Otago Polytechnic. Participation in Occupation One looks at the commonplace use of digital technologies, in the society we live in, as well as current and potential applications to occupational therapy practice.

The aim of this workshop is to increase attendee's understanding of the digital technology skills and knowledge Otago Polytechnic graduates bring to the profession.

In the workshop justification for the choice of content, the teaching/learning methods used and digital tools introduced is given. Connections between the content and the concepts of digital divide, social and occupational justice (Occupational Science) will be made. Consideration of how ethics is addressed in the application and use of digital tools will be outlined. Examples will be provided of students’ blogs as well as websites, web 2.0 tools and online materials which have direct or potential application to occupational therapy practice. Workshop attendees will be asked to participate in activities which will promote discussion around the use, or potential use, of digital technology in the profession and how digital technology fits within our domain of concern and in the lives of those we work with. The question will also be posed as to how ready the profession is to receive, accommodate and make use of graduates with digital skills and a willingness to use them.

About the author:
James Sunderland is a lecturer at the Otago Polytechnic School of Occupational Therapy. His teaching has a particular focus on human occupation through investigation of the humanities, imaginative literature, film, and technologies, with a strong experiential component. James has practice experience in the field of community brain injury.

Discharge planning options developed to cope within the pressure cooker of acute wards.
Karen Goymour - Whanganui DHB

Due to patient flow from the acute wards to the community, the clinicians and the Whanganui District Health Board Funding and Planning division meet to discuss solutions, to allow the elderly the opportunity to recover from the acute event that brought them into the hospital. The individuals identified do not require an intensive period of intervention via the Assessment Treatment and Rehabilitation Ward. A number of studies have noted that the elderly are coming to hospital more deconditioned and therefore their need to recovery is extended. Currently the acute wards are funded for a finite period of time and with the elderly tending to remain for extended periods on acute wards two strategies were developed by the Whanganui District Health Board to assist in increasing the patient flow in the hospital. These programmes are: Restorative Recovery Programme -a four week slow rehabilitation programme and The Transitional Care Programme -a one week programme that allows for natural recovery to occur. Both of these programmes are based in residential care providers and have goal based programmes to monitor progress.

The occupational therapists are one of the lead clinicians involved in the discharge planning especially of the elderly. And are actively involved in follow-up the individuals on these programmes to identify their current functional levels and of their readiness to return home.

This practice based paper will look at the two options that were developed and how occupational therapists are involved in the assessment, rehabilitation and follow-up of these two programmes.

About the author:
Work -5 as the Occupational Therapist on the Rapid Response Team and -5 as a Community Occupational Therapist one of the areas that I work in is the Restorative Recovery Team. Both of these areas involve working with the elderly in returning them to their own homes if possible. I am committed to student education and regularly have students and have completed post graduate studies recently myself.
Occupational therapy’s role in promoting road safety in our ageing population:
Creating our place in shifting sands.
Jenny Oxley & Barbara Brook - OTRS Group Ltd

Motor vehicle accidents are the leading cause of injury related deaths among 65 – 74 year olds and the second leading cause among 75 – 84 year olds (after falls). They have a higher fatality rate than any other age group except under 25 year olds. Drivers over 75 years are involved in more accidents per kilometre than middle aged drivers. By 2030 the number of persons over 70 years old is predicted to triple. Although many older drivers self regulate their driving, it is not enough to keep crash rates down. Driving is a key role in everyday life for NZ society for all cultures, which impacts on self esteem, independence, social, vocational and avocational activities. It is an intrinsically complex task, combining well learned routines and ability to respond flexibly and safely to unpredictable events.

Is your client/patient medically fit to drive? This is a question that occupational therapists in all practice areas need to consider. Driving is a highly valued activity of daily living which should be included in all assessment and rehabilitation intervention.

This presentation will explore the effects of ageing, deficits, their characteristics and the effect on the person’s ability to drive safely. Its aim is to promote road safety and the role of occupational therapy in this increasingly important area of work. Practical tools will be provided to use with clients.

About the authors:
Barbara Brook and Jenny Oxley own a multi-disciplinary rehabilitation company. They have developed a passion for driver safety for people with medical/ injury related conditions. Both completed the post-graduate Certificate in Occupational Therapy Driver Assessment & Training at Sydney University in 2003.

Can you perceive what I see? The reliability and concurrent validity of three adult visual perceptual tests.
Dr Ted Brown - Department of Occupational Therapy, Monash University, Peninsula

Introduction & Background: Adults who present with a stroke often have concurrent visual perceptual (VP) problems. This in turn can negatively impact on an adult’s daily living skills. It is essential that therapists who evaluate clients’ VP problems use valid and reliable tests. Three recently developed standardised adult VP tests are the Motor-Free Visual Perceptual Test – 3 (MVPT3), Developmental Test of Visual Perception – Adolescent and Adult (DTVP-A), and Test of Visual Perceptual Skills 3rd edition (TVPS3). The purpose of this study is to compare the validity and reliability of these three VP tests with a sample of adult participants.

Method: 172 healthy participants and 49 participants who had a stroke took completed the MVPT3, DTVP-A and TVPS3. Internal consistency, test-retest-reliability, convergent validity and discriminative validity of the 3 VP tests was examined using Cronbach alpha co-efficients, Intra-class correlation coefficients and T-test statistics. Ethics approval for this study was received from Monash University.

Results & Conclusion: The 3 VP tests exhibited varying degrees of validity and reliability. All 3 scales were able to differentiate between healthy participants and participants with a stroke. The 3 scales also exhibited moderate to good levels of internal consistency and test-retest reliability. The DTVP-A appeared to be the best assessment to use with adult clients.

Implications for practice: Therapists will be informed about what visual perceptual tests are best to use with clients who have had a stroke. Key points will be illustrated for audience participants using Power Point slides.

About the author:
Dr Ted Brown is an Associate Professor and Postgraduate Coordinator in the Monash University Department of Occupational Therapy. Ted received his OT qualifications in 1986 at Queen’s University, Kingston, Canada. He received his PhD in 2003 from the University of Queensland, Brisbane, Australia. Ted has over 18 years of clinical experience mainly working with children and their families. Ted’s research interests include paediatric occupational therapy practice, test development, evaluation and validation, applying the Rasch Measurement Model, and factors related to the education of students enrolled in health-related disciplines.
Occupation and quality of life among people with dementia in residential settings.
Professor Wendy Wood - Colorado State University

Based on the author’s research, this paper will examine environmental influences on the daily patterns of time use and quality of life of people with dementia living in residential institutions. Implications for how occupational therapists can help implement personalized programs of everyday occupation for residents with dementia through staff training and consultation will be explored.

About the author:
Wendy Wood is Professor and Head of the Department of Occupational Therapy at Colorado State University in the United States. Dr. Wood became an occupational therapist in 1975 upon graduating with a Bachelor of Science in Occupational Therapy from Tufts University. She earned a Master of Arts in Occupational Therapy in 1988 and a Ph.D. in Occupational Science in 1995, both from the University of Southern California. Her doctoral work examined relationships among environmental opportunities for occupation and the wellbeing of zoo chimpanzees. Dr. Wood joined the Division of Occupational Science at the University of North Carolina at Chapel Hill in 1995, where she studied environmental influences on the occupations and quality of life of people with dementia. From 2005-2008, she was an Associate Professor in Occupational Therapy and Research Associate Professor in Geriatrics at the University of New Mexico, as well as a home health practitioner. Dr. Wood served as Associate Editor of the American Journal of Occupational Therapy from 2004 to 2008. She has authored over 40 articles and chapters in referred publications. In addition to being a passionate advocate of occupational therapy, Dr. Wood enjoys playing her guitar, gardening, biking, hiking, and skiing with family and friends.
New waves, familiar sensations: Sensory modulation across the lifespan.

Emma Tokolahi & Kunai Adlakha - Kari Centre, Auckland DHB
Wendy Wright - Older Person’s Mental Health, Auckland DHB
Kate Whelan & Susannah Limbrick - Taylor Centre Adult Mental Health, Auckland DHB

The shifting sands of practice have brought recent renewed interest in the use of sensory modulation therapy as a legitimate tool for supporting recovery in mental health services across New Zealand (Provost, Crowe, Acree, Osbourn, & McClain, 2009). There is an emerging evidence base for the approach of sensory modulation and the use of sensory tools in assessment and treatment of physical and mental health disorders across a range of practice contexts and for clients in varied developmental stages of life (Bar-Shalita, Seltzer, Vatine, Tochman, & Parush, 2009; Bar-Shalita, Vatine, & Parush, 2008). Occupational therapists are well placed to lead the way regarding assessment, treatment, planning and implementation of sensory modulation in mental health (Miller, Coll, & Schoen, 2007). This practice-based presentation will briefly consider the neuro-scientific underpinnings of sensory modulation theory and its role in supporting Recovery in mental health (Catmur, Walsh, & Heyes, 2007; Falck-Ytter, Gredeback, & von Hofsten, 2006; Oberman, Hubbard, McCleery, Altschuler, Ramachandran, & Pineda, 2005). Three case studies will be considered in which sensory modulation played a significant role in the assessment and / or treatment within the occupational therapy process. There will be a clinical example from children’s, adults’ and older persons’ mental health to show the relevance and range of applications of sensory modulation within occupational therapy across the lifespan.

About the authors:

Emma Tokolahi is an occupational therapist currently working in community CAMHS and undertaking an MSc in Health Sciences: Occupational Practice. Emma trained in the UK and moved to NZ in 2005; working across inpatient and community mental health. Her current interests include researching a occupation-based group intervention for children.

Kunai Adlakha is an occupational therapist currently working in community CAMHS. Kunai graduated in 2008 and completed a PGCert in Child and Adolescent Mental Health alongside practice. Currently he is pursuing a PGDip in Occupational Therapy. Kunai’s areas of interest are sensory modulation and scope of occupational therapy for children with neurodevelopmental disorders.

Wendy Wright is an occupational therapist currently working in Older Person’s Mental Health in the community.

Kate Whelan is an occupational therapist currently working in a community Adult Mental Health Team with a focus on early intervention.

Susannah Limbrick graduated as an OT from AIT (now AUT) in 1993 and completed a Diploma in Family Therapy in 2002. She has worked in mental health settings across NZ and currently at Taylor Centre, Adult Community Mental Health, ADHB. She is excited by developments around Sensory Modulation in mental health and linking this with existing interest in DBT.
Examining the use of sensory interventions in acute mental health services: A pilot study.

Dr Daniel Sutton - Auckland University of Technology  
Michael Wilson - Te Pou: The National Centre for Mental Health Research, Information & Workforce Development  
Dr Kirsten Van Kessel - University of Auckland  
Nick Garrett - Auckland University of Technology

The goal of reducing the use of seclusion and restraint in mental health services has resulted in the exploration of alternative methods for managing arousal. The use of sensory-based interventions to assist service users in regulating emotional response is attracting interest worldwide. There are few studies examining the efficacy of sensory interventions with adults experiencing acute mental health problems. This presentation provides an overview of a pilot study to examine the efficacy and acceptability of sensory intervention to clinicians and service users in acute mental health services. Services were invited to participate in the study and four sites were selected based on criteria including service user demographics and readiness to adopt the interventions. Two other sites were selected as controls. A dedicated sensory room equipped with a range of sensory tools was installed at each of the sites. Clinical staff were trained in the theory and practice of sensory interventions and oriented to the data collection forms. Qualitative and quantitative data related to the use of the room were gathered over a 6 month period using pre and post intervention ratings of arousal and recording staff and service user feedback. Qualitative data were also gathered through service user focus groups and interviews with staff. Early findings suggest that sensory-interventions are effective in modulating arousal and promoting de-escalation and may contribute to a decrease in the use of seclusion. Occupational therapists have played an important role in the development of sensory interventions and need to continue to lead the application of this promising approach within acute mental health services.

About the author:  
Daniel Sutton is a Senior Lecturer in the Department of Occupational Science and Therapy, Auckland University of Technology. He has worked as an Occupational Therapist in a variety of mental health services in New Zealand as well as the United Kingdom and completed a Doctorate exploring the experience of recovery from mental illness from an occupational perspective.

