40 min workshop
1.30 – 2.10pm

Revising the World federation of Occupational therapists (WFOT) Human Rights Position Paper: Perspectives from Aotearoa New Zealand

Clare Hocking, Auckland University of Technology
Jenni Mace, Auckland University of Technology

Background
The World Federation’s Position Statement on Human Rights (2006) drew on ideas promoted by Drs. Ann Wilcock in Australia and Liz Townsend in Canada. The key concepts, occupational deprivation, imbalance, marginalisation, alienation and apartheid, were theoretically derived and there was a disjuncture between the espoused occupational rights and the United Nations’ Universal Declaration of Human Rights, which was recognised as the foundation document. While its provisions have usefully informed the profession of our responsibility to address occupational injustices, the position statement is now overdue for revision.

Learning outcomes
Participants will:
• Gain knowledge of how occupational rights are being framed internationally and skill in interpreting and critiquing those perspectives from our vantage point in Aotearoa New Zealand
• Contribute to the international positioning of occupational therapy as a profession.

Method
We briefly outline the international consultation process undertaken to date and present draft revisions initiated by the WFOT International Advisory Group: Human Rights. Participants are then invited to discuss the provisions in relation to the competencies for practice in Aotearoa New Zealand and, on that basis, consider whether we wish to suggest further revisions or inclusions.

Conclusion
While international agreements necessarily shape practice in Aotearoa New Zealand, they must be interpreted for implementation in this context. Participants in this workshop will be better equipped to participate in that process, and to introduce the discussion in their own networks of occupational therapy practitioners.

Presenter Biographies
Professor Clare Hocking previously served as the New Zealand delegate to the World Federation of Occupational Therapists and is currently the Co-Chair of the Federation’s International Advisory Group: Human Rights. Her research interests include occupational justice and the strategies people use to participate in occupation despite a disabling health condition. She continues to champion occupational justice issues around the world.
Rangatiratanga and the promise of two peoples. Leading change and committing to bicultural group facilitation

Kō Matahaurua me Ngātokimatawhaorua ngā waka
Kō Taumarere te awa
Kō Puketohuna te maunga
Kō Ngā Puhī, Kō Ngāti Manu, me Ngāti Pākehā ngā īwi
Kō Ngāti Manu te hapū
Kō Ngāti Manu te marae
Kei Aotearoa, New Zealand e noho ana
Kō Melanie Smith ahau, Hutt Valley DHB & Te Kuratini Tuwhera o Aotearoa, Open Polytechnic

Learning objectives
- Considering steps to change the mono-cultural delivery of group psycho-educational programmes
- Building understanding of biculturalism within a psychoeducational environment
- Developing knowledge of key aspects of a bicultural group facilitator
- Exploring strategies that can honour treaty principles within the role of group facilitator

We will be exploring key learning objectives by sharing my experiences in developing and trailing a bicultural psychoeducational group programme in a therapy setting. The group members all have injury related ongoing pain. However, the concepts covered will be relevant to any therapist wanting to build their bicultural skills when running psychoeducational groups in any setting.

Information presented includes the presenter’s reflections; staff and tangata whaiora feedback; literature research; cultural consultation; relevant models and sector expectations.

The key theme is leading and committing to change the status of a mono-cultural group programme to a bicultural one. There will be an overview of this process. This includes awareness of the need, consulting about, researching, and driving the change. The aims are to improve referral rates for Maori, improve attendance rates and engagement, improve satisfaction of service, and improve health outcomes for Maori and their whanau, hapū, and īwi. At the same time as maintaining or increasing these factors for non-Maori.

Information presented will touch on the need to acknowledge and understanding Maori and Pakeha values, operating principles, tikanga, and health promotion models. Then consider how these are honoured in a group educational programme where Maori and non-Maori are referred, but where Maori are the minority.

Presenter Biography
Melanie descends from Te Whare Umu, a Maori signatory of Te Tiriti o Waitangi. She is committed to the treaty principles.
Melanie is a registered Occupational Therapist, Kaiwhakaora Ngangahau with group facilitation experience in many sectors such as Disability; Long-term health conditions; Child development; Mental health and Addictions; Maori Mental health, and Corrections. She has a Postgraduate Certificate in Health Science, endorsed in Cognitive Behavioural Therapy.
Walk to talk; 3CDD supervision model of walking supervision

Rita Robinson, Otago Polytechnic

Introduction
This is an interactive and energetic workshop which will enable participants to experience “walking supervision”; a reflective supervision process which is supervisee lead during the task of walking.

