Núm. 23 / Septiembre de 2014

Occupational Therapy and its Relevance in Social Projects.

Relationships, Learning and Opportunities: Collection of Experiences of University of Alberta MScOT Students in Bogotá, Colombia

Universidad del **Rosario**

ESCUELA DE MEDICINA Y CIENCIAS DE LA SALUD

OCCUPATIONAL THERAPY AND ITS RELEVANCE IN SOCIAL PROJECTS.

RELATIONSHIPS, LEARNING AND OPPORTUNITIES: COLLECTION OF EXPERIENCES OF UNIVERSITY OF ALBERTA MSCOT STUDENTS IN BOGOTÁ, COLOMBIA

Occupational Therapy

Editorial Universidad del Rosario
Escuela de Medicina y Ciencias de la Salud

Primera edición: septiembre de 2014
ISSN: 2145-4744
Diseño y Diagramación: Fredy Johan Espitia Ballesteros
Corrección de estilo: Claudia Ríos

Hecho en Colombia
Made in Colombia

Para citar esta publicación: Doc. Inv. Esc. Med. Cs. Salud.

Contenido

Occupational Therapy and its Relevance in Social Projects. Relationships, Learning and Opportunities

Prologue

> "Keep your language. Love its sounds, its modulation, and its rhythm. But try to march together with men of different languages, remote from your own, who wish like you for a more just and human world"
>
> *Hélder Câmara, Spiral of Violence*

Occupational therapists are equipped to promote wellbeing through occupation and to enable participation and meaningful engagement of people in their social and physical environments (WFOT, 2012). As such, the role of the occupational therapists is profoundly linked to the social, cultural and environmental characteristics of the contexts in which occupations take place. The central role that context plays in occupational performance creates an interesting dichotomy for the occupational therapist: on one hand, a profound understanding of cultural and social factors is required from the Occupational Therapy (OT) in order to develop a meaningful and successful collaboration with the person; on the other hand, the ability of the occupational therapists to recognize and explore the contextual factor of an occupation-person dyad transcends cultural and spatial barriers. As a result, occupational therapists are equipped to engage in international collaboration and practice, and as such face unique and enriching challenges.

International fieldwork experiences have become a tool through which occupational therapists in training can develop the critical skills for understanding the impact of cultural and social factors on occupation. An OT student in an international fieldwork experience faces numerous challenges in leading a

process that is both relevant and respectful to the characteristics of the local context: language, cultural perceptions of occupation and personhood, religious backgrounds, health care access, etc. These challenges stand out as ethical considerations that must be considered when navigating an international fieldwork experience (AOTA, 2009).

For more than five years now, the Faculty of Rehabilitation Medicine (FRM) of the University of Alberta (UoFA) and the School of Medicine and Health Sciences at the Universidad del Rosario (UR), Bogota, Colombia, have sustained a productive and meaningful international collaboration. This collaboration includes a visit by Dr. Albert Cook, professor of the FRM and former dean, to the UR as the main guest speaker in the International Congress of Technologies for Disability Support (IBERDISCAP) in 2008. Furthermore, Dr. Cook was a speaker in the research seminar of the Assistive Technology Research Group of the Universidad del Rosario. Following Dr. Cook's visit, Professors Liliana Álvarez and Adriana Ríos travelled to Edmonton and initiated collaboration with the FRM, resulting in the signing of an agreement between the FRM and the UR in 2009, agreement that has been maintained to this day. The main goal of this agreement is to increase academic and cultural cooperation between the UR and the UofA.

Other activities have included the cooperation between Dr. Kim Adams (who has largely maintained interest and effort in supporting the capacity building of the UR rehabilitation programs in coordinating the provision of research placement opportunities for UR students at the UofA), an Assistive Technology course for clinicians and students led by Dr. Adams, and a research project that researched the use of basic cell phones to provide social interaction and health information access for people with disabilities in a low-income community in Colombia (led by Tim Barlott, OT, MSc, under the supervision of Dr. Adams).

Since the beginning, the occupational therapy programs of the Universidad del Rosario and the University of Alberta have promoted this collaboration and have strived to engage in interactions that provide further development opportunities for students and staff. As part of this process, the international placement experience of UofA OT students was born under the leadership of: Claudia Rozo, OT program director at UR, placement and academic leadership of Elvis Castro and Angélica Monsalve, professors of the occupational therapy program at UR; and Dr. Lili Liu, OT department director at UofA, Cori Schmitz, Academic coordinator of clinical education at the UofA; and Tim Barlott and Liliana Álvarez leading the international and cross-cultural aspect of this collaboration.

This publication summarizes and illustrates the process of international placement in community settings in Colombia, undertaken by occupational therapy students of the University of Alberta. It is our hope that this document can provide and document the ethical considerations of international fieldwork experience, the special characteristics of communities and the ways in which cultural and social competences are developed and help international students navigate the international setting. We also hope that this document will stimulate discussion among professional and academic communities about the importance and richness of international placement experiences and encourage staff and students to articulate their daily efforts with the global occupational therapy agenda.

Liliana Álvarez Jaramillo, O.T., MSc., PhD
Assistant Professor, Occupational Therapy Program
Universidad del Rosario, Colombia

1. Introduction: The Role of the Occupational Therapist in the Community

The primary role of an occupational therapist is to enable occupation across settings (Law, Polatajko, Baptiste & Townsend, 2002). Occupations refer to groups of activities or tasks that one needs or wants to do in self-care areas (e.g. feeding, dressing, grooming), productivity (e.g. work, household management), and leisure (e.g. hobbies, interests) (Canadian Association of Occupational Therapists, 2008). Integral to the role of occupational therapists is the ability to recognize the dynamic relationship between the persons, their occupations, and the environment in which they live and work (Polatajko et al., 2007). Based on the Canadian Model of Occupational Performance and Engagement, the following areas should be addressed to in occupational therapy practice:

- Person: Physical, cognitive, affective skills.
- Environment: Physical, social, cultural, institutional features.
- Occupation: Self-care, productivity, leisure areas.
- Spirituality: The core of the person, influencing all aspects of occupational performance.

Additionally, the Canadian Model of Client-Centered Enablement (CMCE) describes the concept of enablement as it applies to occupational therapy practice by the use of specific skills (Townsend et al., 2007). According to Townsend and Brintnell (2002), enablement refers to helping approaches that involve people as active agents in learning to help themselves (p. 15). The development of the CMCE has provided therapists with descriptions of enablement skills that can be implemented to promote effective enablement in client-centered community-based practice. Ten enablement skills are defined by the CMCE: adapt, advocate, coach, collaborate, consult, coordinate, design/build, educate, engage, and specialize (Townsend et al., 2007, p. 113). In community-based practice, occupational therapists utilize these skills in a variety of ways based on the unique characteristics of each situation.

The main focus of occupational therapy within the community is centered in enabling occupational justice. Occupational justice is a term that emphasizes rights, responsibilities, and liberties that enable the individual to experience health and quality of life through engagement in occupations (Wolf, Ripat, Davis, Becker, & MacSwiggan, 2010, p. 15). Community occupational therapy

is unique in the fact that it often focuses on community development as a whole, in addition to the one-on-one intervention. The role of the occupational therapist is to create an environment of trust and support, providing clients with the opportunity to utilize their own problem-solving capacities to reach their therapeutic goals (McColl, 1998).

Occupational therapists can work in a variety of settings with populations ranging from children to adults, both with and without disabilities. Within these settings (e.g. school, centres, homes) and unique populations (e.g. children or adults living with disabilities and individuals who are homeless), occupational therapists establish their roles, taking into consideration the environments in which they interact. Each setting requires understanding of the barriers that hinder participation in the community for that specific population. For example, occupational therapists have an important role in supporting community mobility, particularly for individuals with impairment and activity limitations (Stefano, Stuckey & Lovell, 2012). Personal mobility is closely linked to independence and participation, which are two constructs occupational therapists strive to enable for individuals. In the same way, occupational therapists are equipped to support a variety of roles in regard to meaningful and productive occupations, that ultimately contribute to participation and independence.