The use of creativity as a vehicle for change in young people-an evolving model of practice.

Sarah Redfearn - Ashburn Clinic  
Micaela Kena - Youth Wellness Trust

Young people who present to the services in which we work have a myriad of self defeating behaviors such as drug and alcohol misuse, eating disorders, self harm and risky sexual behavior. Supporting young people to consider change and work towards a more satisfying future is a collective goal. As occupational therapists working with youth we have amalgamated three elements of knowledge which we know to be excellent tools for change. This has lead us to produce a ‘change model’ unique to occupational therapy. The three elements are firstly; psychodynamic theory, especially attachment theory. This informs us of the importance of early relationships and guides us in effective therapeutic relationships. Secondly Prochaska and Diclementes’ cycle of change principles provides a useful framework and expected pathway for change. Lastly the basic occupational therapy principle: the power of activity to remediate dysfunction. Our knowledge of creative activity provides an effective method of delivering these elements in a way that is cross culturally acceptable and understandable to a young person. We believe this approach has many benefits in comparison with solely talking therapies.

For purposes of the presentation we will use the cycle of change model as a framework with underpinning psychodynamic principles. Using case studies we will apply use of activity at each stage.

About the authors:  
Sarah Redfearn graduated from the York school of occupational therapy (U.K) and has worked in mental health for the last 18 years. Areas of interest have included forensic work, problem gambling and smoking cessation. Sarah has recently completed her advanced theory of psychotherapy training and is involved in the new fixed term addictions programme being offered at Ashburn clinic.  
Micaela Kena trained as an Occupational Therapist in Otago. She has since worked in Forensic Psychiatry, Youth Psychosis and Mood Disorders and is currently working at Otago Youth Wellness providing a ‘wrap-around’ service for young people.
**Leaping hurdles: Evaluation of the effectiveness of an occupation-based group for children addressing anxiety, low mood and occupational disruption.**

Emma Tokolahi, Cheryl Em, Laura Barkwill & Sarah Stanley - Kari Centre, Auckland DHB

This research-based presentation will outline a new initiative - Leaping Hurdles - developed within the context of a government-funded Child and Adolescent Mental Health Service (CAMHS). Leaping Hurdles is an occupation-based anxiety and mood management group programme for children aged 10-14 years with a parallel parenting group. The group content will be briefly outlined. Leaping Hurdles aims to reduce symptoms of anxiety and depression, increase participation in normal childhood occupations and improve parents’ sense of competence in parenting their child.

Literature indicates anxiety and depression in children impacts significantly on occupational performance, affecting development (Barrett, 1998) (Borris, Kielhofner, Burch, Gelinias, Klement, & Schultz, 1986; Descha & Ziviani, 2007; Harrington & Dubicka, 2002). However, there is limited systematic research investigating occupational therapy for this population. This presentation will outline the programme outcomes of a clinical trial evaluating Leaping Hurdles. Evaluation was conducted using psychometrics, clinician rated scores and client feedback. Acquiring and developing New Zealand specific knowledge in this area is important, not only with respect to the individual outcomes, but also with respect to funding and service development.

Key findings describe use of the occupation-based group treatment as an effective method for reducing symptoms and behaviours related to anxiety, depression and disruptive behaviour, strengthening self-concept, increasing time spent sleeping and reducing internalising and externalising behaviours of concern. The limitations of the occupational questionnaire as an effective outcome measure for this population are also reflected upon.

This research was undertaken with the support of Kari Centre, Auckland District Health Board; grant support from the New Zealand Association of Occupational Therapists; and scholarships from Auckland University of Technology and the Maurice and Phyllis Paykel Trust.

**About the authors:**

Emma Tokolahi is an occupational therapist currently working in community CAMHS and undertaking an MSc in Health Sciences: Occupational Practice. Emma trained in the UK and moved to NZ in 2005; working across inpatient and community mental health. Emma received a grant from the inaugural NZAOT Research and Education Trust for this research.

Cheryl Em is an occupational therapist working in the field of community CAMHS. Cheryl trained at AUT and has since been working across inpatient and community mental health, as well as speciality mental health services. Cheryl has also completed post-graduate studies through Victoria University of Wellington.
Wednesday 8th September 3.30pm – 5.00pm

You choose one of the following sessions to attend:

(OPTION 1) Workshop 1
Thriving in difficult times – growing our own assistant workforce.
Marie Chester - Counties Manukau DHB

The wisdom of the day is that the way the Health & Disability workforce are currently trained will not be able to satisfy future demand. While there are specific tertiary education programmes, registration boards and professional bodies for qualified health professionals, until now, there has been no nationally recognised training programme for over 50,000 care and support, non-regulated workers. The issue of occupational therapy assistant training has been the catalyst for many debates within occupational therapy over many years.

Careerforce, as an Industry Training Organisation, has the responsibility to develop national qualifications for the care and support workforce, including Occupational Therapy Assistants, Health Assistants, Rehabilitation Assistants etc. Any which way we look at workforce development, we will be challenged to be creative in how we recruit, retain and develop all our staff. This workshop will examine the NZ Qualifications Framework (NZQF) and apply it to the Health/Therapy Assistant qualifications being developed through Careerforce. The workshop participants will examine the expectations of levels two-four of the NZQF, and the Unit Standards for the National Certificate for Community and Support Workers. By the end of the workshop, participants will be able to relate these expectations and Unit Standards to their work place.

References:
www.careerforce.org.nz
www.nzzqa.govt.nz/framework

About the author:
Supporting workforce development has always been part of my career - students, new graduates, supervision, post-graduate study etc. In November 2007, I became involved, as the NZAOT representative, with Careerforce and their development of national qualifications for the carer and support workforce. I believe there are exciting opportunities ahead for this workforce.

(OPTION 2) Workshop 2
Environmental Impact Report- Pressure care assessment.
Pen Walkinshaw & Andy O’Sullivan - DME

The Environmental Impact Report is a tool developed by Andy O’Sullivan from DME. This is designed to guide clinical reasoning in the assessment of pressure care. It follows the environment, person, occupation principles to guide therapists in considered holistic assessment. Care plans current and proposed, together with physical assessment of risk factors, goals of the client, and training requirements on both equipment and techniques are addressed.

About the authors:
Andy O’Sullivan is the Managing Director of DME.
Pen Walkinshaw, Occupational Therapist, is the South Island Area Manager for DME. Pen graduated from Otago Polytec in 1994.
Linking ways of doing occupational therapy with ways of knowing: A framework for change.
Dr. Barbara Hooper - Colorado State University

To navigate the shifting sands of practice and address the complex needs of client populations, health professionals must acquire competencies in patient-centered care, evidenced-based practice, cultural competence, health promotion, and interdisciplinarian collaboration, among others. Traditionally, transitioning into new demands of practice meant learning the skills associated with the new requirements. While inescapable, acquiring new skills is, however insufficient for addressing and navigating shifts in practice. Skill acquisition alone is insufficient because external demands and emerging ways of doing occupational therapy often stem from unseen demands and emerging ways of knowing occupational therapy. Therefore, to acquire new skills, without also acquiring the hidden understanding of knowledge that goes with those skills, will only partially prepare practitioners to address and navigate change. For example, a therapist may learn the skills to meet the demands for evidenced-based practice, i.e. generate clinical questions, locate and evaluate relevant scholarship and translate the scholarship into the unique situation of a client or group of clients. However, the external skills of doing evidence-based practice will also require an internal way of knowing in which therapists hold all practice as tentative and continuously under revision as they assemble theory, research, experience and the life circumstances of their clients. This paper will synthesize literature on ways of knowing, examine the ways of knowing required by changes in occupational therapy and suggest a theoretical framework for linking ways of doing and knowing to support transformations in practice.

About the author:
Barb Hooper is assistant professor in occupational therapy at Colorado State University. She studies the influence of personal beliefs and assumptions on practice, clinical reasoning and teaching and learning. She directs the Center for Occupational Therapy Education designed to promote excellence in teaching effectiveness, curriculum design and educational research.

Navigating a return to occupational therapy practice.
Kylie Dodds - Otago DHB
Jackie Herkt - School of Occupational Therapy, Otago Polytechnic

A study was undertaken in 2009 to explore how occupational therapists within New Zealand experience and manage a return to practice after a career break. Grounded theory was chosen as the methodology for this research because it allows perceptions and experiences of individuals to be studied and provides a framework in which to build a conceptual model of the experience of returning to practice (Creswell, 2007). Techniques that uphold credibility, transferability, confirmability and dependability were employed to ensure the trustworthiness of this research project (Pilot and Hungler, 1997; Pilot and Beck, 2010; Lincoln and Guba, 1985). Ethics approval was gained by Otago Polytechnic Ethics Committee on the 8th July 2009, Ethics #448. Data were gathered from semi-structured interviews undertaken with 6 participants and from information demographic forms submitted by sixteen participants.

The findings this presentation will focus on fall under the broad heading of ‘navigating’ a return to practice which incorporates ‘professional connectedness’ - the importance of professional identity and maintaining a sense of belonging to the occupational therapy profession and ‘accessibility’ - the importance of having access to and understanding information available on how to ‘navigate’ a return to practice. Participants reported that returning to practice after a career break was daunting process. Those returning to the workforce challenge the profession to consider how welcoming and supportive we are to returners, and to consider if we are doing enough to signpost and support their journey back into the workforce and to retain them once they have returned.

About the authors:
On returning to New Zealand after living and working in the UK, Kylie Dodds undertook her undergraduate degree at Otago Polytechnic School of Occupational Therapy 2006 – 2008, completing honours in Occupational Therapy in 2009. She is currently employed by the Otago District Health Board within a Child Development Service.

Jackie Herkt is Head of School of the School of Occupational Therapy at Otago Polytechnic. Her research interests are in supervision and the support and development of occupational therapists as they go about their day to day work. Her teaching follows a similar interests, and centres around preparing students for the transition to practice and includes teaching related to reflection and supervision. She is also involved with supervising honours student dissertations and research projects.
Online Occupational Therapy Practice: What to consider when creating our place online.
Aften Lyttle - Canterbury DHB Burwood Hospital
Merrolee Penman & Dr Linda Wilson - School of Occupational Therapy, Otago Polytechnic

Introduction: Occupational therapy has a long history of creating a role for the profession in new places. Moving occupational therapy services online is the next logical step, especially with increased consumer acceptance of the Internet for meeting healthcare needs. However, the occupational therapist that is willing to take this next step, and is seeking guidance on how to provide occupational therapy practice online may find there is little information to aid this process. Aim of the study: This research aimed to identify and explore the developmental issues surrounding the establishment of occupational therapy practice online.

Methodology/methods: A qualitative descriptive methodology (Sandelowski, 2000) was used to provide a descriptive account of the issues associated with online occupational therapy service development. Data were collected from multiple sources including literature which focused on online services, current online services, occupational therapists interested in the Internet and associated technologies, and an online service developer.

Findings: The results of this study identified issues which impact on therapists ability to create an online service including; lack of guidelines for online occupational therapy service development; lack of evidence based practice of online services; and lack of skills, time and finance among occupational therapists.

Conclusion: Addressing the identified issues may allow online service delivery to become a viable option in the future of occupational therapy practice.

References:

About the author:
Aften Lyttle is a new graduate occupational therapist working at Burwood Hospital in Christchurch. The paper presented is based on the results obtained from an honours research project which explored the developmental issues surrounding the establishment of occupational therapy practice online. As a consumer and participant in Internet information and applications, and an occupational therapist, her interests lie in the role of occupational therapy practice within this medium and her belief of the importance for occupational therapy services to be readily available online to the general public as it is with some other health professions.