Learning outcome
Occupational therapists are provided with theoretical knowledge and a concrete experience of engaging in a walking supervision session while utilizing the developing supervision tool 3CDD.

Process
An interactive and energetic “walking supervision” experience, where participants are instructed in applying an expanded 3 Celebrate, Dilemma, Desire (3CDD) peer supervision framework. Additional development of this model now includes using the OTBNZ competencies within the dilemma aspect, therefore ensuring that practice is reflected against all five competencies within each supervision cycle. Celebrate and desire aspects of this innovative framework are informed from literature and research from the field of coaching and positive psychology, while the dilemma and desire aspects are influenced by the experiential learning cycle.

Conclusion
The supervisee lead walking supervision process provides alternatives to more traditional supervision models and enables the participant to apply a process which enables reflection against the OTBNZ competencies.

Presenter Biography tba

Ko tō whakaora tāku whakaora, ko taua anō taua: Your healing is my healing, for we are the same
A tangata whenua centred Whakaora Ngangahau- Occupational therapy practice model in indigenous child mental health

Riwai Wilson, Victorian Aboriginal Health Service
Karina Thorpe, Victorian Aboriginal Health Service

Abstract
Many comparisons can be made in regard to present day challenges for indigenous peoples of New Zealand, Australia and Canada including histories that echo a familiar painful tone. Although three distinctly different nations, we share in each other’s pain and loss but are equally fortified by steps we each take toward indigenous self-determination and reclamation.

As a Maori OT based in Australia, kei waho te kupenga whakaora ngangahau (outside the NZ OT net) I hold tight to my identity as a Kaiwhakaora Ngangahau Maori which forms the whariki (mat) and foundation of my practice. This whariki is comprised of three recurrently interwoven strands: My professional identity, My cultural identity and My-self. These blend to create a framework upon which meaningful cultural clinical practice can emerge. Within this tangata whenua centred OT practice model, te haerenga whakaora (the healing journey/the way to resilience) for clients, practitioners and the occupational therapy profession is possible.

My own haerenga whakaora lead me to walk alongside other indigenous communities where I made many new discoveries and many familiar ones also. From these experiences, exchanges and learnings, my whariki was not only reinforced but adorned with new design and purpose. This knowledge is what I
hope to share with others to inspire and strengthen our individual and collective identity as Kaiwhakaora Ngangahau.

Presenter biographies

Riwai Wilson (Ngati Porou, Te Aitanga-A-Mahaki) is a Maori Occupational Therapist currently working in Melbourne with Aboriginal children and families in the Koori Kids Social Emotional Well-Being Team at the Family Counselling Service VAHS (Victorian Aboriginal Health Service). Riwai has worked predominantly in indigenous child and youth mental health settings in New Zealand and Australia and was a 2016 recipient of a Creswick Fellowship Award to undertake a study tour of indigenous child mental health services in the Blackfoot Nation of Southern Alberta, Canada.

Karina Thorpe is an Aboriginal woman from the Gunai Tribe (Victoria) and Yuin Tribe (NSW) and works as an Aboriginal Health Worker in the Koori Kids Social Emotional Well-Being Team at VAHS (Victorian Aboriginal Health Service). Karina has worked for 12 years in the Aboriginal community in youth justice, kinship care and family services and in her current role supports cultural process and cultural safety for children and families engaging in clinical services in the Koori Kids program.

40 min workshop
2.20pm – 3.00pm
Using a Māori centred approach to better support Māori youth to develop resilience through participation

Maree Smith, Hawke’s Bay DHB

The workshop will be used to develop shared understandings from a practice perspective how occupational therapists can and do support Māori youth to become more resilient and how this benefits Māori youth health and wellbeing. The session will be guided using the findings themes generated from Maree’s Honours research which explored ‘what is known’ in the literature about a potential relationship between meaningful participation and resilience in Māori and other indigenous youth, which was presented at the OTNZ-WNA Conference in Nelson in 2017. The three themes that emerged from the data; that participation in the collective can provide support for Māori and other indigenous youth, which in turn can act as a protective factor and promote resilience; that Māori and other indigenous youth who participate in a range of meaningful activities are more likely to develop multiple identities and a range of skills to use when navigating across contexts; and that systemic challenges at an institutional level must be better addressed to afford equitable opportunities for all Māori and other indigenous youth to enable participation. It is hoped that the findings from the workshop will support all occupational therapists to gain a better understanding of how we can support Māori youth to develop resilience using a Māori centred approach.