In addition, occupational therapists are skilled in their ability to conduct comprehensive assessments and tailor each intervention plan to the specific needs of the individual. Occupational therapists use both formal and informal assessment methods, including observation and active listening, which begins at the first point of contact when the client-therapist relationship is established. Standardized assessments that capture the partnership between person and therapist are critical in the occupational therapy process. For example, the Canadian Occupational Performance Measure (COPM) provides a standardized assessment tool that allows the therapist to collaborate with the client to determine treatment goals based on satisfaction levels in all areas of occupational performance. The COPM is used internationally and has been translated into 20 different languages. Therefore, it is applicable to the practice of occupational therapists worldwide in a variety of settings.

In conclusion, occupational therapy provides a unique, holistic, client-centred perspective to enable all individuals to live independently in the community, enhancing their quality of life. This document collects experiences of occupational therapist working with communities considered vulnerable in the Colombian

context, from the experience of knowledge exchange among occupational therapy students at the Universidad del Rosario (Colombia) and the University of Alberta (Canada) in the following institutions: Batuta National Foundation (serves displaced children and young with disabilities), Dorcas Foundation (serves early childhood and displacement), Procrear Foundation (serves homeless and sex workers), Hogar el Camino (serves homeless in substance abuse rehabilitation) and Liceo Arkadia Colombia (serves young people with intellectual disabilities for entering regular school).

2. Project in Batuta National Foundation

Kelsey Hagg, Alana Jessen, Laryssa Lemke,[*]
Oscar Javier Larotta Veloza,[**] Elvis Siprian Castro Alzate.[***]

2.1 General Description

The Batuta National Foundation for Youth and Children Symphonic Orchestras is a non-profit organization that was created in 1991 by the Colombian government. Over 44,000 children are part of the program across the country and "live the transforming power of music" (Fundacion Batuta, 2007). Of particular relevance to this practicum experience is the Batuta program developed in 2009 in partnership with the Colombian program Acción Social to respond to the needs of 600 children and young with disabilities in Bogotá, Buenaventura, Bucaramanga, Florencia, Medellín, Pasto, Puerto Asís and Sincelejo (Fundacion Batuta, n.d.). This component of the Batuta program specifically targets children and young with disabilities from families that have experienced displacement. The Batuta program works with an interdisciplinary team including music teachers, social workers, occupational therapists, psychologists, and support staff in administration and transportation.

Population: The populations served by Batuta vary greatly in age, background, and abilities. When considering all Batuta programs offered, children range in ages from 2 to 18 years of age, although for many programs children are between 5 and 18 years of age. Many of the children who participate in the Batuta music program belong to families who have been, or are at risk of being, displaced due to social unrest and violence in several rural areas in Colombia. Each orchestral centre and individual class has a different dynamic. For example, in the Batuta program designed for children with disabilities, there is a vast array of types and degrees of disability, even within each individual group. Children and youth in the program may have cognitive, sensory, physical, or mental disabilities of varying severities (Fundacion Batuta, n.d.).The Batuta program provides for the

---

[*]   University of Alberta MSc OT Students.

[**]   Occupational Therapist, Batuta National Foundation.

[***] Occupational Therapist, Epidemiologist. Professor at the Universidad del Rosario.

children a way to channelling, for enjoying themselves, each other and music in an open, accepting and encouraging environment.

Background of Occupational Therapy at Batuta: Occupational therapy (OT) is a relatively new addition to the Batuta program. It has become an integrated part of the program within the last five years. The role of occupational therapy in the Batuta program is vast and complicated due to the wide variance in physical and cognitive abilities of each group. The main goal of occupational therapy is to encourage, promote, and facilitate participation in the occupations to engage with musical programs. Social inclusion is one of the forefront goals that Batuta strives to achieve with each group day by day. For some of these children, occupational home plans are created, with following home visits. These are designed by the occupational therapy students in order to address the specific needs of each child, with activities thought to improve their occupational participation. The occupational therapy students created weekly activities to engage children that were physical, cognitive, or emotional skills in community settings. These activities are used to promote the development of these children through the use of music.

Three Canadian OT students from the University of Alberta were given the opportunity in 2013 to complete clinical fieldwork placements in two of the Batuta locations, Lisboa and Kennedy. The Canadian students partnered with the Universidad del Rosario (UR) occupational therapy students, in collaborating throughout the placement. The Universidad del Rosario students complete placements in Batuta over the period of one semester, while the Canadian students completed a five weeks placement.

2.2 Objectives

Batuta: The mission of the Batuta program is to build a cohesive and inclusive community, as well as to achieve intellectual stimulation through the use of musical education (Fundación Batuta, 2007). It aims to augment the enjoyment, practice and instruction of music in Colombia in order to improve life for all citizens (Fundación Batuta, 2007). The program focuses on social integration, inclusion, encouragement and collaboration on musical projects. The Batuta project works in cooperation with a variety of academic, social, and cultural entities, both private and public (Fundación Batuta, 2007). It also aims towards the goals of the National Plan for Music (Plan Nacional de Música), paying particular attention to the orchestral section. Batuta constantly strives to build new and existing partnerships (Fundación Batuta, 2007).

Batuta principles: The following principles outlined by the Batuta National Foundation have been taken into consideration for the objectives of the practicum experience (Fundacion Batuta, 2007):

- Batuta believes in the transforming power of music.
- Batuta believes in the socializing values of group music-making activities.
- Batuta recognizes the positive impact of musical education on all aspects of human qualities.
- Batuta aims to promote the establishment of children and youth symphonic orchestras.
- Batuta believes that musical education of children and young adults is also beneficial for their families and communities.

Student objectives: The following objectives were identified by the students of the University of Alberta for their practicum experience at Batuta.

Laryssa: My main objective for completing an occupational therapy fieldwork in Colombia was to travel and enjoy a rich, new cultural experience. I aimed to learn and understand occupational therapy within Bogota, and its role in a paediatric setting. I am very interested in learning about and experiencing other cultures, and I thought that this was the perfect opportunity to travel, experience new culture, and enhance my education at the same time. My aim was to really submerge myself in everyday living situations differently in a new country to try to understand the population, and ways of life in Bogota, Colombia.

I have been working with children, both with and without disabilities for a number of years. My experiences include work with both physical and cognitive disabilities. The last placement I completed in Canada was completed in a school, working in the preschool and kindergarten program for children with developmental disabilities. I hoped to bring my previous experiences working with children to Colombia in order to practice my OT skills, and make positive differences in the lives of the Batuta children to improve their quality of life. Upon completion of my Batuta placement, I hope to bring the knowledge I have gained in Colombia back to incorporate into my practice in Canada.

Alana: In selecting a clinical practicum experience in Colombia, I had a number of objectives on both a personal and a professional level. Personally, I have traveled independently a number of times throughout South America, including a number of visits to Colombia, and I knew upon entering the UofA OT program

that I wanted to complete a placement somewhere in South America if possible. I wanted to have the opportunity to practice Spanish and to be immersed in a Spanish work context. I also was interested in the opportunity to "live" in Bogota for six weeks and to explore the city in more depth, and to make more personal connections within the city. The opportunity with Batuta was especially interesting to me as I am interested in working with children, but more over, I am interested in working with socially disadvantaged populations, such as those served by Batuta.

On a professional level, I hoped to be able to learn about OT practice in a South American context, to learn about similarities and differences between OT practice in Canada and Colombia, to get a more holistic, worldly understanding of the profession. I hoped to share the Canadian perspective with the Colombian OTs and OT students, as well as to learn from their perspective, for an international collaboration and co-inspiration. I also hope that my experience will lend me a unique perspective, that will enhance my practice when I become an OT in Canada.