The CCFR…in reality a self-directed learning process. Do we have what it takes?
Merrolee Penman - School of Occupational Therapy, Otago Polytechnic
Dr Kwok-Wing Lai - University of Otago

The Continuing Competence Framework for Recertification was first implemented in 2005 as a process whereby the Occupational Therapy Board of New Zealand could monitor our continuing competence to practice. We have all worked through this process at least annually, self-assessing, setting objectives, deciding on learning activities and at some point entering our critical reflections. But in working through the process have we been aware that in order to ‘do it well, we in fact need to be effective and efficient self-directed learners. Adult learning theorists believe that being a self-directed learner is an actual competency requiring certain attitudes, knowledge and skills which need to be acquired. Health professionals’ ability to be effective self-directed learners is increasingly being challenged, and it is an area in occupational therapy research that is relatively unexplored. The sands may have shifted more than we have been aware of with the introduction of the CCFR. Using a mixed methods approach (Cresswell, 2009), this doctoral study consists of a self-rated, self-directed learning questionnaire, with invitations extended to a group of occupational therapists for their permission to analyse their CCFR followed by semi-structured interviews. This paper will present the findings of the first stage of the study which is to determine the extent to which Aotearoa/New Zealand occupational therapists believe themselves to be self-directed learners. In this presentation, the findings of a self-directed learning questionnaire completed by occupational therapists will be presented and compared with literature on adult self-directed learning.

About the author:
Merrolee Penman is Principal Lecturer at the School of Occupational Therapy at Otago Polytechnic and doctoral candidate at the University of Otago. The impetus for this research has grown out of her own experiences with the CCFR as well as those she has supervised or otherwise been involved in. Merrolee’s research interests are in the area of learning, whether of occupational therapists, occupational therapy students or of children with special needs in the inclusive education setting.
Navigating Cultural Spaces: Learning from the occupational experiences of Indian migrant women.
Dr Shoba Nayar & Dr Clare Hocking - Auckland University of Technology

The number of immigrants establishing a home in New Zealand has grown significantly over the last decade. Within the Asian community, the Indian population is historically one of the oldest and largest immigrant groups. Currently little is known about the experiences of Indian immigrant women settling in New Zealand. How do they become part of New Zealand society? How do they create a place for themselves within a New Zealand context?

In-depth interviews and participant observations were used to gather information from 25 Indian immigrant women living in New Zealand towns and cities, regarding how they perform occupations in a new environment. A grounded theory methodology guided by symbolic interactionism and occupational science was employed. Data were analysed using grounded theory methods as articulated by Glaser (1992, 1998) and Schatzman (1991).

The outcome of this study is a substantive grounded theory, which describes how Indian immigrant women engage in a dynamic process of Navigating Cultural Spaces, interweaving aspects of the New Zealand and Indian cultures into their everyday occupations. Depending on the space in which the occupation unfolds, the women may choose to ‘foreground’ or ‘background’ their Indian heritage.

This study reveals that the things Indian immigrant women do in their daily lives and the occupational situations they encounter are dynamic events that either facilitate or enhance the experience of being in a new environment, or challenge the process of settling and becoming part of New Zealand society. These findings inform occupational therapists entering new fields of practice; working alongside immigrants both within and outside of established health settings.

About the authors:
Shoba Nayar lectures in the Department of Occupational Science and Therapy at AUT University, Auckland. Her research interests include developing understandings of Asian mental health and settlement processes, particularly for migrants and refugees living in New Zealand, and what health professionals and community organisations have to offer these populations.

Clare Hocking is an Associate Professor at AUT University, where she has worked for over 20 years. Clare’s specialist teaching area is occupational science, the study of the things people do. Clare was one of Shoba’s supervisors, helping her explore and make sense of her participants’ experiences of engaging in occupation in the New Zealand context.
The return of the occupational career.
Assoc. Professor Matthew Molineux - School of Occupational Therapy & Social Work Curtin University of Technology

Although occupational science and occupational therapy are concerned with contexts, one that is often overlooked is a person’s occupational history. In 1976 Black described the occupational career as a way of understanding life as a continuous stream of occupational engagement. The focus of her original construction of the concept was role, and so an occupational career was described as comprising the roles of infant, pre-schooler, student, spouse, parent or worker, and retiree. Many years later Russel (2001) argued that focusing on productivity role was limited and so argued that the occupational career needed to focus on occupations rather than roles. Furthermore, she argued that the occupational career could be applied to all occupations, not just those within the productivity sphere.

In a study of men living with HIV infection in the UK, the occupational career emerged as a useful construct to understand participants’ lives. Following ethical approval and participant recruitment, each man recorded his detailed oral history. Each man’s oral history was subjective to narrative analysis to produce a textual representation of his occupational career. This paper will present an overview of occupational careers, and the research methodology. The paper will focus on discussing two ways in which occupational careers can be useful in understanding human occupation. First, they can be used to operationalise an occupational perspective of living with a chronic / life threatening illness. Second, they enable a truly contextualized appreciation of an individual’s response to a chronic / life threatening illness.

About the author:
Matthew Molineux is an Associate Professor in the School of Occupational Therapy and Social Work at Curtin University of Technology, Perth, Western Australia. Matthew graduated from the University of Queensland with a Bachelor of Occupational Therapy and after working in Brisbane for a short time he moved to the United Kingdom where he worked for 16 years before returning to Australia in early 2009. He was worked in occupational therapy education since 1996 and prior to moving to Perth he established the UK’s first Occupational Science and Occupational Therapy academic group. He completed a Master of Science in occupational therapy at the University of East London and it was around that time that he discovered occupational science. Since then he has been passionate about encouraging, and sometimes challenging, occupational therapy students and practitioners to engage in occupation-based practice. Matthew’s interest in occupation carried over into his Doctor of Philosophy in occupational therapy at The University of Queensland when he gathered oral histories of men living with HIV in the UK and analysed them narratively to explore issues such as occupational identity and an occupational, rather than biomedical, trajectory of living with HIV. Matthew has edited Occupation for Occupational Therapists and has numerous book projects in development; Occupational Therapy and Physical Dysfunction: Enabling Occupation (co-editor), Occupational Narratives (editor), Dictionary of Occupational Science and Occupational Therapy (editor / author). He is a member of the World Federation of Occupational Therapists International Advisory Group: Occupational Science.

Kaupapa Māori Practice
Mayanne Wiki-Singh, Nelson Bays Primary Health & Nellie Neligan, Te Kahui Hauora o Ngati Koata Trust

This session presents a short exploration of Kaupapa Māori use by two Māori practitioners from Nelson. Both of these wahine have successfully completed He Hanganga Māori mō te Hauora a postgraduate paper in Māori dual practice. In this session they will share cultural competencies they use in their practice and why they use them. This is of use to any practitioner who works with Māori and wishes to understand some core cultural competencies applicable to when working with Māori.
Thursday 9 September 1.30pm – 3.00pm
You choose one of the following sessions to attend:

(OPTION 1) Workshop 1

Changes in community practice.
Fiona Mains & Dr Linda Wilson - School of Occupational Therapy, Otago Polytechnic

Increasing professional clarity about our occupational core makes it easier for us to see our skills being used in settings in which non-disability factors (e.g. under employment, poverty, or dislocation from one’s own community) can affect occupational involvement (Townsend & Wilcock 2004). Increasingly occupational therapists are changing their practice beyond ongoing employment in institutional settings, into independent practice, and using consultation and project work as well as ongoing service provision (Finlayson & Edwards 1997). We are encouraged to become more community focused, using community development approaches and seeing occupationally focused interventions through diverse agencies and settings, communities and infrastructures (Suarez-Balcazar 2005).

We will present exemplar proposals Otago students have developed as part of the Community Practice course for an occupation based population focused programme or intervention. Proposals have addressed practice in community based, early and preventative interventions, with children to elders, through events and educational programmes in both existing and wholly new services.

We are interested in discussing these with the profession to see which are considered legitimate areas of occupational therapy practice, which could be applicable to therapists’ own communities, and how such proposals might be implemented and evaluated as examples of emerging practice. The stories told in the workshop may develop strategies that create change through innovative practice within occupational therapists’ own communities.

References:

About the authors:
Fiona Mains is a senior lecturer within the School of occupational therapy at Otago Polytechnic. She has worked both within institutions, community agencies and services most recently completing time on the executive committee of the disability information service in Otago. Fiona has a commitment to community development and occupation-based practice.

Linda H Wilson is a principal lecturer in the School of occupational therapy at Otago Polytechnic. She is primarily involved with both postgraduate students and teaching stage three field work six project placements in semester one. Most recently she was New Zealand’s first occupational therapy recipient of a Fulbright award.
Supporting new graduates: New graduate, supervisor, fieldwork coordinator and educator perspectives.

Dr Linda Robertson, Kaye Cheetham - Otago Polytechnic
Tara Morrison - Taranaki Base Hospital
Richard Carter & Karen Goymour - Whanganui DHB

New graduates are the life blood of the profession and it is essential that they are equipped to practice in the current health care environment and are confident about their professional contribution. Much has changed in the environment in which occupational therapy is practiced that has a direct bearing on the experiences of new graduates.

Findings from a NZ study (Robertson & Griffiths, 2009) confirmed that the biggest issues for new graduates were searching for role clarity, inadequate supervision, an insufficient grasp of skills and uncertainty in team responsibility, underpinned by a lack of confidence. Conversely, they felt confident about their ability to research and find information in response to gaps in their knowledge. This study demonstrates that learning how to ‘be’ an occupational therapist is as important as receiving formal supervision, and suggests that learning how to contextualise knowledge (eg. Through role modelling) and reconstruct knowledge (eg. Through well constructed supervision) is essential to bridge the theory-practice divide. Also of importance is the need to ensure that students develop their EBP skills in order to support the profession’s need for credibility in the health care environment. There are implications here for education programmes; for supervisors; for fieldwork coordinators and for new graduates.

This presentation will project the views of key people that represent these 4 groups of players.

Reference:

About the panel members:
Kaye Cheetham has been the Fieldwork Coordinator at the School of Occupational Therapy, Otago Polytechnic, Dunedin since 2002. She enjoys supporting students and occupational therapy practice educators in creating positive learning environments.

Richard Carter graduated three years ago as a mature student. Since then he has been based at Whanganui Hospital, and is currently working on the Combined Surgical and Orthopaedic ward. His interests in this topic stem from his Supervisor role to a new graduate and to students.

Tara Morrison is an Honours student working at Taranaki base hospital. She has completed a literature review on the topic of new graduates use of evidence based practice (EBP) and is going on to research this topic. She has discovered that implementing EBP as a new graduate is demanding.

Karen Goymour works for Whanganui District Health Board providing community based services and also provides rehabilitation programmes to individuals based in residential care facilities. She is extremely committed to student education, regularly supervising students, consulting on aspects of fieldwork practice and trialling various models of fieldwork supervision.

Linda Robertson is a Principal Lecturer at Otago Polytechnic where she teaches on the postgraduate and undergraduate programme. She is interested in knowing how new graduates learn about being occupational therapists when they have limited opportunity to see OTs in action in the current health care environment.
‘Putting the cart before the horse’ - Redesigning OT service delivery for elective neck and back surgery patients.
Sharon Downie - Monash Medical Centre OT Department

Introduction: Patients admitted for elective laminectomy, discectomy, and anterior cervical disc fusion procedures at Monash Medical Centre have not traditionally received occupational therapy assessment prior to surgery. Occupational therapy input has instead focused on post-surgical review of self-care, psychosocial supports and physical home environment required for safe discharge.

Objectives: In response to an enhanced organisational focus on efficient and effective service provision, this pilot project aimed to investigate if pre-admission assessment would facilitate more accurate identification of elective patients likely to require post-surgical occupational therapy intervention, and lead to enhanced resource utilisation and patient outcomes.

Method: A 3 month trial of occupational therapist involvement at Neurosurgical Pre-admission Clinic was commenced in January 2008. The occupational therapy role involved completing screening assessments for elective patients, with the aim of addressing psychosocial/home access issues at the point of pre-admission. Early education regarding post-surgical activity restrictions, and expectations for inpatient stay and community supports was also commenced. Data were recorded prospectively for each patient regarding anticipated discharge barriers and occupational therapy input indicated, with further outcomes collected post-surgery as to actual clinical resource use and discharge destination.

Practice Implications: This alternate method of occupational therapy service delivery has lead to improved access, timeliness and appropriateness of care, and enhanced patient outcomes.