Presenter Biography

Maree Smith is of Ngāpuhi and Te Rarawa descent, with affiliations to Ngāti Hau, Patuharakeke and Ihutai. Maree acknowledges both Takahiwai and Whakapara Marae. In 2017 Maree began her first year of practice supporting people to sustain their tenancy in social housing. Maree is an advocate for Māori health and well-being by promoting social and occupational justice and has relocated to the Hawke’s Bay to gain experience in physical health; yet maintains an interest in Māori youth resilience and participation.
Running a Cognitive Stimulation Therapy group in a rural town in Northland

Eleanor Besso, Northland DHB

Introduction
Cognitive Stimulation Therapy (CST) is a brief treatment for people with mild to moderate dementia. The therapy has been designed following extensive research evidence in UK for the management of dementia irrespective of drug treatments received. CST treatment can be administered by anyone working with people with dementia such as care workers, diversional therapists, nurses, occupational therapists and psychologists. CST groups can take place in any settings such as hospitals, day care, residential homes. Practitioners can learn to provide CST treatment by following the CST manual or attending CST training.

Learning Outcomes
Aim to give a taster session of how CST works, and gain an understanding of how the guiding 18 principles of CST can be an integral part of running a session and guide the CST group facilitators to run an effective and enjoyable therapeutic group.

Process
The learning format will consist of: a short powerpoint slide show describing the theory behind CST/role/guiding principles/the themed sessions/equipment required, which will include handouts. Information regarding the evidence based research will be included with use of hands on tools to try in small groups to run a group session.

Conclusion
How practitioners can reflect through the process of using the guiding principles of CST to incorporate into the each session of all things ‘Maori’ of the protocols ‘3Ks( kai ora. Karakia. Kai)’. Also to incorporate ‘Maori’ activities (waiata, raranga, pepeha, carving) and how to start the sessions making connections.

References

Presenter Biography
Eleanor qualified in 1993 at Salford University UK. Worked mainly in NHS with later life psychiatry. Working in inpatient/community settings and recently in research area of cognitive rehabilitation in early stages of dementia.
I have provided CST groups in both community (working with Age UK) and inpatient areas. I enjoy working with this therapeutic medium with clients with early to moderate stages of dementia, where clients have fun in participating with themed sessions.
main elements- adventurous activities (e.g. rock climbing, kayaking), experiential learning, and nature based therapy. Practitioner skills required, the underpinning theory and the intervention strategies all differ, depending on the elements selected and the emphasis on them.

Traditional high adventure activities are resource heavy, requiring skills and knowledge that occupational therapists do not typically have. Less adventurous activities and nature-based therapies fall within the umbrella of adventure therapy and are potentially more sustainable for many services.

This workshop will provide attendees the opportunity to develop their understanding of the three elements often included in adventure therapy. They will consider the elements as being on a continuum from adventure through to nature-based immersion. Participants will identify which of the elements best suit their practice area in terms of providing an “adventure therapy” service that is affordable and sustainable.

Objectives
Participants will:
- Enhance their understanding of theory underpinning three elements that may be incorporated in adventure therapy
- Identify where on the adventure continuum their practice potentially sits
- Appreciate the value of experiential learning and nature based activities with or without the use of adventurous activities
- Identify areas of their practice where some or all of these elements could be applied, taking into consideration resources available and potential barriers

Process
- Presentation on underpinning relevant theory including results of study of NZ occupational therapists’ use of adventure therapy, related to the three elements
- Small group work – groups linked to the continuum
- Discussion facilitated by the use of cue cards and poster materials
- Facilitated discussion re integration of element/s of adventure therapy into practice

Presenter Biography
Helen Jeffery has extensive experience in mental health, and a particular interest in the developing field of adventure therapy. She has completed research into New Zealand occupational therapists’ use of adventure therapy, with a focus on theory used. Helen is interested in helping to advance the field of adventure therapy and is currently the international ambassador for occupational therapy in adventure therapy. Helen is a senior lecturer at the School of Occupational Therapy, Otago Polytechnic.