Kelsey: When I initially pursued the opportunity to complete a practicum with the Batuta National Foundation through partnership with the Universidad del Rosario's Occupational Therapy Program, my primary objective was to obtain a culturally diverse and meaningful community fieldwork experience. I hoped to both benefit from and contribute to Batuta in a significant way. More specifically, my objectives for this practicum have included:

- Effectively applying previously learned skills —in community-based rehabilitation, pediatrics, mental health, and physical medicine— to a novel and culturally distinct practice setting.
- Continuing to develop basic Spanish language skills and non-verbal communication skills in order to effectively implement activities and enable participation for clients with differing receptive and expressive language abilities.
- Developing new skills and abilities (i.e. formulating home plans) to enable children with disabilities to participate fully in the Batuta program, as well as in their daily lives, in order to improve quality of life.
- Learning from the experiences of the children and youth at the program who come from vulnerable and displaced communities.
- Broadening my view of occupational therapy and enhancing my level of cultural competency.

2.3 Community Involvement

Home visits in the community: Canadian and Colombian students teamed up in pairs to complete home visits in the community two days a week. The visit process began by conducting an initial interview with the child's parent or caregiver. The objective was to gather a holistic picture of the child, to understand their development, abilities and disabilities, and family relationships. Subsequently, a home plan was created for the child with the help of his or her caregiver to address the child's specific needs and goals to enable occupation in daily living. The plan consisted of activities and recommendations developed specifically for the child's ability level, in order to improve function. These activities are meant to target a variety of areas including physical, cognitive, emotional, and behavioral domains.

Each home visit took the students to slightly different areas of Bogota. While the communities varied in terms of physical environment, the communities are clearly of low socioeconomic status. Some of the children's homes were more accessible, located on paved roads, at the street level. Other homes were located on a second floor or higher, and some homes were located up steep hills, accessible only by eroded dirt roads. This environment is very challenging for anyone with a physical disability.

Barriers to the therapeutic process offered by the OT students at Batuta include lack of social supports, limited resources, issues of physical accessibility, limited transportation, lack of caregiver understanding of the purpose of occupational therapists and their role, and issues of adherence in activity implementation.

Lisboa location: The physical environment of Lisboa creates accessibility challenges for those students who require physical devices or assistance with mobility. The roads consist of broken gravel, and uneven surfaces. At this time, one of the main streets to the front and side of the building is under construction. The children arrive in a van, and those who need assistance to enter the building are carried in by the driver. The interior of the Lisboa location consists of three small rooms. The main area is where the music programming takes place. Children and staff form a circle and sit on plastic chairs when they are not up dancing and moving around. There is also a small office room, as well as a bathroom just off to the main room. In the main room, there are cupboards that contain a variety of musical instruments. There are drums, cymbals, xylophones, maracas, wood instruments, triangles, and a guitar, to name a few that are available for use.

Kennedy location: The interior of the Kennedy centre is similar to the Lisboa location, offering much the same. While the physical environment of the Kennedy community presents challenges to accessibility for people with physical disabilities, the roads in the community are in notably better shape, all paved roads, with sidewalks, thereby offering less challenge than the Lisboa location. There is a school nearby, as well as a park for children to play. Overall, the area feels better off in terms of socio-economic status.

2.4 Development Framework

Models and frames of reference: Many models and frames of reference can be applied to the occupational therapy practice process within the Batuta setting. Specifically, the occupational therapists working for the Batuta National Foundation emphasize the use of the Model of Human Occupation (MOHO), the Kawa Model, and ecological systems theories, in community-based rehabilitation (CBR). In addition to these models and theories, various frames of reference may be adopted in the approach to rehabilitation.

Initially, community-based rehabilitation (CBR) was developed to provide individuals with disabilities greater access to rehabilitation services in developing countries (World Health Organization (WHO), 2010). However, CBR has since expanded and is presently described by the World Health Organization (2013) as a strategy that aims to provide individuals with disabilities access to education and employment, in addition to health and social services, with the goals of "enhancing the quality of life of people with disabilities and their families, meeting basic needs, and ensuring inclusion and participation" (Community-Based Rehabilitation (CBR)). Many individuals, families, organizations, and service providers work together to achieve these goals, and there is no doubt that the Batuta National Foundation employs the CBR strategy.

The Model of Human Occupation (MOHO) can be easily integrated in community-based rehabilitation. MOHO is an occupation-focused model widely used in countries around the world, as it promotes client-centered, holistic, and evidence-based practice in a manner that respects individuality and cultural background (Kielhofner, 2008). In essence, MOHO suggests that occupation is motivated by volitional thoughts and feelings —i.e., personal causation, values, and interests—, shaped by the habits and roles that make up habituation, and made possible by performance capacities (Kielhofner, 2008, p. 24). As occupational therapy students, we must recognize all these elements, as

well as their complex interplay with the environmental context throughout the practice process at Batuta.

More specifically, MOHO can be used for interaction leading, therapeutic reasoning, and interventions implemented at Batuta. This results from the fact that MOHO addresses several areas. First of all, MOHO considers motivation and organization of occupation within the framework of daily activities and environments (Kielhofner, 2008). A notion closely linked to motivation and organization of occupation is that individuals are sociocultural beings that share common worlds of action and meaning" (Kielhofner, 2008, p. 5). Since this practicum is a cultural experience, this model is relevant for it considers culture as the medium through which humans make sense of their doing, (Kielhofner, 2008, p. 5) and as significantly impacting meaning. Additionally, this model takes into account the various challenges that may result in occupational difficulties, such as impairment or illness, and is suited for occupational therapy practice, as it can guide meaningful engagement in activity in order to promote overall well-being (Kielhofner, 2008).

When the environmental context is considered in practice, Bronfenbrenner's ecological systems theories can be used to describe the various socio cultural interactions and environments in which individuals develop. Bronfenbrenner (2005) described his initial conceptualization of the individual as embedded within a "microsystem" (p. 54) or immediate environmental setting. The microsystem consists, for example, of the relationship between the individuals and their roles and interactions within family, school, peers, workplace, and neighborhood structures and processes. The "mesosystem" was defined by Bronfenbrenner (2005) as a "system of microsystems" (p. 46), as it refers to the interaction between various microsystem environments. For instance, this could refer to the interaction that a child's family has with Batuta and its staff members. The next level of ecological environment is the "exosystem," which refers to environments that an individual does not directly interact with (i.e. parent's workplace), but that can have an impact on the individual (p. 46). Finally, the "macrosystem" (p. 47) refers to the cultural context as an environmental consideration, which, again, is of particular importance to this practicum experience.

The Kawa Model offers a unique perspective from which to approach rehabilitation. This model utilizes a metaphor of a flowing river for conceptualizing the way in which individuals interact with their environments in complex and dynamics ways over time (Iwama, Thomson, & Macdonald, 2009). The role of

occupational therapists, using this model, is to "enable and enhance life flow", by promoting healthy and balanced interactions among life circumstances, the environment, and the assets and liabilities of the individual (Iwama et al., p. 1129). The Kawa Model is particularly unique in its cultural significance for several reasons. First of all, it is distinct from conventional rehabilitation models. Secondly, occupational therapists and other healthcare professionals are encouraged to adapt the model in conceptual and structural ways to match the specific social and cultural contexts of their diverse clients (Iwama et al., p. 1133). The current Batuta practicum has offered a unique rehabilitation practice environment in which to explore the use of the Kawa Model.

Interventions: Occupational therapy students completing a practicum at Batuta are exposed to several different types of interactions and settings, and as such, several different opportunities to plan and implement interventions as well. The most prominent setting in which occupational therapy interventions may be implemented is during the Batuta music class, where children and adolescents participate in the music class and engage in at least one occupational therapy activity per class. In regard to the music class in general, occupational therapy interventions primarily relate to facilitating social participation in the group. For example, if a child exhibits difficulties playing a musical instrument during class, the occupational therapist or therapy student may utilize a hand-over-hand approach to assist him/her with this activity. Similarly, the overarching goal for the occupational therapy activities as interventions is to promote participation, inclusion, and well-being.