Conclusions: This project has demonstrated that improved productivity may be gained through pre-surgical occupational therapy involvement for elective/neck back surgery patients. Increased patient awareness of hospital admission processes and post-surgical restrictions and self-responsibility for discharge needs were additional benefits of this project, and have lead to permanent changes in clinical practice.

About the author:
Sharon Downie is employed as an Occupational Therapy Senior Clinical Specialist in acute neurosciences at Monash Medical Centre, Victoria, Australia. She is the current recipient of an Emerging Research Fellowship focusing upon evidence-based assessment of the acute neurological upper limb, and has experience in clinical teaching/lecturing at a university level.

Accessible housing in New Zealand: A public health concern.
Annie Kenning - Private Practice, Australia

Community occupational therapists in New Zealand regularly see older clients who can no longer access parts of their home in order to carry out everyday activities. These therapists use a number of solutions to overcome these access barriers, but a lot of these solutions are expensive, time and resource intensive (For example: housing modifications). In a health care environment where the “every dollar counts” we should be looking at how we can reduce the drain on these expensive resources. To minimise expenditure on making homes more accessible, the government/ councils could introduce stricter ‘accessibility’ standards to which every new house has to be built and to which renovations that are done on existing properties need to adhere. However, creating and enforcing these standards would involve extensive planning, funding, public consultation and time.

I propose a simpler, less resource-consuming way in which expenditure on accessibility could be minimised (whilst still ensuring homes in New Zealand become more accessible to the ageing population): This is to create and increase public awareness of what ‘accessibility’ means, what the features of an ‘accessible’ home are and why accessibility is essential in ensuring people can ‘age in place’. Accessibility needs to be seen as a public health issue which requires a health promotion/ awareness campaign.

In this presentation I will discuss key findings and themes from the literature review I completed to support my proposed solution above; strategies that could be used to promote accessibility in housing to the general public, drawing on overseas examples; and areas for further research and development in this important area of public health and occupational therapy.

About the author:
Annie Kenning (nee Kieser) is an occupational therapist who has worked in both Australia and New Zealand, primarily in community health settings. Annie is currently studying her Masters in Public Health at Australia National University and has a special interest in promoting accessible housing as a public health concern.
Voice recognition software: Is it the way of the future for us and our clients or just smoke and mirrors?
Raewyn Aprea - TalkLink Trust

Voice recognition software has been around for twenty years now and has undergone numerous developments in that time. It’s now very sophisticated software so why don’t we, and our clients, use it more? Having viewed the original version some twenty years ago and now having worked with more recent versions over the last nine years, this clinician would like to present this software and some of her experiences. The session will include:

- A brief explanation of the software and its features
- A short demonstration of the programme working
- Application and appropriate prescription
- Reasons for and against this tool
- Brief case studies of clients

About the author:
Raewyn Aprea’s first 10 years as an occupational therapist were spent mostly in geriatric rehabilitation and long term adult services in both the public and private sector. The next 10 years were spent at Carlson School for Cerebral Palsy in paediatric services. While there she was involved in dealing with clients with technology needs and watched technology become more sophisticated over that period. She was also involved in the setting up of the Conductive Education programme at the school and also did the post graduate Bobath course to become a Neurodevelopmental Therapist. After a few years away from Occupational Therapy she returned to the field working part time in a school and part time at Talklink Auckland. She became full time at Talklink Auckland mid 2003.

Expanding the basis of practice: Learning from people with an impairment.
Dr Clare Hocking - Auckland University of Technology

Occupational therapists have a long history of assisting people to manage their everyday occupations using their expansive knowledge of assistive technologies, and principles of energy conservation, work simplification, universal design, and environmental modification. This presentation calls for the development of a new strand of knowledge, arguing that occupational therapists have failed to learn about the practical approaches clients themselves use to manage the difficulties they encounter at home, at work and in the community.

Supporting that call, findings from local and international studies that have uncovered the strategies people with an impairment or medical condition devise and adopt to manage their participation in everyday tasks and occupations are reviewed. Those strategies include ways to open medication bottles, remember important phone numbers, manage heavy groceries, keep themselves safe, recruit help, and conserve their resources. The findings reveal that the strategies people devise for themselves are qualitatively different from the advice occupational therapists give, taking into account personal and environmental factors, such as the weather, the local geography and their social network. Some strategies involve taking risks, while others may be impairment specific, such as the environmental prompts employed by people with memory deficits.

Knowledge of those strategies will help occupational therapists to ask clients about strategies they already use, tailor the advice they give to fit with existing strategies, and provide information about innovative ‘new’ solutions that therapists might employ in their own practice.

About the author:
Dr Clare Hocking is an Associate Professor at the Auckland University of Technology in New Zealand. She is the editor of the Journal of occupational Science, previously the New Zealand delegate to the World Federation of Occupational Therapists, and co-author of the Minimum Standards for the Education of Occupational Therapists. Clare instigated and supervised a New Zealand study that explored the strategies older New Zealanders use to manage their everyday occupations.
(OPTION 4) Presentations - Children & Young People
(each of the four presentations will be 20 minutes including 5 minute Q & A)

Enabling successful schooling: a case study to explore successful local schooling for a student with very high needs.
Jill Ford - Ministry of Education

This research based paper focuses on occupational justice in education, the right of all students who experience disability to a quality education at their local school. The paper presents the findings of a single site case study, a local school site which is successful in educating a student with very high needs.

The findings provide a rich description of successful local schooling for the focus student who is able to 'be a kid like the other kids', to 'be there and to be an active participant' and to 'be a learner'. To understand this inclusive school environment the shared assumptions and actions of participants are described and a Model of Successful Local Schooling presented. Findings show that at this school participants built a community of support around the focus student, a community with a shared purpose of enabling successful local schooling. This community of support was the context where participants worked and learned together to solve problems and to create multiple opportunities for the focus student to succeed.

About the author:
Jill Ford is an occupational therapist with 30 years experience in the education sector as a therapist, Practice Advisor and Service Manager. Jill has an interest in enabling inclusive schooling environments including assistive equipment, inclusive design and therapy services which focus on facilitating social change for inclusion. Jill has recently completed her Masters Degree of Occupational Therapy Degree through Otago Polytechnic.

Citizenship: The value of social participation. A comparison between young people with and without cerebral palsy (CP).
Dr Polly Yeung - School of Health & Social Services, Massey University

Aims: Citizenship, in much of the literature, is an inclusive concept (Harris, Wyn, & Younes, 2008; Seymour, 2000; Yeung, Passmore, & Packer, 2008). Social participation is a key component of citizenship (King, Cathers, Polgar, MacKinnon, & Havens, 2000; King et al., 2002). It provides the opportunity both to take part in an enjoyed activity and to interact with others. It contributes to wider goals of social inclusion and solidarity. This paper aims to compare the levels of activity participation (from a list of 27 items), self-efficacy and life satisfaction between Australian young people with and without CP.

Methods: A cross-sectional design, using a mailed, self-administered citizenship capacity questionnaire was used. The original sample, voluntarily recruited through the community, consisted of 494 participants: 60 young people with CP (57% female and 43% male) and 434 young people without CP (60% female and 40% male). The gender balance was approximately equal for the two groups. The measures selected were suitable to young adults relevant to the Australian context.

Results: Using an independent sample t-test, Australian young adults with CP reported less citizenship participation, especially in social participation, than their healthy peers; yet, their levels of self-efficacy and life satisfaction did not differ.

Conclusions: Results seemed to support the importance of social leisure as a source of socialization as well as expansive opportunities provided in social settings. Providing customised services (such as developmental guidance, goal setting and coaching) through support from family and social network are highly recommended to create a safe and community-oriented environment to achieve positive citizenship participation.

About the author:
Though trained as a social worker, Polly Yeung has worked extensively with academics from occupational therapy in both Hong Kong and Australia in promoting citizenship participation, social justice and social inclusion for people with disabilities. Polly has recently moved back to New Zealand to take up a new academic position at Massey University.
Introducing the Occupational Child-Centred Assessment Approach (OCCAA) for use in professional practice.
Dr Ted Brown - Department of Occupational Therapy, Monash University

Purpose: This paper will present a consolidated practice model that will guide the assessment of children in professional practice. Factors relating to the shift from a traditional bottom-up to a contemporary top-down assessment approach will be considered.

Background: Almost from birth, children are continuously tested and evaluated. For example, infants are given an Apgar score when they are born, therapists often complete a developmental screening assessment of toddlers, and kindergarten teachers will often evaluate a child’s school readiness skills. Once children start attending primary school, they are frequently tested to monitor their academic progress. Traditionally children are asked to complete test items that have little or no relevance to real life contexts, such as how fast they can place ten pegs in a board or how many push-ups they can complete within one minute. These traditional, normative-based assessments have little contextual relevance to day-to-day participation in life activities. They may be able to place children clustered around the norm into an order, but do not provide much qualitative information at a level that is relevant to the child themselves or his/her parents.

It has been suggested that it is time to engage a different paradigm to ensure that assessment of children is meaningful and ecologically relevant. There have been several forces impacting on the assessment approaches used with children. An increasing focus on client rights, a shift from professional-directed to client-/family-centred practices, and the evolution of ecological practice models, have all contributed to a new vision of the approach taken to assess children. Hence the Occupational Child-Centred Assessment Approach (OCCAA) is presented and its use will be illustrated in professional practice.

Outcome: Key learning objectives with regard to the OCCAA for audience participants will be illustrated with Powerpoint slides.

About the author:
Dr Ted Brown is an Associate Professor and Postgraduate Coordinator in the Monash University Department of Occupational Therapy. Ted received his OT qualifications in 1986 at Queen’s University, Kingston, Canada. He received his PhD in 2003 from the University of Queensland, Brisbane, Australia. Ted has over 18 years of clinical experience mainly working with children and their families. Ted’s research interests include paediatric occupational therapy practice, test development, evaluation and validation, applying the Rasch Measurement Model, and factors related to the education of students enrolled in health-related disciplines.

Hidden treasures in shifting sands: Occupational therapy for children who are gifted and talented.
Wendy Hindmarsh-Hook - Professional Advisor for Occupational Therapy Child, Women & Family Services Waitemata DHB

Children identified as having exceptional skills, yet difficulties performing everyday tasks, are referred for occupational therapy assessment and intervention.

Three case studies of children aged 6, 8 and 14 years are presented to illustrate the value of occupational therapy. The Canadian Occupation Performance Measure (COPM) is used to focus upon skill acquisition in areas of self care, productivity and leisure. Occupational therapy intervention uses the model of Cognitive Orientation to Occupational Performance (CO-OP) to engage the children in social activities and achievement of skills such as handwriting. The three children demonstrated their strengths that include the ability to ‘problem solve’ and transfer learning to areas of their performance into multiple environments.

Finally, barriers to families accessing occupational therapy for their children are identified and possible solutions discussed.

References:
www.giftedchildren.org.nz;
www.tki.org.nz/

About the author:
Wendy Hindmarsh-Hook received her Post-Graduate Certificate in Play Diagnosis and Play Therapy (UK), Post-Graduate Diploma in Neurodevelopment and Master of Health Science (AUT) in 2006. Wendy has worked in partnership with children and families within education and health sectors. She is employed part-time as a Professional Advisor for Occupational Therapy in Waitemata District Health Board and has a private practice in Auckland.
Thursday 9 September 3.30pm – 5.00pm

You choose one of the following sessions to attend:

(OPTION 1) Workshop 1

*Teachers literacy expectations shaping the occupational experiences of new entrant students.*
Rita Robinson - School of Occupational Therapy, Otago Polytechnic

Occupational experiences for children are shaped by the expectations of society and societies agents (Coster, 1998; Florey & Greene, 1997). Therefore one way of gaining insight into the occupational experiences of children is to look at the expectations placed on them during the “doing” of occupations. The intent of this workshop is to share the distinct expectations six Aotearoa New Zealand new entrant teachers embed in the task of handwriting (Robinson, 2008). Emphasis would include how these expectations change the occupational experience of learning to handwrite for year one students.