Within each class, various aspects of the person may be addressed —for example, vocal, rhythmic, auditory, socio-affective, cognitive, and physical development. When designing and implementing occupational therapy interventions, skills in these areas may be targeted at as either primary goals or specific objectives. Batuta has an established implementation model, but it is not specific to the practice of occupational therapy. However, it is to be considered by the whole staff in its work with children at Batuta. As a result, both intervention approaches described (in-class facilitation and the development of therapeutic activities) rely on effective interdisciplinary collaboration. Each Batuta staff member has unique information and insight to contribute to regarding the children's needs and abilities.

Other Batuta occupational therapy interventions take place in relation to home visits and parent workshops. During each initial home visit, a formal

intake interview was completed, typically with the child's caregiver. Through this process, information is gathered regarding the composition and dynamic of the family, emotional and occupational aspects of the child's life, and specific occupational performance areas. Additionally, informal observations of the community and home environments can be made, and, if possible, family interactions are noted. During this time, special considerations of the child or adolescent's safety are made. The initial interview also provides the opportunity to engage in collaborative goal setting with the child's caregiver, which guides the development of a home plan. Home plans are designed to target specific occupational performance issues using an approach that emphasizes the importance of habits, routines, and structure.

2.5 Results

Communication: One of the most notable challenges encountered while working at Batuta, and in Colombia in general, was the language barrier. These challenges were much greater than anticipated, so significant adjustments were necessary to work towards successful communication. After the initial shock of not being able to communicate effectively verbally, we were able to develop skills in nonverbal communication and implement alternate strategies for communication that we found to be effective. This was a wonderful opportunity to learn and use the 'universal language' of gestures and we experienced many positive interactions using body language and physical gestures. We also utilized our English/Spanish dictionaries extensively, as well as Google translate for written communications throughout the practicum experience. Although it was challenging and frustrating at times, there was also a lot of fun and laughter in trying to decipher what was being communicated. We have been very fortunate to have this great learning opportunity, and this cultural experience. Our appreciation for it is greater than can be expressed in words, and is definitely a time in our lives we will never forget.

Intervention and activities: The Canadian students had the opportunity to implement one group activity per week with groups at either the Lisboa or Kennedy location. It was very challenging to design therapeutic activities that all children could be successful at participating in due to the wide range physical and cognitive abilities. However, we quickly noted that the meaning of "participation" could vary among the children for a given activity. For example, some children did not have the language abilities to sing, but loved participating

through movement. The Canadian students enjoyed this unique experience that focused on an inclusive therapy approach. It challenged their problem solving skills and their creativity in a way that they would not typically encounter in therapeutic groups in Canada, which are usually divided into groups that are more similar in terms of ability.

Community: People, their environments, and their occupations interact in complex ways, and this experience at Batuta enforced our role as future occupational therapists in promoting occupational justice and participation through community-based rehabilitation. More specifically, working with the children at Batuta allowed for us to learn about the experience of trauma and displacement, and the impact that these experiences can have on childhood development. The home visits that we completed were particularly revealing in this regard and also highlighted the influence of various levels of environment on the individual. It was a unique and challenging experience to learn from this information and to design home plans to enable children with disabilities to participate fully in the Batuta program, as well as in their daily lives, in order to improve quality of life. The process of developing home plans was a complex process that required thorough clinical reasoning, creative problem solving, and effective communication, and there is no doubt that we developed skills throughout this placement that will translate to our future practice settings.

3. Project in the Dorcas Foundation

Kelsey Waisanen[*] and Elvis Siprian Castro Alzate[**]

Occupational therapy and displacement, an approximation in the early childhood: experiences in the Dorcas Foundation.

3.1 Population, Background and Occupational Therapy in Context (Development Framework)

In Colombia there are more than five million children in early childhood and more than half face poverty, thus generating exclusion and lack of opportunities. From July 21, 2006, the Dorcas Foundation has supported and helped families displaced by the armed conflict in Colombia in the care of children in early childhood due to the high vulnerability of this age group. According to the United Nations (1998), forced displacement includes "persons or groups of people forced to flee or leave their homes or places of habitual residence, in particular as a result of the armed conflict, situations of widespread violence, the violation of human rights" which affects and limits their personal and social development (Serrano, 2007). In addition, Elsa Solano, according to Julia and Claudia Gallego (Corporacion Infancia y Desarrollo) displacement of families and their members brings as a consequence family breakdown, disruption of social support networks, growing marginalization, identity and self-esteem reduction (Castro, Restrepo, Cruz & López, 2012).

The foundation works with children, single mothers or other children caregivers from areas all over the country. They work towards developing the children's learning processes, improved nutritional status, development of motor, cognition and social relationships, and overall quality of life. The age range of the children attended at the Dorcas Foundation is between 0 and 5 years and our role there with the research project that is being done, is to see how situations such as being displaced by violence has affected the children, specifically their development (e.g. motor, cognitive, social-affective, etc.).

---

[*]   University of Alberta MSc OT Student.
[**]   Occupational Therapist, Epidemiologist. Professor at the Universidad del Rosario.

Although the Dorcas Foundation sustains that for the implemented project they utilize a Person Environment Occupation model (PEO model) as it is analyzing the person, environment and occupations in which they engage (e.g. leisure or self-care activities), it also resembles the Community-Based Rehabilitation strategy because its aim is to create social integration and participation, as well as equalizing opportunities and develop rehabilitation programs for children who have been displaced by violence and otherwise, and who have very limited access to health care services. It targets at a different population, not necessarily children with disabilities. The psychosocial frame of reference is critical to consider when working with this child population as it focuses on interventions or activities that promote optimal interpersonal relationships and supportive coping strategies, as well as play interests and skills. It integrates the assessment of environmental supports for optimal occupational performance. This frame of reference, when combined with the PEO model, considers all aspects of that influence occupational performance on the individual's well-being. The PEO model considers the person as such (coping abilities —in this context, coping with new people, activities, playing with other children, etc.), environment (home, community, the organization —and this project evaluates potential barriers), and occupation (play skills —through participation in activities with other children). This project also looks at the definition of participation, activity, and environmental factors as described by the International Classification of Functioning, Disability, and Health (ICF), and uses this classification system throughout the project. For the purpose of this project, the following definitions are used:

- *Body Functions*: Physiological functions of the body systems (including the psychological system).
- *Body Structures*: Anatomical body parts (e.g. organs, limbs and their components).
- *Impairments*: Problems in body functions or structure as a significant deviation or loss.
- *Activity*: The performance of a task or an action by an individual.
- *Activity Limitations*: Difficulties an individual may experience in involvement in life situations.
- *Participation*: Involvement in a life situation.

- *Participation Restrictions*: Problems an individual may experience in involving in life situations.
- *Environmental Factors*: Physical, social and attitudinal environments in which people live and conduct their lives.

Another important concept that this project considers is the one related to the social determinants of health which are the conditions in which people are born, grow, live, work and age, including the health system (WHO, 2013). The social determinants of health are mostly responsible for health inequities —the unfair and avoidable differences in health status seen within and between countries (WHO, 2013). These circumstances are highly applicable within the population that the project targets at, this is shaped by the environment in which it currently lives in and by the displacement caused by violence. The project considers the social determinants of health and their impact on the social participation in children 0-5 years of age, with the aim to take action, potentially influence policy makers to assist and ultimately enhance social participation of these children.

3.2 Objectives

As an occupational therapy student from another country, my main objective was to gain an understanding of the unique population I would be working with and the role of occupational therapy in this project. As I have had no previous clinical placements with children, I thought this opportunity would not only provide me with a new experience but challenge me in a variety of ways that would enhance my competencies as a soon to be therapist. The additional objectives I aim to achieve while in practice with the Fundacion Dorcas are outlined as follows:

- Gain the theoretical knowledge and technical expertise in order to implement appropriate activities that would provide information for the outcomes of the project.
- Continue to develop basic Spanish verbal and comprehension skills, and effectively utilize non-verbal communication in order to engage children in the activities implemented.
- Integrate new learning into practice while in the Fundacion Dorcas and transfer new learning to practice in Canada. As Canada is a multicultural and diverse country, I aim to identify areas for future growth and take

skills I will have learned here and apply it to my future practice in order to best serve clients.

- Understand my own limitations in working with another culture and a specific population; children 0-5 years who have been displaced by violence. In being able to recognize these limitations, take the actions necessary to understand more, adapt or work within these limitations.

The general objective of the project is to determine the characteristics of social participation as a determinant of occupational performance of children 0-5 years that have been displaced by violence and reside in the Patio Bonito area in Bogotá (Castro, Restrepo, Cruz & López, 2012). More specifically, the project aims to describe the factors related to social participation of children in situations of displacement belonging to the individuals that are a part of this study. Also to identify scenarios that characterizes social participation of children in situations of displacement.

"As a complex phenomenon, social participation is defined by WHO as an instrument builder and strengthener of learning and social fabric, so that everyone has the right to participate as a leading global social developer of his/her community and his/her country. Social participation is not only a method to achieve greater efficiency, is a right, a challenge, a goal to achieve" (Castro, et al., 2012).

In order to evaluate certain areas of developmental processes, the Abbreviated Developmental Scale was utilized as it provides a reliable and valid measure. The intention of the scale is to detect cases in which performance would merit a more detailed and comprehensive assessment by occupational therapy students or other officers of the project in order to establish the actual existence of delays. The development of a child is typically gradual and progressive, in which progression is determined primarily by social interaction and specific learning experiences (Ortiz, 1999). As mentioned by Ortiz (1999), physical growth, neurodevelopment, cognitive development, social and emotional suffering are vulnerable during critical periods of early childhood. All these factors contribute to the child's development, and areas in which this project looks to identify and utilizing the scale, determine whether or not they in fact have impacted the development of the child. The four areas looked at by the scale include:

Gross Motor Area: Neurological maturation, pitch control and posture, motor coordination of head, limbs, trunk.

Fine Motor-Adaptive Area: Movement coordination ability, specific intersensory coordination: eye-hand control and accuracy for the problem-solving involving fine prehension, distance measuring and visual tracking.

Hearing-Speech Area: Evolution and improvement of speech and language: auditory orientation, communicative attempt, vocalization and articulation of phonemes, word formation, comprehension of vocabulary, use of simple and complex sentences, naming, comprehension of instructions, spontaneous expression.

Personal-Social Area: Initiation processes and response to social interaction, dependence-independence relation, expression of feelings and emotions, learning behavior patterns related to self care.

The initial phase of this project included a review of the literature related to social participation and measurements or indicators of the International Classification of Functioning, Health and Disability. After being reviewed by the Universidad del Rosario Ethics Committee, the collection of informed consents began with the parents of the children at the Dorcas Foundation. The occupational therapy students were responsible for ensuring that informed consents were obtained from the parents at the Dorcas Foundation. The data obtained for this project used instruments selected by the proposed activities during project implementation, which identified the factors related to social participation (observations when playing, interview with parents, and interaction during group activities). The interview with parents consisted of filling out a form with questions about activities of daily living, sensory exploration (e.g. browsing objects with mouth, or by the senses of touch or taste), language comprehension, body positions, limb use, recognition of others, etc. It also observed the individuals in the home environment (e.g. family members, friends or other children). Through game, art, music or other activities we aim to promote expressive languages and other areas of development such as motor skills (fine and gross motor), cognition, social-affective components (relationships with others, social interaction) in the children, while assessing these various components. Our observations will be used to address any concerns connected with children development we may detect, and to design our future activities to enhance areas of concern and overall children participation in daily activities.

3.3 Community Involvement

In order to promote, encourage, create and support the improvement of the living conditions of the community, partnerships with public and private sectors, NGOs

such as the Instituto Colombiano de Bienestar Familiar —ICBF— (Colombian Family Welfare Institute) have been established. State agencies such as the Departamento para la Prosperidad Social (Colombian authority for social prosperity) have created a strategy targeting this specific population and/or age group in order to provide access to quality and comprehensive care. These comprehensive care plans are a set of coordinated actions in order to meet basic needs to sustain life and also those related to human development and learning, according to their characteristics, needs and interests. The Dorcas Foundation website was developed by Logica Estudio thus allowing the Dorcas Foundation to disseminate and publicize information on their organization. Other community businesses such as Ave Maria Diseño y Moda have also made donations to contribute to the build the website. Universities such as the Universidad del Rosario and EAN, that work in collaboration with Dorcas, enabling projects that aim to benefit children. The community can also participate by donating toys that aren't being used or other monetary donations.

3.4 Results

The purpose of the activities completed by the occupational therapy student from Canada was to build rapport and establish trust with the children since they were not familiar with the student. Given that the children participation was being observed only once in the course of this project, the activities completed encompassed the four areas outlined by the abbreviated scale (fine and gross motor abilities, hearing and language, personal-social relations). Through these activities completed by the children, it was found that some of them were shy or scared to participate, while others were excited to participate in activities such as the 'Bubble Pop!' Some of the observations made by the occupational therapy students pointed out that some children are more drawn to individual activities such as coloring, which can be completed quietly or independently. However, some of the same children more drawn to practice these individual activities still participated in group activities such as keeping a balloon in the air. The occupational therapy students were able to facilitate participation with most children providing them with observations when they performed fine and gross motor movements. This resulted in being able to identify 'red flags' or areas of concern with children either in terms of social relations, motor skills or development. Other observations noted in some children were withdrawal from others, hypotonicity, inability to form a proper grasp pattern appropriate for the age, and poor posture.

In regard to children where concerns were detected, one of the occupational therapy students created a home plan to guide parents in supporting their child during daily activities at home or in the daily environment. These recommendations included promoting motor skills through fine and gross motor activities (e.g. crawling, playing with a ball), enhancing social participation through activities that require partners (e.g. kicking a ball back and forth, playing with other children in the park), and the promotion of language skills by telling stories and with songs. Each recommended activity target the four areas outlined by the abbreviated scale in order to promote child development, as well as the overall goal to enhance participation. Despite the observations, it should be noted that the lack of physical space used to complete the activities, as well as the age differences in the mixed groups could have been a limitation to performance or participation of the children.

4. Project in the Procrear Foundation

Jillian Franklin, Ginny Rousom, Carissa Mancell[*]
and Martha Santacruz González[**]

4.1 General Description of the Project

Population: Procrear serves a diverse, marginalized group of people living in the inner city community of Santa Fe in Bogota. Procrear is in a convenient drop-in location in the community of Santa Fe that is open seven days a week for individuals to drop in and participate in activities and engage with the team and other community members. The majority of the clientele have a history of substance abuse, homelessness, poverty, violence, and sex trade involvement, who presents complex needs. Procrear attracts people of all ages, genders, races and sexual orientations, and everyone is welcomed with active listening and guidance.

Background of occupational therapy in the context: Procrear Foundation's mission is to reduce vulnerability, suffering and improve the quality of life among people in the high risk community of Santa Fe. According to Kronenberg and Pollard (2006), occupational therapists can enable societies by promoting social cohesion and collaborate to work towards achieving common goals. Street inhabitants, the lesbian, gay, bisexual, transgender and intersex (LGBTI) population, sex workers, and at risk youth are a marginilized group who experience social injustice and exclusion. Occupational therapists are skilled in their commitment to providing best practice intervention, including social justice and participation for all walks of life. Occupational therapists can use occupation and spirituality to bring about individual and social transformations (Kronenberg & Pollard, 2006).

   In this context, occupational therapy students from the Universidad del Rosario complete a six-month practice at Procrear as a requirement for their bachelor's program. In 2012, for five weeks in April and May, three occupational therapy students from the University of Alberta, Canada, joined the interdisciplinary team at Procrear. We chose to complete this practice to learn how the practice of occupational therapy in Colombia differs from that in Canada, and also to benefit the community members with our knowledge and expertise.

---

[*]   Students at the University of Alberta MSc OT.
[**]   Occupational Therapist. Professor at the Universidad del Rosario.