Structure of workshop

In this workshop three stages (occupation, cyclic process and tool) will be introduced, defined, observed and then compared to international research.

The first thirty minutes will be introducing and defining occupation, cyclic process and tool stages of handwriting.

The second thirty minutes participants would have the opportunity to analyze three different short (1 -3 minute) videos of children doing a handwriting task and transpose “bottom up” (Ideshi, 2003) activity performance components (Coster, 1998) of letter formation, pencil grasp, visual guidance and speed onto the different stages of handwriting (occupation, cyclic process and a tool).

The last thirty minutes will discuss how acknowledging the expectations and occupational experience of handwriting, as described by six teachers, affects the interpretation of international research on letter formation (Clay, 2001; Karlsdottir & Stefansson, 2002), pencil grip (Kotiatek & Powell, 2003; Dennis & Swinth, 2001), visual guidance (Schneck, 1991; Benbow, 1995; Berninger & Graham, 1998) and speed (Karlsdottir & Stefansson, 2002; Amundson, 2002).

About the author:

Rita Robinson is an occupational therapist currently employed as a lecturer for Otago Polytechnic School of Occupational Therapy based at Hamilton campus. She has a strong interest in working with children, literacy, learning difficulties and around the concept of occupational development.
**Presentations – Adult Rehabilitation**

**The day-to-day experience of occupying time when you have time on your hands.**
Steve Park, Dr. Anita Bundy & Dr. Lindy Clemson - University of Sydney.

Adults of working age who are unemployed secondary to chronic health conditions (CHC) often have considerable time on their hands and frequently receive services to promote engagement in daily, weekly, monthly occupation. To determine if clients benefit from services, self-report questionnaires are recommended. Increasingly, professionals advocate more evidence be produced regarding a questionnaire’s relevance to the intended population. As such, a research study was undertaken, using qualitative methodologies to identify the content for a self-report questionnaire designed to measure the day-to-day experience of occupying time. The primary research phase used a descriptive design whereby individual interviews were conducted to identify the questionnaire’s content domain.

To gain an insider understanding of occupying time and situate the research within a real-life context, twelve participants, 40-65 years of age, who lived either in long-term facilities or on their own, were recruited through an organization that provides services for adults with AIDS and co-occurring CHC. Because the experience of occupying time can change over time, participants were interviewed four times over seven months. The one-hour interviews explored the participants’ perceptions regarding their experience of occupying time daily, weekly, and monthly. Because the objective was to identify ‘markers’ that characterise (for better or worse) the day-to-day experience of spending time, a straightforward analysis of the phenomenon was essential. Consequently, the interviews were transcribed, and the data analysed to a level of analytic description using framework analysis. Characteristics that represent significant qualities associated with the day-to-day experience of occupying time will be presented.

**About the author:**
**Steve Park** is pursuing a PhD in occupational therapy at the University of Sydney, Australia. In the United Kingdom, he leads continuing professional development courses for OT practitioners and interdiscipline teams. He is a former associate professor from the School of Occupational Therapy at Pacific University in the United States.

**Occupational therapy for chronic headaches.**
Susan McNulty - University of Southern California

This presentation will describe a Lifestyle Redesign® program designed at the University of Southern California to assist in the prevention of chronic headaches. People with chronic headaches have an underlying genetic vulnerability to headaches and lifestyle factors, called triggers, which can cause headaches. Traditional treatment includes medication management; more recently some multidisciplinary teams have developed to address the numerous needs of patients, which have been successful in decreasing headache frequency. These teams employ a psychoeducational approach, led by nurses and neurologists; however, occupational therapists have not been included on these teams. Occupational therapy would address the application of headache prevention into the person’s actual routine and activity choices with a particular focus on lifestyle balance. Lifestyle Redesign® is an approach within occupational therapy that is uniquely suited for the headache population due to its focus on occupational self-analysis and the health promoting effects of occupation. Constructs applied to the headache population from occupational science include lifestyle balance, habits, and perceived control. This program will apply occupational science research and address lifestyle factors such as stress, physical activity, sleep routine, and diet in order to decrease headache occurrence.

**About the author:**
**Susan McNulty** recently completed her Occupational Therapy Doctorate (OTD) at the University of Southern California (USC) in Los Angeles. She is a member of the pain team at USC University Hospital and specializes in chronic daily headaches. Her past employment is in community mental health in California and Ireland.
The role of the occupational therapist in the ‘communication assistive technology’ world.
Raewyn Aprea - TalkLink Trust

As occupational therapists we prescribe assistive technology every day. We’re experts at it whether it’s low tech or high tech, it’s what we do. Assistive Technology is also the name given to the devices and strategies recommended for clients who have severe written or spoken communication problems. So how does someone with no hand function write? Someone with no vocalisations speak? The presenter works in the communication technology field and would like to share some insight into the role of the occupational therapist in this specialised field and how they integrate with the speech and language therapist’s role. Clients are funded by Ministry of Health under the ‘whole of life’ criteria, and are referred by the client’s primary clinician. Some examples of conditions and relevant referral information required will be covered.

About the author:
Raewyn’s first 10 years as an occupational therapist were spent mostly in geriatric rehabilitation and long term adult services in both the public and private sector. The next 10 years were spent at Carlson School for Cerebral Palsy in paediatric services. While there she was involved in dealing with clients with technology needs and watched technology become more sophisticated over that period. She was also involved in the setting up of the Conductive Education programme at the school and also did the post graduate Bobath course to become a Neurodevelopmental Therapist. After a few years away from Occupational Therapy she returned to the field working part time in a school and part time at Talklink Auckland. She became full time at Talklink Auckland mid 2003.

A shift in technology use and access - The current options for the integration of wheelchair controls with computers and environmental control units (ECU).
Mark Dewar - TalkLink

This paper provides an overview of the use of inbuilt infra-red and radio frequency options of wheelchair controls which will allow children and adults using a motorised wheelchair for mobility, with these types of wheelchair controls, the opportunity to interact with communication devices to communicate, computers and have some control over their environment. Considering the needs of people with cerebral palsy, muscular dystrophy, motor neurone disease, spinal injuries and multiple sclerosis, the equipment discussed in this presentation is the result of an initiative between MOH, TalkLink and Mobility Solutions. This equipment is recommended to ensure that the individual is able to participate in work and education allowing greater independence in the control of their environment for example lights, television, heating and cooling. Use of these technologies has also been found to minimise caregivers hours. Drawing from personal experience, the literature and using case examples, the difference between wheelchair controls using infra-red and those using radio frequency will be illustrated. Ways of integrating these systems with ECUs and computers will also be presented.

About the author:
Mark Dewar graduated from AUT School of OT in 2000, began work with Talklink Trust in 2000. Specialised in access to technology for communication both written and spoken, access to environmental controls. He has attended conferences in the USA, UK and Australia relating to this field and presented several papers at the Assistive Technology of NZ(ATANZ) conference.
**Where has the meaning of occupation gone?**

Dr Kirk Reed - Auckland University of Technology

The purpose of this paper is to consider how the findings of a phenomenological hermeneutic study into the meaning of occupation (Reed, Hocking, & Smythe, in press) might begin to inform and create change within the profession. The paper will argue that bringing understandings of the meaning of occupation to the fore is crucial to the development of occupational therapy practice that is authentic, and research and theory that is not culturally specific, class bound or individualistic. To a great extent the meaning of occupation is surprisingly absent in the occupational therapy literature. This is perhaps due to professional viewpoints that obscure the meaning of occupation in favour of describing, conceptualising and categorising occupation. While those descriptions, conceptualisations and categories often encompass aspects of meaning, meaning in itself is not the central concern. For example, the categorisation of occupation as self-care, productivity and leisure is inherently meaningful in Western culture. However, such categories have been challenged, in part, for failing to explicitly address the personal and cultural meanings such occupations hold (Hammell, 2004, 2009; Jonsson, 2008; Townsend, 1997). The implications for practice, research and theory development will be discussed.

**References:**


**About the author:**

Dr Kirk Reed is the Head of Department, Occupational Science and Therapy at AUT University. He is an occupational therapist and his research interests include; the meaning of occupation, practice scholarship and the effectiveness of occupational therapy interventions in primary health settings.
A framework for understanding occupations?
Dr Linda Wilson & James Sunderland - School of Occupational Therapy, Otago Polytechnic

We describe a way of looking at occupations, separate from the meaning and purpose that the occupation has for the individual carrying it out. Hocking (2009) has identified the need to explore the differences between occupations. We propose a framework of occupations which categorises and describes the unique characteristics of diverse occupations. Nine categories of occupations are described. These are not related to whether the occupation is undertaken by an individual as work, self-care, or leisure, but to the inherent nature of the occupation. This work contributes to existing discussion in occupational science grappling with definitions of occupation, and activity especially the work of Pierce, (2001) and Eva, Paley, Davis, Mandich and Polatajko,(2005), by describing activities as something that contributes to multiple occupations.

We are undertaking a qualitative, interpretive, content and text analysis of the occupations represented in items in community newspapers, to continue the process of validating these categories. International collaboration is assisting with this, providing similar newspapers from three other countries, and forming part of the means used to establish rigour and trustworthiness. The preliminary results of this analysis will be presented.

Such a framework will contribute to occupational science and occupational therapy’s tools to consider occupations available to marginalised individuals or communities, and develop comprehensive ranges of occupations. Such a framework will also assist understandings of the motivating or therapeutic benefits for specific individuals of engagement in particular occupations.

References:

About the authors:
Linda H Wilson (presenter) is Principal Lecturer in the School of Occupational Therapy at Otago Polytechnic. She teaches in both undergraduate and postgraduate programmes. In 2009 she was the first New Zealand occupational therapist to receive a Fulbright senior scholar award supporting her research leave in the USA.

James Sunderland is a lecturer at the School of Occupational Therapy at Otago. He teaches across the three years of the undergraduate program. Papers he coordinates focus on examining human occupation. He is currently investigating study towards a masters in occupational therapy.

Occupational justice and the stigmatisation of people with mental illness.
Julie Netto & Prof Errol Cocks - School of Occupational Therapy & Social Work, Curtin University

Humans are occupational beings whose existence depends on the enablement of diverse opportunities and resources for participation in culturally-defined and health-building occupations. In the area of vocation, people with mental illness (PWMI), have low participation, with unemployment rates of between 70 and 90 per cent worldwide (World Health Organisation, 2000). Research evidence indicates significant health benefits from employment for PWMI including improved quality of life and reduced psychiatric symptoms and relapses. Employment promotes social inclusion for PWMI, encouraging meaningful participation in the community (Office of Mental Health, 2004) and a pathway to independence from welfare and poverty.

This presentation will address the concept of occupational justice for PWMI. Nine participants were interviewed, as part of a larger ongoing study, to investigate the facilitators and barriers encountered in their experience of engaging in vocational activities. Interpretive phenomenological analysis (Smith & Osborn, 2003) revealed major themes regarding stigma and internalisation of others’ negative valuations leading to occupational injustice such as occupational deprivation; loss of valued roles; and unwanted dependency on occupations, or bondage to forces which disable and devalue the individual. Stigma conveys a devalued social identity within a particular context (Crocker et al., 1998), and findings of this study explore the relationship between stigma, occupation and participation in valued roles, and highlight the importance of supporting PWMI in their recovery and engagement in vocational activities.

About the author:
Julie Netto is a registered occupational therapist with a Masters in Human Movement and a Graduate Diploma in Writing. She is currently a Lecturer and PhD candidate at the School of Occupational Therapy and Social Work, Curtin University, Western Australia. Her research is entitled “Vocational Journeys of People with Mental Illness”.

A framework for understanding occupations?
Dr Linda Wilson & James Sunderland - School of Occupational Therapy, Otago Polytechnic

We describe a way of looking at occupations, separate from the meaning and purpose that the occupation has for the individual carrying it out. Hocking (2009) has identified the need to explore the differences between occupations. We propose a framework of occupations which categorises and describes the unique characteristics of diverse occupations. Nine categories of occupations are described. These are not related to whether the occupation is undertaken by an individual as work, self-care, or leisure, but to the inherent nature of the occupation. This work contributes to existing discussion in occupational science grappling with definitions of occupation, and activity especially the work of Pierce, (2001) and Eva, Paley, Davis, Mandich and Polatajko,(2005), by describing activities as something that contributes to multiple occupations.