Particularly, occupational therapy within the context of Procrear focuses on the community as a whole. The students from of the Universidad del Rosario established a weekly schedule of activities in order to engage clients using art as a therapeutic means, prior to our arrival. This schedule provides structure for the community members as they can rely on the students to have a creative activity prepared every Monday to Thursday. Research has demonstrated that art activities such as sculpture and painting help to foster creativity, improve self-esteem and promote self-expression in a community setting (Gamble, 1995). As such, similar activities have been implemented at Procrear.

Procrear provides a non-judgmental atmosphere where clients can socialize with other members of the community and staff. Engaging in activities allows clients the opportunity to escape from the many challenges they face, often leading very hectic lives. The occupational therapy students collaborate with other team members, including community leaders who have lived on the streets at one point in time, offering peer support. There are also contributions from other health professions such as psychology and medicine students, as well as volunteers.

4.2 Objectives

After our first week at Procrear we developed learning objectives which aim to benefit both our learning experiences and the community as a whole. Primarily, our goal in collaboration with our supervisor was to understand the role of an occupational therapist within an inner city community. This has implications for understanding the role of an occupational therapist working in a community setting in general, but also specific to the objectives of Procrear aligning with their harm reduction philosophy. The remainder of our objectives are as follows:

- Incorporate one new activity each week that engages all of the clients, staff and students. The criteria for our activities include cost-effectiveness, applicable to all ages and abilities, and short in duration. It is our hope that the activities will encourage motivation for participation and pro-vide an opportunity for clients to develop basic skills that may transfer to other aspects of occupational performance (e.g. self-care, appropriate social interactions, etc.).
- Learn about the clients' histories in order to relate to them on a more per-sonal level and understand/appreciate their circumstances. For example,

being able to recognize the challenges they face and use active listening skills to provide sympathy and support.

- Establish a therapeutic relationship with clients who come regularly. This involves building rapport and trust to work towards positive change.
- Adopt a harm reduction approach that encourages clients to make healthier life choices by minimizing the risks associated with harmful activities, such as the spreading of HIV during drug consumption. This is especially important for the children, as the knowledge they acquire at a young age will impact their decision making into adolescence and adulthood. A practical, cost-effective harm reduction strategy is to teach the importance of safe sex by educating children and adults of the risks involved in unprotected sex and how they can take preventative measures, which is well within the scope of occupational therapy.
- Above all, we aim to promote social inclusion and contribute to the health of people in the community. This can be achieved by adopting a client-centred approach that recognizes individual human rights and advocate for marginalized populations to access development opportunities, such as vocational training.

4.3 Community Involvement

The students from the Universidad del Rosario complete statistics on a daily basis in order to get a better understanding of the population they serve. This includes demographics and the frequency of attendance, which demonstrates whether or not the services offered (e.g. activities) influence the frequent attendance of the clientele. In reviewing the statistics, the foundation attracts approximately the same amount of females and males and the ages range from infants to seniors. In terms of occupation, the majority of the individuals did not identify with one occupation in particular. Sex workers, individuals who live in the streets and recyclers comprise the majority of those who considered themselves as having an occupation. The statistics show that few individuals come on a consistent basis, although many come a minimum of twice a week.

Occupational therapy has a major role within a community setting (Canadian Association of Occupational Therapists, 2008). It is foundational for occupational therapists to build positive rapport with our clients. Thanks to this established rapport, we can engage the clients in participating in the therapeutic art activities we offer. Another important role of the occupational therapy with this

community is to address the large number of community members who assist and do not have an occupation. It is important to work with these clients to establish their occupation goals and their skill sets in order to help them in finding a job that meets their needs. The occupational therapy's role is also to promote teamwork and collaborate with all other students (occupational therapy, psychology and medicine). The team works together to implement activities that involve the community as a whole, everybody participates together to help engaging the clients in the activities. The activities implemented by the team are designed to engage a wide range of clients in meaningful and purposeful activities of therapeutic nature, by providing a relief for the individuals of their eventful and hectic lives. Occupational therapists also play a vital role in the harm reduction in the community. Working with the medical students, we are able to assist in outreach programs such as educating sex workers about safe sex practice and the importance of regular cervical examinations, while handing out condoms and providing them with the tools to assist in safe sex practices.

4.4 Development Framework

Our practice at Procrear has been guided by a biopsychosocial frame of reference. The biopsychosocial model provides a framework for understanding the client's own experience and contributes to establishing an accurate diagnosis, negotiated outcomes and empathetic care (Penney, 2013). This frame of reference recognizes the complexity of the mind-body interaction and focuses on client-centered care in areas such as compassion, empathy and consideration for the patients suffering (Penney, 2013). The Model of Human Occupation (MOHO) and the Canadian Model of Occupational Performance and Engagement (CMOP-E) are also used as they provide a starting point for assessment that examines each individual client as a whole. In a study conducted by Lee, Taylor, Kielhofner and Fisher (2008), therapists who regularly use MOHO in their practice reported that it provides a holistic view of clients, focuses in occupation, is client-centered, and helps to guide treatment planning and intervention. Looking through a MOHO lens, engaging clients in activities will facilitate role transformation and capacity building towards positive change. Furthermore, Brofenbrenner's Ecological Systems Theory guides occupational therapy practice with children by examining the impact of their environment, family and school life in their transition into adulthood. The Kawa Model also influences occupational therapy practice, which focuses on contexts that shape and influence the realities

and challenges of peoples' day-to-day lives (Iwama, Thomson, & Macdonald, 2009, p. 1125).

Intervention mechanisms: Informal interviews and observation are commonly used as assessment methods by occupational therapists to build rapport with clients and to begin to understand their current situation. Offering free aguapenela[1] attracts community members to Procrear and allows the therapist to start a conversation. The informal assessment begins at this first point of contact and continues until the client terminates the therapeutic relationship. There are various assessment tools used by occupational therapists that we consider useful to incorporate into the routine practice at Procrear. For example, the Allen Cognitive Level Scales (ACLS) have proved to be a strong predictor for life skills in the homeless population (Helfrich, Chan, & Salbol, 2011). Research conducted by Helfrich et al. (2011) shows that this population has a high mental illness incidence due to difficulties caused by a lack of safe and supportive environments. The ACLS is a good predictor of the transferrable skills these individuals have for activities of daily living and occupations.

Other assessment tools we have used on previous student practices include the following: the Montrea Cognitive Assessment, the Mini-Mental Status Examination, the Independent Living Scale, the Kohlman Evaluation of Living Skills, the Canadian Occupational Performance Measure, and the Occupational Performance History Interview. We have found these assessment tools to be applicable to a variety of populations, including those with cognitive deficits, mental illness, and occupational performance issues, making them appropriate for the clientele at Procrear.

While many of these assessment tools are appropriate for all ages, there are certain intervention mechanisms that we feel can be targeted specifically to children. For example, children who come to Procrear are at a critical developmental period in their lives where early intervention will maximize their chances of lifelong success. Looking through the lens of CMOP-E, the following assessment areas can be considered (not an inclusive list):

Person
- Physical Skills: Fine and gross motor (e.g. handwriting, mobility).
- Cognitive Skills: Learning ability (e.g. attention, concentration).

---

1   Colombian typical drink made of sugar cane.

- Affective Skills: Behaviour and emotional well-being (e.g. appropriate use of the sense of touch).
- Spiritual Area: What is meaningful for the client.

Occupation
- Self-Care Area: activities of daily living (ADLs; e.g. brushing teeth).
- Productivity Area: Educational training.
- Leisure Area: Playing.

Environment
- Physical Features: living situation.
- Social Features: Support from family, friends and teachers.
- Institutional Features: While not all children are enrolled in school, the therapist could assess whether or not special accommodations in the classroom may be needed.
- Cultural Features: Cultural norms and belief systems.

Using a similar approach with adults, we have identified the following areas to consider within the scope of occupational therapy at Procrear (not an inclusive list): ADLs, life skills training (e.g. money management), safe housing, social support networks, work, education, link to community supports and resources (i.e. social work for custody of children, substance rehabilitation), mental health and well-being, physical health, and family management. Occupational therapists are skilled in their ability to take comprehensive assessments, which can serve as a starting point in developing treatment goals and intervention recommendations.