We are undertaking a qualitative, interpretive, content and text analysis of the occupations represented in items in community newspapers, to continue the process of validating these categories. International collaboration is assisting with this, providing similar newspapers from three other countries, and forming part of the means used to establish rigour and trustworthiness. The preliminary results of this analysis will be presented.

Such a framework will contribute to occupational science and occupational therapy’s tools to consider occupations available to marginalised individuals or communities, and develop comprehensive ranges of occupations. Such a framework will also assist understandings of the motivating or therapeutic benefits for specific individuals of engagement in particular occupations.

References:

About the authors:
Linda H Wilson (presenter) is Principal Lecturer in the School of Occupational Therapy at Otago Polytechnic. She teaches in both undergraduate and postgraduate programmes. In 2009 she was the first New Zealand occupational therapist to receive a Fulbright senior scholar award supporting her research leave in the USA.

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About the author:
Julie Netto is a registered occupational therapist with a Masters in Human Movement and a Graduate Diploma in Writing. She is currently a Lecturer and PhD candidate at the School of Occupational Therapy and Social Work, Curtin University, Western Australia. Her research is entitled “Vocational Journeys of People with Mental Illness”. 
**When even the sands are washed away ... Stories of survival through occupational eyes.**

Alison Nelson - Hawke's Bay Hospital Soldiers' Memorial  
Dr Linda Wilson - School of Occupational Therapy, Otago Polytechnic

**Introduction:** Tiny handmade artifacts from World War II concentration camps prompted questions about the importance of everyday activities in the camps, when the sands of normal productive life had shifted and washed away. Did creative occupation help people survive? Fine (1991) proposed that data from narratives of camp survivors can inform occupational therapy practice.

**Objectives:** What was the meaning and use of occupation in this most extreme of environments? Using an occupational focus this qualitative study examined stories of life before, during and after surviving the camps, seeking insights into the question. Could such learning contribute to the understanding of occupational therapists today who often work with people who face extreme situations?

**Methods:** Semistructured interviews with three survivors were audio-taped with consent, using a phenomenological approach which invited each to tell their story from an everyday perspective. The analysis was interpretive and transcribed data were subjected to repeated reading, analysis and sifting for themes, by the two authors in collaboration, with member checks adding to trustworthiness.

**Results:** Stories of occupational loss, the concept of survival occupations and the phase of transition and occupational re-creation, emerged. The making of artifacts was not reported, but occupations enabling survival could be seen as creative and the occupational drive to recreate place was evident within the stories of all three participants.

**Conclusion:** Even in the most hostile of environments the quintessential occupational nature of people can be observed.

**References:**


**About the authors:**

**Alison Nelson** is a senior occupational therapist in Hawke's Bay, specialising in off road driver assessment and the current delegate to the World Federation of Occupational Therapists for NZAOT. She notes a combination of both personal and professional interests in her study of occupational aspects of survival of the Holocaust.

**Linda H. Wilson** is Principal Lecturer at the School of Occupational Therapy at Otago Polytechnic. She teaches in both the undergraduate and postgraduate programmes, supervising students with their research interests. She has a particular interest in occupation and primary and population health.
**Friday 10 September**

**Occupational Therapy Board of New Zealand 8.30am – 9.00am**

*Boundaries to the scope of practice – new landscapes require flexibility*

The presenters for the plenary session on 10 September 2010 will be representative members of the Board and staff of OTBNZ.

The session will present the following topic for information and discussion:

The OTBNZ’s position statement on extending the scope of practice for occupational therapists. The position statement will deal with how occupational therapists might manage changes to their scope of practice.

The OTBNZ is cognisant that occupational therapy roles are changing from what may be considered traditional roles to extended or developing roles. Because of the broad skill base and applicability of the occupational therapy roles in health and social care the OTBNZ wants to facilitate change and support development.

In developing and promoting the position statement the OTBNZ has to be mindful of its regulatory functions and the need to ensure the health and safety of the public. In producing the position statement the OTBNZ has drawn a balance between advice for professional practice and protecting the public.

A model will also be available from the OTBNZ stand which demonstrates a step by step approach to answering questions about extending the scope of practice.

**Poster Presentations 10.45am – 11.15am**

**Poster 1**

Pam Schofield - Canterbury DHB

*Power of occupation: Adventure based learning within forensic mental health.*

Te Whare Mauriora is a rehabilitation unit for forensic patients. It aims to provide patients with a transition from a secure environment back into the community. Treatment is provided by a multi-disciplinary team in collaboration with the patient.

It was identified that conversing with family/whanau and peers was a considerable challenge for many patients as their daily or weekly routine provided little variety for them to include in conversations. Following a period of discussion with patients and staff the Adventure Based Learning (ABLe) programme was designed, developed and implemented by two patients and two staff within the unit. The aim of the programme was to provide a range of challenging activities. The objectives of the ABLe programme included; improving confidence and self esteem, and promoting team working and social interaction, resulting in gaining a sense of achievement overall.

The poster will provide a brief overview of the forensic unit (including the restrictions and limitations within this setting) and how the aims and activities used within the programme contributed to the patients mental and physical health. A broad synopsis of the results from the evaluation conducted with staff and patients will be shown. The broad changes in the therapeutic approach adopted throughout this programme will be demonstrated.

**About the author:**

Pam Schofield has worked in forensic mental health since 2000 both here and in the UK. Having completed her Masters in Mental Health in 2005 she has continued to enjoy exploring innovations in practice, trying to create more therapeutic environments within the restrictions imposed.
Advising on the right equipment for the individual is an important part of her practice.

Jane Cowan-Harris – SitRight WorkWell

How modern technology has affected our workplaces and the impact on occupational therapy practice.

Over the past 5 years particularly, the amount of computer use within businesses, education and in homes, has increased significantly. This is starting to have an impact on our health which has huge implications over the next few years.

This poster outlines some of the factors which have created these changes and how, as occupational therapists, we can use our educational skills and holistic view of health options to help people work more comfortably and, therefore, more effectively. Costs of these musculoskeletal injuries will escalate with increasing intensity of work, affecting people not only physically, but also financially, emotionally and socially.

It is assumed that everyone attending this conference uses a computer at work and home. You may know how to operate it, but has anyone shown you how to work at the computer in an ergonomically safe way? If not, you will be amongst the majority of the population.

About the author:
Jane Cowan-Harris has worked in injury prevention and management since 1995, and since 2004 has focused on a preventative approach as well as injury management, working with non-ACC clients. Good work posture, methods and organisation and advising on the right equipment for the individual is an important part of her practice.
Friday 10 September 11.15am – 12.45pm
You choose one of the following sessions to attend:

(OPTION 1) Workshop 1

**Better@Work changing the way occupational therapists work with ACC. Sustainability rates and return to work tools and the Better@Work programme one year on.**

Joanne Mintoft – Lifestyle Potential

Better@Work is a Lake Taupo PHO and ACC initiative that has been operating for a year as part of ACC changing way of working. The aim is to support GPs when writing fit for selected duties certificates by providing them with a clinical return to work service to refer to. The prototype has now been rolled out to 3 further areas.

The referral comes electronically from the GP Surgery to the Better@Work coordinator and simultaneously to ACC. As a result the clients are often at a very acute stage in there injury with re-injury and sustainability being a concern to all (client, ACC, employer and unions included) (5). The programme uses a disability prevention model (2, 3) and looks to address behavioural and circumstantial realities that create and prolong work disability (2, 3) and to return clients to work in a sustainable way.

This work shop will look at the Better@Work programme one year on, the sustainability rates and ACC’s plans for the programme. It will also describe at the tools (1, 2, 3, 4) used and will provide an opportunity for participants to share return to work resources they are using by undertaking case study reviews:

- **A critical review of Epidemiologic Evidence for Work related Musculoskeletal Disorders of the Neck, Upper Extremity, and low Back. National Institute for Occupational Safety and Health (July 97).**
- **Introduction to the New Work Disability Prevention Paradigm. Jennifer Christian (2009) 60 Summits Projects.**
- **Preventing Needless Work Disability by Helping People Stay Employed. American College of Occupational and Environmental Medicine Guidelines (Oct 2005).**
- **September 2009 Union update on the ACC Partnership Programme. New Zealand Council of Trade Unions.**

*About the author:*

Joanne Mintoft is the first coordinator on the prototype service Better@Work between ACC and Lake Taupo PHO. Her role is to work alongside injured workers, GPs, employers and ACC to facilitate employers staying at work as they recover from their injury. This service started in March 09. Previously Joanne worked in vocational rehab at QEHealth, for Enliven and in Whakatane Hospital. She worked in London as locum and Leicester at a Rehab unit and at a wheelchair service prescribing wheelchairs and special seating. Joanne is a graduate of C.I.T.

(OPTION 2) Workshop 2

**Occupational justice in New Zealand: Implementing the WFOT position paper on human rights.**

Dr Clare Hocking - Auckland University of Technology

Despite its long history of proclaiming itself to be non-political, in 2007 the World Federation of Occupational Therapists adopted a Position Paper on Human Rights. Based in the belief that participation in occupation underpins human development and well-being, the paper positions access to a health promoting range of occupations as a human right that is underpinned by the United Nations Declaration of Human Rights. Framing occupational justice as an expression of a just society, it also identifies political, cultural and ecological forces that might contravene that right.

This workshop opens with a brief presentation about occupational justice and the Position Paper is introduced. Following that, participants will work together to identify groups in New Zealand whose occupational rights are at risk or contravened. Participants will then divide into small groups to consider the impact of occupational rights violations on people’s health, development, well-being and citizenship. Groups will also identify the historical, economic and societal conditions or barriers factors that bar people from access to a health-giving range of occupations.

To conclude the workshop, participants will debate the occupational therapists’ role in relation to occupational injustice, how occupational therapists might be encouraged to respond to occupational injustices, the skills and knowledge they would need, and whether the Position Paper accurately reflects New Zealand’s circumstances and sensitivities.

*About the author:*

Using her knowledge of occupational science, Clare Hocking assisted in drafting the Position Paper on Human Rights that was adopted by the World Federation of Occupational Therapists in 2007. She has been involved in publicising the Position Paper and helping occupational therapists consider its implications for practice in Europe and at the recent WFOT Congress in Chile.
(OPTION 3) Presentations – Student Experience
(each of the three presentations will be 20 minutes including 5 minute Q & A)

**Academic teaching and clinical education learning environments: How do health science students view them?**

Dr Ted Brown – Dept.of Occupational Therapy, Monash University
Brett Williams – Dept.of Community Emergency Health & Paramedic Practice, Monash University
Claire Palermo - Department of Nutrition & Dietetics, Monash University
Dr Lisa McKenna - School of Nursing & Midwifery, Monash University
Dr Liz Molloy - Centre for Medical & Health Science Education, Monash University

Introduction: This project investigated key factors that students identify as promoting optimal learning environments in both clinical education and academic learning environments.

Methods: A convenient sample of all students enrolled in occupational therapy, physiotherapy, midwifery, dietetics & nutrition, paramedic studies, radiography, pharmacy and social work at Monash University in 2008-2009 who also had completed a fieldwork placement were asked to answer the (1) Dundee Ready Education Environment Measure (DREEM); (2) Clinical Learning Environment Inventory (CLEI); and (3) Cleveland Clinical Teaching Effectiveness Instrument (CCTEI, 2000).

Results: A total of 548 students (421 females and 127 males) returned completed questionnaires. On the five DREEM subscales, students reported the following indicators about their academic learning environment: 1) perceptions of learning: ‘a positive approach’; 2) perceptions of teachers: ‘improving in the right direction’; 3) academic self-perceptions: ‘feeling more on the positive side’; 4) perceptions of academic atmosphere: ‘a more positive atmosphere’; and 5) social self-perceptions: ‘not too bad’. On the CLEI, the Actual form is used to measure perceptions of the actual (real-life) clinical fieldwork environment while the Preferred form is designed to measure perceptions of an ideal clinical fieldwork environment. When the Actual and Preferred forms were compared using t-tests, significant differences were found on all six subscales.