4.5 Results
What we saw: Coming from Canada, visiting Procrear was a bit of a culture shock as we do not have red light districts (to the same extent) or the same amount of poverty. The warm climate in Colombia allows people to live or work on the streets year-round, whereas it is too cold in most places in Canada for our inner city population to survive our cold winters without a roof over their head. It is very interesting to see how the same people continually come to Procrear day after day greeting us with a smile. It is obvious that for some, Procrear may be the highlight of their day. Although we saw many positive experiences at Procrear, we

also saw some of the hardships and challenges these clients face. This included poor living conditions, malnutrition, poor hygiene, and lack of social support among clients. Despite these challenges, it is nice to see the sense of community that is shared among sex workers and the homeless. Many individuals in the community know each other and seem to look out for one another. Furthermore, the clients are very respectful towards staff at Procrear. This has reinforced the positive, friendly environment at Procrear, which offers emotional support, engaging activities, and health education from the interdisciplinary team.

What we heard: The language barrier has been an ongoing challenge to actively listen to our clients, as it is difficult to know how much gets lost in translation. With the help of the Spanish students we have been able to learn about certain clients and their histories. One woman, for example, told the story of being happily married for 25 years only to find out that her husband raped her two daughters at a very young age. Another man confided in us that he only went to school until grade three, and when we gave him a pen to complete a written activity, he didn't even know where to begin. Hearing about the difficult lives these clients have led reminds us of how privileged we are to have an education and supportive families. Listening to these stories brings a new perspective, seeing how resilient some of the clients are considering what they have been through. It is obvious that many of the clients are motivated to make positive changes in their lives, but lack the necessary supports to do so.

What we felt: The feeling of wanting to help the people who come to Procrear has been overwhelming. Every day we need to remind ourselves that change takes time, and ultimately it is up to the clients to take charge of their lives in order to move forward. For example, seeing the people who live on the streets makes us want to feed them, give them a shower and clean clothes, and a safe place to stay. We now understand why Procrear looks at the community as a whole, because you cannot change everyone. We have felt a strong sense of community within Procrear, with many returning clients who are on a first name basis with the staff. It was a very rewarding feeling to watch clients enjoy participating in the therapeutic activities provided by the occupational therapy students and interact with other members of the community. Engaging in activities with the clients was very rewarding to see how they created something they were proud of. The failure-free environment allowed the clients to celebrate small successes that they may not otherwise receive at home.

What we did: Practicing at Procrear has provided us with the opportunity to interact with clients of all ages with varying circumstances. With the help of the Spanish students, we were able to listen to clients and provide encouraging feedback. Using an occupational therapy approach, we have implemented new activities for clients that aligns with Procrear's mission of reducing harmful behaviours by engaging them in meaningful activity. Examples of activities we have implemented are tie dying socks and making a collage of puzzle pieces that represent what is meaningful to members of the community, both of which were a great success. Furthermore, we have collaborated with Procrear's inter-disciplinary team members to plan and implement many activities. For example, the medicine and occupational therapy students worked together to educate sex workers on the importance of sexual health by handing out condoms and pamphlets explaining the importance of cervical examinations. Furthermore, we provided education to students on the importance of oral hygiene. One of our favourite activities was touring the community of Santa Fe, conducting outreach to street inhabitants who live on railroad tracks. We provided health education, aguapanela and food for these individuals, which they were very grateful for. In collaboration with the medical and psychology students, we visited a community shelter and educated clients about the importance of hand-washing, a self-care activity that is well within the scope of occupational therapy practice. We also took place in team-building meetings twice a week, where we were given tasks to solve problems as a team.

4.6 Conclusions & Recommendations

Our experience at Procrear has been a once in a lifetime opportunity. Working with clients in the community of Santa Fe was an eye-opening, yet rewarding experience. By listening to each client's story, it has made us more understanding and empathetic to the challenges individuals face. This has implications for our careers as occupational therapists, as we will take the time to hear each client's story and get a better understanding of where they are coming from. We have developed the following recommendations to serve as guidelines for future occupational therapy students at Procrear:

- Consistent with the harm reduction philosophy, occupational therapy students should conduct outreach on a weekly basis to improve the health and safety of the community. Examples include handing out condoms,

providing education on the importance of self-care (e.g. oral hygiene, bathing, sexual health), etc.

- In addition to providing therapeutic art activities, occupational therapy students can provide other types of activities (e.g. physical education, nutritional education, self-care education, money-management, wound care, social skills training, group mental health talk therapy, etc).
- Attain brief life histories of clients to better understand their circumstances and plan to meet their needs. This can be shared with the medical and psychology students in order to provide well-rounded treatment by the interdisciplinary team.
- Implement the assessment tools mentioned previously.
- Set goals with clients and follow through with treatment planning. This is especially important for the children that are not attending school, as it allows them to develop skills that will transfer into adolescence and adulthood.
- Link client's with other community resources that may benefit them (e.g. drug rehabilitation, housing assistance, vocational training, etc).

5. Project in Liceo Arkadia Colombia

Caylyn Petracek,[*] Alejandra Simbaqueba Moreno,
Maria Paz García Herreros Ortegón,[**] Angélica Monsalve Robayo.[***]

5.1 General Description

With more than 100 million school-aged young not attending school worldwide, considering the importance of education and possible intervention strategies across the world is essential. Although there has been discussion regarding interventions to increase access of schooling for young with disabilities, there has been minimal effort with regards to the transitioning of young with intellectual disabilities into adulthood (Filmer, 2008). Transition is defined as to include "education, employment, community living, and community integration" (Hendricks & Wehman, 2009, p. 78). According to the latest national census report in 2005 for Bogota, Colombia, there are 392,084 young under the age of 18 with disabilities, of which 119,831 do not attend school (Moreno, Barrero, Marin, & Martinez, 2009). This is a significant problem as education is a universal human right essential to the integration and development of individuals with and without disabilities. The Colombia's Constitution recognizes education as a social function that seeks access to knowledge, science, technology, and other cultural values. It emphasizes respect for human rights, peace, and democracy (Asamblea Nacional Constituyente —National Constituent Assembly—, 1991).

The transition from adolescence into adulthood is an important developmental process for all young and may include employment, living arrangements, community life, financial independence, making friends, sexuality, and leisure (Stewart, Law, Rosenbaum & Willms, 2001). This transition is recognized as a journey spanning from childhood to adulthood, in which decision-making, problem-solving, and everyday roles are promoted. An emphasis is placed on having responsibilities, taking risks, and being able to participate as an active members of the community. The transition into adulthood for young people is not only determined by the accumulated experiences of the past, but also by the aspirations and plans for the future (Davila, 2005).

---

[*] University of Alberta MSc OT Student.

[**] Universidad del Rosario O T Student.

[***] Occupational Therapist. Professor at the Universidad del Rosario.

An intellectual disability can be defined as a disability characterized by significant limitations both in intellectual functioning and in adaptive behaviour, which covers many everyday social and practical skills (AAID, 2013). Intellectual disability creates difficulties in processing information to perform daily activities safely, organizing the processes of learning and thinking, understanding social rules, and communicating. Thus, individuals with such disabilities require training focused on the needs and support of the learning process to help promoting a successful transition from young to adulthood. In an attempt to encourage young people with intellectual disabilities to a successfully transition into adulthood, a project has been developed at the Liceo Arkadia Colombia, a private educational institution located near the districts of Tuscany, Bilbao, and Gaitana in Bogota. This project aims to make changes to the basic education at Liceo Arkadia Colombia in order to help assist young with intellectual disabilities transition into adulthood. Through the support of teachers, parents, and students, this project has the potential to help ensure autonomy and a more successful transition. The participation and collaboration of the teachers, students, and families of the Liceo Arkadia Colombia and the occupational therapy students and their faculty at the Universidad del Rosario promote growth and understanding for young with intellectual disabilities.