Discussion and Conclusion: Based on the results, students appear to be relatively satisfied and have positive perceptions with their academic learning environments. However, there appears to be a degree of incongruence and lack of synergy between the ‘preferred/ideal perceptions’ and ‘real-life/actual perceptions and experiences’ of clinical fieldwork education placements. This lack of consistency between what is preferred/expected and what is experienced on fieldwork education placements was reported in six areas: Individualisation, Innovation, Student Involvement, Personalisation, Task Orientation and Satisfaction.

About the author:
**Dr Ted Brown** is an Associate Professor and Postgraduate Coordinator in the Monash University Department of Occupational Therapy. Ted received his OT qualifications in 1986 at Queen's University, Kingston, Canada. He received his PhD in 2003 from the University of Queensland, Brisbane, Australia. Ted has over 18 years of clinical experience mainly working with children and their families. Ted's research interests include paediatric occupational therapy practice, test development, evaluation and validation, applying the Rasch Measurement Model, and factors related to the education of students enrolled in health-related disciplines.
The acute care environment: A student perspective.
Luciana Blaga - Otago DHB
Dr Linda Robertson - Otago Polytechnic

A study carried out in NZ indicated that therapists working in acute physical care (APC) practice enjoyed their work and were able to clearly articulate their unique and valued contribution to the patient’s care (Blaga & Robertson, 2006). However, anecdotal evidence indicated that students did not enjoy the acute physical placements because they felt restricted and usually focused on provision of equipment. To explore this, a study was carried out.

Aims: To gain an understanding of the nature of OT practice in APC from the student perspective and compare it with the understanding of the clinicians, and to identify strategies that would prepare students for APC fieldwork placements.

Method: A survey was completed by NZ students who had experienced an APC placement. This was followed by two focus groups to clarify issues raised in the survey.

Findings: Students generally valued this setting and viewed it as an excellent learning environment. Themes identified in the data were supervision, factors that influenced students’ satisfaction, the occupational therapy role, the use of theories and preparation for working in acute care.

This presentation will discuss the insights that students shared about their observations of practice in APC and how this compared to therapists views. It will also identify ways students could be better prepared for this busy practice area to enable them to ‘hit the ground running’.

Reference:

About the authors:
Luciana Blaga has graduated with honours in 2006. She has been working in acute physical wards at Dunedin Hospital as an occupational therapist. Since her graduation she has also continued to be involved in research, pursuing some themes that emerged from her honours research.

Linda Robertson is a lecturer at School of Occupational Therapy in Dunedin, being involved in under and postgraduate teaching. Some of her professional interests are how therapists make their clinical decision in everyday practice, how clinical problems are solved and what makes an expert clinician.

The influence of occupational therapy student fieldwork placement on recruitment.
Susanne Keller - Midcentral DHB

Changes in practice opportunities for occupational therapists, pressures on the health budget, and changing expectations of new graduates mean that there are increasing challenges in attracting the right occupational therapist to the team. Overseas research (Christie, Joyce & Moeller, 1985; Mulholland & Derdall, 2005) indicates that fieldwork placements influence recruitment to that setting but no related qualitative research had been undertaken in New Zealand. Thirty one final fieldwork placement, Otago Polytechnic occupational therapy students were sent questionnaires, and four selected for follow up semi-structured interviews. From the interviews eight themes and related subthemes were identified by content analyses (Patton, 2002). Three major influences on subsequent recruitment were: the spirit of teams; respect and valuing of occupational therapy; and the quality of the supervisor and supervision. The five minor influential findings were: location; social and emotional aspects; grounding for career development; type of practice; benefit to employers; and model of supervision. The design of the study was descriptive qualitative. Trustworthiness tools used were reflexivity and bracketing (Finlay, 1998), peer review and supervision, triangulation (Krefting, 1991) and member checking (Lincoln & Guba, 1985).

This study has implications for occupational therapy recruitment in New Zealand. The presentation will report the research and outline aspects of fieldwork placements that might encourage or discourage graduating therapists from seeking employment in that setting. For example from the major findings positive influences within a setting that might facilitate later recruitment were a supportive team environment, respect for the occupational therapy profession, and good quality supervision and supervisor.

References:

About the author:
Susanne Keller, NZROT, Dip OT, PG Dip Rehab, MOccTher, is a community occupational therapist, employed at Midcentral Health DHB, Palmerston North. Since graduating in occupational therapy from C.I.T in 1991, she has worked in the areas of psychopaedics (Tokanui Hospital), community mental health (Dunedin), rehabilitation and community physical (Palmerston North). Susanne also undertakes a small amount of private work. In 1999 Susanne completed her Post Graduate Diploma in Rehabilitation and last year fulfilled the requirements of her Master in Occupational Therapy through Otago Polytechnic.
Developmental tasks of young adults, an occupational therapist’s responsibility?
Jo Healy - Counties Manukau DHB
Kate Whelan - Auckland DHB

Early psychosis intervention teams are built upon the research that indicates early detection and effective interventions greatly increase the chance of a successful recovery. It is our belief that successful recovery includes the attainment of developmental tasks for young adults. The importance of which is emphasised by the fact that during this period of life personal and social identity concerns become more important and occupational, sexual and cultural concerns are heightened.

It has been observed that within the multidisciplinary team environment this domain of concern is not always at the forefront of clinical consideration. As occupational therapists we believe more focus on developmental tasks and on particular occupational deprivation and delay in young adults experiencing psychosis is required to maximise social inclusion and quality of life.

Consideration on how to implement the utilisation of the developmental framework in practice will be discussed from clinical based experiences. This viewpoint can be applied to other domains of occupational therapy within the young adult population, both in physical and mental health.

About the authors:
Jo Healy is an occupational therapist currently working with young adults within a early psychosis intervention team in South Auckland. She has developed a particular interest in providing opportunities for young adults, to assist them to achieve the developmental tasks that they value, aligning them to their social and cultural contexts.

Kate Whelan is an Occupational Therapist working within an Early Intervention team in Central Auckland, focusing on the Recovery of Young Adults experiencing First Episode Psychosis. She is particularly interested in the importance of creating Occupational Experiences both in individual and group contexts that enables the attainment of the developmental goals of the client.

Transitioning from a secure unit to an open rehabilitation ward within a Regional Forensic Psychiatric Service. How hard can it be?
Penelope Kinney - School of Occupational Therapy, Otago Polytechnic

This research has developed from my practice experience within a secure ward of a regional forensic service. As the occupational therapist I was involved in helping develop transition plans for patients to move from a secure ward to an open rehabilitation ward. These plans were often developed by the health professionals with little input from the patients.

Literature highlights transitions as being significant in a person’s life. Occupational therapy literature relating to transition and transition programmes suggests that occupation, and personal meaning of it, is central during life transitions. Transition has been described as a discontinuity in a person’s life space. The idea of an interruption in the pattern of everyday life and the implications of this is of interest to occupational therapists because such a discontinuity requires alteration to routine, habit, and taken for granted configurations of occupations (Blair 2000).

The skills of occupational therapists within a forensic service are necessary and contribute important aspects to the rehabilitation of the mentally disordered offender. Overall goals include enabling the person to pursue meaningful occupations and enhancing the person’s ability to cope and adapt to their changed environment (Hatton 2004).

This research project explores the lived experience of the client who is making this transition. The study is qualitative, guided by phenomenology. In-depth, non standardised interviews were used to gather the data. Emerging themes are identified and presented.

The significance of this research is that results contribute information that allows health professionals, and particularly occupational therapists, to understand what it is like for patients to move from a secure ward to an open ward. Understanding patients’ experiences will allow those who are developing the transition plans to ensure they cater for the needs of each individual and make difficult transitions easier.

About the author:
Penelope Kinney is a lecturer at the School of Occupational Therapy in Dunedin. She is involved in teaching in the undergraduate programme and coordinating the postgraduate programmes. Prior to coming to Otago Polytechnic Penelope worked in the secure forensic unit for the Canterbury District Health Board, with probably one of the most vulnerable and dangerous populations. She is currently enrolled in her masters by thesis which involves researching a forensic psychiatric population.
The lived experience of people who are recovering from mental illness.
Kim Henneker - Hawkes Bay DHB

This paper will describe a small study using phenomenological methods which explored the lived experience of recovery of consumers whilst receiving mental health services in the Hawke's Bay. The aim of the study was to inform practitioners who provide and deliver mental health services about the key aspects of what makes a difference in the recovery journey from the consumer's perspective. In addition the study was developed in the context of a change management process, with the intention that the findings from the study would inform and create change in terms of service planning and delivery. The findings of the study illustrate six key themes which can help or hinder a person's recovery. The themes identify from the consumer's perspective which activities, knowledge and attitudes are facilitators or barriers to recovery from mental illness. The findings in turn highlighted aspects of staff and service development that need to be addressed to improve service delivery. The paper will include the methods used in the study, aspects of trustworthiness, the key findings and the implications of the findings for future practice and service planning and delivery, which will be relevant to occupational therapists and other health practitioners.

About the author:
Kim Henneker, occupational therapist, is currently working as a Clinical Leader at Hawkes Bay Mental Health and Addiction Services. She completed an AUT Masters of Health Practice in 2007 and has a wide variety of clinical experiences predominantly in mental health. She was the recipient of the Medical staffing and Health Innovation awards and until recently was the Chair of OTBNZ.
Friday 10 September 1.30pm – 3.00pm

You choose one of the following sessions to attend:

(OPTION 1) Workshop 1

*Engaging support staff in education.*
Alexa Andrew & Dr Linda Robertson - School of Occupational Therapy, Otago Polytechnic

Introduction: New Zealand has an aging population and there are many support staff employed in this sector. One of the roles of occupational therapists employed in this sector and others is to provide training and education for support staff. Knowledge of learning theory and educational techniques is vital to ensure that learning is able to be transferred to practice and is therefore beneficial to the client group.

Intended Outcome: Participants will:
1. Describe the characteristics of adults as learners and relevant adult learning theory.
2. Develop an education session(s) based on theory.
3. Develop a resource of strategies to apply to teaching and learning sessions in the future.

Structure of Workshop:
1. Introduction to topic; N.Z has an ageing population, role of occupational therapists in education and training, necessity of knowledge of how adults learn.
2. Refresher on adult learning theory (Learning styles, (one of learning and Kolb's experiential learning cycle).
3. Application Exercises: Participants will work in small groups and be directed to complete the following tasks;
   a) Plan an education session using adult learning theory
   b) Include strategies to ensure learning is translated into practice
   c) Plan method for evaluating learning session (did the participants learn what was intended?)
4. Discussion brought together at the end by groups providing feedback to the larger group and workshop leader summa rising main points.

About the authors:
*Alexa Andrew* is a Senior Lecturer at Otago Polytechnic where she teaches on the undergraduate and postgraduate programme. Her interests and research areas are related to occupational therapy practice with older people and the education of those staff who support them. She co-ordinates a post-graduate paper called “Future Practice with Older People in the 21st Century”.

*Linda Robertson* is a Principal Lecturer at Otago Polytechnic where she teaches on the postgraduate and undergraduate programme. She coordinates two post-graduate courses - Clinical Reasoning and Client Education. Teaching / learning processes related to students and clients are one of her interests and research areas.
Shifting sands: Creating our place. Be the wind, not a grain of sand!
Clive James – CAMHS Tauranga

Wind encapsulates energy, purpose, change and direction. It is adaptable and adept at passing around or through obstacles. Usually it carves to achieve its goals, however occasionally it demands and commands respect. Even when calm, wind remains part of our consciousness. It forms alliances with other key forces to realise shared objectives. Being one of life's four elemental forces, wind (air) is essential to our wellbeing.

The aim of this 90 minute workshop is to encourage and help participants proactively take more control of their work practice and in doing so, provide improved services to clients. Addressing and creating change is challenging at the best of times, particularly as the rate, amount and diversity of change appears to be constantly increasing!

There are a myriad of individual and management books dedicated to managing change. However rather than focus on the likes of ‘recognising and managing transitional staff motivation levels when integrating new workforce practices,’ I will simply illustrate some key factors to successfully creating change ‘on the shop floor’ using some CAMHS, Tauranga examples and some group exercises. At the core, and in line with our Kiwi OT heritage, is passion, commitment, self-belief and a ‘can do’ attitude!

Key points that will be considered include; People (skills/training, passion/vision, leadership), Need (public/political, service), Remit (professional boundaries/skills) & Resources (including money - what is money and how we can ‘create’ more). In summary, if you think you are too small to be effective, you have never been to bed with a mosquito!

About the author:
Clive James is the Youth Day Programme Co-ordinator for the Bay of Plenty District Health Board. His previous relevant career experience includes managing; a charity, a corporate Fair Trade department and a Trust fund. Qualified as an OT at Exeter University (UK) in 2006. He has worked with the CAMHS, BOPDHB team as an OT since October 2006 developing our group work programme and doing a limited amount of individual client work. Specific areas of interest: Emotional intelligence, adventure therapy, interactive drawing therapy and sensory integration.
Panel Discussion

Cultural safety: firm foundations to fluency.
Isla Emery-Whittington - Raukura Hauora o Tainui
Dr Linda Wilson - School of Occupational Therapy, Otago Polytechnic
Jane Hopkirk - Te Rau Matatini & OT Board of NZ
Alison Nelson - WFOT & Hawkes Bay DHB
Kevin Brown - Enliven, Presbyterian Support Services

Cultural safety and its influence on occupational therapy practice is a topic receiving international attention through the World Federation of Occupational Therapists Draft Position Paper on Diversity and Culture. As a local indigenous concept, it is heartening that cultural safety is utilised to describe effective practice for occupational therapy internationally. However, there are few open shared discussions about cultural safety and how it flows through occupational therapy practice in Aotearoa today.

Ramsden (1992) describes the birthplace of cultural safety as within the wider context of other processes occurring within Maoritanga. Jungersen (2002) necessarily related these processes to occupational therapy practice and provided a comprehensive description of culturally safe practice.

Re-certification requires reflection on objectives and activities for ‘Culturally safe practice’. But do occupational therapists really think or feel that their practice is culturally safe or competent and how do they know?

This discussion will provide occupational therapists with opportunity to hear varied perspectives on cultural safety from representatives of education, WFOT, OTBNZ, NZAOT, Te Rau Matatini National Maori Workforce Development Centre and kaupapa Maori services. Preparation will be encouraged through reminder activities advertised in OT Insight (July-August editions). Questions such as ‘why is this topic so interesting / important’ will begin the discussion part of the session. Occupational therapists will be able to ask questions, make comment and share practice stories of challenges, opportunities, barriers, benefits and costs of practising in a culturally fluent context.

References:

About the authors:
Kevin Brown, occupational therapist, NZAOT Maori perspective portfolio holder, currently working for Enliven positive aging service in South Auckland. I have experience mainly in mental health working for Northland and Counties Manukau DHB. I have been part of the TRM reference group that created Te Umanga Whakaora, and am passionate about its implementation.

Isla Emery-Whittington, Ngati Maniapoto, Ngati Kauwhata, Ngati Kahungunu is an occupational therapist currently working in the first indigenous early detection of psychosis service Awhi Mai Awhi Atu, Raukura Hauora o Tainui. She enjoys the challenges and benefits of working within a kaupapa Maori health service.

Jane Hopkirk, Ngati Kahungunu, Rangitane ki Wairarapa is an occupational therapist with experience in mental health, community / iwi development, kaupapa Maori services as a worker and at governance Levels. Currently she is a project leader at Te Rau Matatini, Deputy Chair of OTBNZ and trustee at Whaiora. Her passion is in seeing occupational therapy being relevant and accessible to our Whanau.

Alison Nelson, Hawke’s Bay Hospital Soldiers’ Memorial, Hastings, is a pakeha occupational therapist from Hastings, with roots going back to England and Wales. She is the delegate for NZAOT to the World Federation of Occupational Therapists and is on the consultation group for the WFOT Guiding Principles on Diversity and Culture and the associated position paper.

Linda Wilson, Principal Lecturer at Otago Polytechnic, is a pakeha of Scottish ancestry. She is involved with her institution’s treaty education and training unit and serves on Komiti Kawanata, established under the Memorandum of Understanding Otago Polytechnic has with local Runaka. She teaches in undergraduate and post graduate programmes.
Lives that speak: A collaborative research project.
Dr Mary Butler - Injury Prevention Research Unit
William Fairbank - Bridgham Centre for World Peace

This paper describes an international research collaboration between the author and brain injured artist and film maker, William Fairbank. Occupational therapists have a tradition of such research collaborations in phenomenological projects. However, this paper moves a step further and is based on methodology developed in the field of disability studies, where the disabled person leads the project. The film is one of a series that express what the brain injury community believes health professionals (and occupational therapists in particular) should know. People with brain injury and their careers struggle to find hope in the early years. The knowledge of good outcomes is a strong part of the culture of the brain injury community. This project provides a series of precedent cases of creative and good lives after brain injury that can inform practice in terms of what helps and hinders such development. This is useful in balancing the outlook of health practitioners who have often developed most expertise in situations where the outcome is bleak.

About the authors:

Dr Butler has two decades of practice, teaching and research experience in the field of brain injury and occupational therapy. She graduated with a PhD in 2007 and currently holds a three year ACC Post Doctoral Research Fellowship at the Injury Prevention Research Unit at the Dunedin School of Medicine.

William Fairbank has a good understanding of the possibilities inherent in occupational therapy, from his own experience of creating the "Forest Stations". These are series of sculptures that are on permanent exhibition in Lincoln cathedral (England), which formed an integral part of William's rehabilitation in the early years after brain injury. This paper introduces his most recent film, made in collaboration with the author, where he explores the relationship between art and disability in the lives of brain injury pioneers. The interviewees include a cake maker, a writer, a painter and William's own work as a sculptor.

In an aging world: Understanding the community integration experiences and needs of older adults following traumatic brain injury.
Linda Ritchie - Auckland University of Technology & Counties Manukau DHB
Dr Valerie Wright-St Clair - Auckland University of Technology

Aim: Traumatic brain injury (TBI) is recognised as a major concern for older adults, with accidental falls being the main cause (Thompson, McCormick & Kagan, 2006). As the population ages, the incidence of falls is projected to rise. This project aimed to identify reliable community integration measures, examine older adults reported community integration experiences and needs following TBI, compile a database of local TBI-focused services, and to develop a qualitative interview guide for use in a planned future study.

Methods: A comprehensive literature review was completed. Relevant articles were critically reviewed and scored using a standardised method. Common tools for measuring community integration following TBI, particularly for older adults, were identified. A review of publicly accessible documentation of relevant services was conducted and documented. Finally, a draft in-depth semi-structured interview guide was developed, based on the literature review findings.

Results: The Community Integration Questionnaire (Salter et al., 2008) is the most widely used measurement tool. It is evident that community integration is most comprehensively evaluated using objective and subjective measures, such as perceived quality of life. There is a gap in services which address the community integration rehabilitation needs of older people following TBI. The proposed qualitative interview guide encompasses questions related to participation in the home, neighbourhood and community, connectness with others, daily experiences living with TBI, and aspirations for the future.

Practice Implications: Older adult's community integration ought to be a primary occupational goal following TBI. Occupational therapists are well placed to address the current gaps in practice.

About the authors:

Linda Ritchie is a newly registered occupational therapist. She graduated from AUT University, in Auckland, New Zealand last year and is currently working in mental health for Counties Manukau District Health Board. Her introduction to research began with the summer studentship from which the current research is derived and now she is pursuing post graduate studies with the view to undertake bigger research projects in the future.

Valerie Wright-St Clair is a registered occupational therapist and senior lecturer at the School of Occupational Therapy, AUT University, in Auckland, New Zealand. Valerie’s academic interests span the fields of gerontology, occupational science, cross cultural research and interpretive phenomenology. Her research focuses on being in the everyday in advanced age, elders’ everyday occupations, and exploring the meaning of what people do.
Identity oriented goal training after TBI. A new approach to client centred goal setting.

Sandy Rutherford, Kathryn McPherson, Nicola Kayes & Felicity Bright - Auckland University of Technology

Goal setting is widely accepted to be best practice in rehabilitation and is often used to measure outcomes. However it is a complex process which lacks a strong theoretical and evidence base (Ylvisaker, McPherson, Kayes, & Pellet, 2008). It can also be frustrating and difficult for clients and clinicians, failure in achievement of goals has emotional consequences and impacts on engagement in the rehabilitation process (Siegert, McPherson, & Taylor, 2004). Self regulation theory is currently being researched (McPherson, Kayes, & Weatherall, 2009) in response to this issue and emphasizes the link between identity and motivation. The underlying principle being that success in achieving goals is at least partly dependent on the ability to regulate one’s cognition, emotions and behaviour (Ylvisaker, et al., 2008).

The most adaptive form of self-regulatory behaviour is thought to be based on the ability to select concrete manageable goals that are linked to personally meaningful representations (Hart, 2006). As TBI can have a devastating impact on a person’s sense of self, identity oriented goal training utilised as an intervention to facilitate the development of personally meaningful goals may be particularly useful with this population (Ylvisaker, et al., 2008). One of the aims of this intervention is to teach clients a strategy that they can use independently after discharge from rehabilitation services potentially enabling greater success in re-entry into a meaningful life (Simmond & Fleming, 2003). This paper will outline the process of assisting clients to develop an identity map, using case study examples from a current study (McPherson, et al., 2009) and will highlight the implications of this innovative approach for occupational therapy practice.

About the author:
Sandy Rutherford works part time as a Research Officer for The Person Centred Rehabilitation Team (PCR Team) which is one of the research groups making up the Health & Rehabilitation Research Centre at AUT University. Sandy also works part time in the department of Occupational Science and Occupational Therapy and her main area of responsibility is to develop and coordinate the occupational therapy service based in Akoranga Integrated Health, the clinic that is based on campus.

Pets providing therapy.

Belinda Simpson, Abano Rehabilitation

We are all familiar with Assistance Dogs - Therapy Dogs, however, are a new concept in New Zealand. This presentation aims to demonstrate the uniqueness of the Human Animal Bond by presenting a case study of Animal Assisted Therapy (AAT) with a client who has a Traumatic Brain Injury (TBI), and a summary of related literature.

In 2007 Therapy Dogs began working with clients at Abano Rehabilitation with outstanding results. The dogs are used in two ways. Animal-Assisted-Activities (AAA) involves general “meet and greet” activities. Animal-Assisted-Therapy (AAT) is the clinical healthcare treatment process in which the dog is used as an integral part of the goal directed intervention. The OT conducts the therapy session using the dog as a modality to facilitate the development of skills needed by the client to achieve independent functioning.

Benefits to the client: The motivational aspect of working with a dog is paramount for most people as animals promote laughter, joy and quality of life. The physical benefits include increased range of movement, strength, endurance, balance, ambulation, voluntary use of affected extremities, visuo-perceptual and improved fine and gross motor skills. The increased attention to task and emotional security provided by the animal’s presence encourages the client to communicate, develop better organizational skills and retain learned behaviors.

The benefits of AAT to those with TBI can be seen in their significant physical, cognitive and social improvements. AAT provides opportunities for motivational, educational, recreational and/or therapeutic benefits to enhance quality of life.

About the author:
Belinda Simpson (occupational therapist) and her Assistance Dog Tana will share their experiences of pets providing therapy. As a team they have travelled the world speaking at conferences and helping to establish therapy dog organisations in hospitals, nursing homes and special needs facilities.
EXHIBITORS

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THE OCCUPATIONAL THERAPY BOARD OF NEW ZEALAND (OTBNZ)

The OTBNZ has statutory responsible for the registration and regulation of occupational therapists. OTBNZ main purpose is the protection of the public by ensuring practitioners are fit and competent. The Board is made up of seven members – 2 lay representatives and 5 occupational therapists and is funded by registration fees.

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