Occupational therapists enable individuals to improve their ability to perform meaningful occupations, helping them lead independent, productive, and satisfying lives. Due to the barriers that young with intellectual disabilities face, occupational therapists have an important role in addressing these barriers and finding strategies and solutions to identify challenges and promote successful transition (CAOT, 2008). An integral part of the role of occupational therapy in working with young with intellectual disabilities is assisting them to participate in their daily occupational roles (Nelson, Copley, Flanigan, & Underwood, 2009). Occupational therapists and occupational therapy students possess the skills necessary to help young with intellectual disabilities by recording and analyzing information, identifying changes to the current curriculum, and establishing greater support and understanding to help these young with successful transition into adulthood.

5.2 Importance of Successful Transition into Adulthood

Young with intellectual disabilities go through the same developmental process as their peers without disabilities, and face many similar challenges (Stewart

et al., 2001, p. 4). Transition to adulthood is a complex process with many barriers to overcome. Although this transition can be an exciting time, it can be particularly difficult for many young with significant disabilities (Hendricks & Wehman, 2009). Some barriers include personal barriers, environmental barriers, as well as socio-cultural and institutional inequalities. Understanding the roles of young with disabilities is a very important step in a successful transition into adulthood. Roles allow for a sense of identity, outlook, and a way of behaving and are associated with both privileges and responsibilities (King, Baldwin, Currie & Evans, 2005, p. 196). During adolescence, individuals experience changes in roles that reflect basic human needs for work, recreation, and socialization.

In comparing young without disabilities to young with disabilities, the latter are one third less likely to be employed and one half less likely to participate in postsecondary education (King, Baldwin, Currie & Evans, 2005). When individuals with intellectual disabilities are provided the opportunity of appropriate training and education, these individuals can work competitively and integrate meaningfully into the community (Hendricks & Wehman, 2009).

5.3 Project Objectives

This project is essential because young at Liceo Arkadia Colombia have reached a point in their training, which hinders their academic process for making decisions, generating independence, and successfully transitioning into the community. There is little progress identified in these individuals and a change is needed. This project is related to the research process as it seeks to answer questions about young training, the curricular structure, and the methodologies used for learning. In order to further investigate this population, implementation of standardized instruments contributes to building a curriculum that includes transitioning into adulthood as a central theme.

The overall objective of this project is to articulate the transition process from youth to adulthood for young people living with intellectual disabilities and develop a basic curriculum to assist the young at Liceo Arkadia Colombia in this transition. In order to reach this goal, more specific objectives are identified:

1. Characterize young adolescents with intellectual disabilities using an assessment form made specifically for individuals at Liceo Arkadia Colombia. The assessment form evaluates gross and fine motor skills;

processing and perceptual abilities; performance patterns; communication and interaction skills, as well as interests and roles.

2. Identify the features of the curriculum implemented at primary and secondary school level education at Liceo Arkadia Colombia.

3. Make changes in the basic education curriculum at Liceo Arkadia Colombia, following the guidelines of the transitioning into adulthood program.

4. Establish institutional support from teachers, directors, students, and families to ensure autonomy in the learning process for young with intellectual disabilities at Liceo Arkadia Colombia.

5.4 Community Involvement

Liceo Arkadia Colombia serves 1,300 students between the ages of 5 and 27 years. This project focuses on young with intellectual disabilities, both male and female, attending school at Liceo Arkadia Colombia, who are between the ages of 16 and 27 years. The target population for this project has the following inclusion criteria:

- Age: 16-27 years.
- Gender: Male and female.
- Education Level: Regular and special education.
- Disability Type: Intellectual.
- Declared commitment and support of family.

Geographically the Liceo Arkadia Colombia is located in the neighborhood of Suba, near the districts of Tuscany, Bilboa and Gaitana in Bogota. According to a report of the Suba Hospital, in 2011, a large portion of the population, approximately 50.4% of the population includes adults, followed by 24.7% adolescents, with children representing 15.5% of the population and elder with the lowest percent of the population at 9.4% (Hospital de Suba, 2011). There are 11,058 individuals living with disabilities in this area, accounting for 1.2% of the total population (Hospital de Suba, 2011). Many families living in this district are low or middle income, and lack resources to offer full support to their families. For example, a youth that was evaluated by the program had visual problems and there was a discussion with the family to consider glasses for that particular student, but the parents said that they couldn't afford them due various economic reasons.

Involvement of the community is limited for this project. Commitment is needed from all stakeholders in order to help increase successful transition of young with intellectual disabilities into adulthood. Community involvement has the potential to benefit these youth and aid in a successful transition. In order to increase community involvement, after school programs could be held for children for promoting independence and healthy life choices. Providing these young with the opportunity to socialize and interact with their peers can also help in promoting a healthy transition.

5.5 Developmental Framework

Concepts and methodologies of this project are related to person-centered planning, autonomy, equal participation, unique personal needs, and an increased quality of life. The occupational justice framework emphasizes human rights and the enablement of the individual to experience health and quality of life through engagement in occupations (Wolf, Ripat, Davis, Becker, & MacSwiggan, 2010). When an environment is occupationally just, all individuals have access to adequate support and resources to participate in meaningful occupations. Occupational injustices occur when people are denied the physical, social, economic, or cultural resources or opportunities to be engaged in these meaningful occupations (Wolf et al., 2010, p. 15). At Liceo Arkadia Colombia, a goal of the project is to promote an environment that is occupationally just and allows for adequate support and inclusion of all young. A challenge in terms of occupational therapy is to identify and respond to occupational injustices and take action to work towards occupational justice for all. This project has the ability to identify injustices occurring for young with intellectual disabilities and developing strategies, such as a revised curriculum, in order to promote a successful transition into adulthood. At Liceo Arkadia Colombia, placing emphasis on the ability of youth with intellectual disabilities and assessing their strengths and areas of difficulty can help with the inclusion of these children and the development of a joint curriculum.

Along with understanding the physical and cognitive components of the youth at Liceo Arkadia Colombia, psychosocial factors are also taken into consideration. Using a psychosocial approach, identification of factors such as self-esteem, emotional wellbeing, and occupational performance, issues can be understood and addressed. Frequently, in occupational therapy, many approaches are used in combination, such as those stated above, to best meet the

needs of the client. These approaches help to facilitate a supportive environment and encourage healthy transition into adulthood (Nelson, Copley, Flanigan & Underwood, 2009).

This study is based on both quantitative and qualitative data methods. Quantitative methods focus on quantifying data and generalizing the results from a sample to the population of interest. For example, this project will collect information from young with intellectual disabilities and the results will be statistically analyzed. Qualitative research methods are exploratory in nature and often aim to understand human experience and examine the meanings from the perspective of the individuals who have actually experienced them (Stewart et al., 2001). The occupational therapy students interview the students and their families in order to gain a better understanding of their experiences, and of how they view themselves within the community.

There are four main phases identified in the project that are important in understanding the overall framework. These four phases include:

1. Population Characteristics: This phase includes the identification of socio-demographic information and occupational performance issues of young attending Liceo Arkadia Colombia. This information will account for the population characteristics and the occupational performance profile of the young people involved in this project.

2. Identification of Support Type and Frequency for the Population: Implementing the Supports Intensity Scale (SIS) with the families who care for youth with intellectual disabilities. The SIS seeks to identify the type of support and frequency of support through various sections such as home life activities, activities of community life, learning activities throughout life, as well as employment, health and safety, and social activities.

3. Curriculum Analysis: Identifying the different aspects that make up the curriculum and examine issues such as the educational model, strategies for teaching and learning, as well as the curriculum contents.

4. Articulation Proposal: Changes to the curriculum will be proposed to the directors of the school. These changes include a joint curriculum to provide inclusion of young with intellectual disabilities. The results of the project will be presented to the educational community of Liceo Arkadia Colombia.

The methodology of this project follows a series of steps, in an attempt to identify the socio-demographic characterization and performance of people with intellectual disabilities through the information obtained from the academic history of young, as well as through a family interview; and knowledge of occupational performance of young through observation of performance skills; an interview on the organization of the daily routine; an occupational questionnaire focusing on the value placed on daily activities, roles; and the importance and satisfaction of these roles.

5.6 Results

The expected results of this project include achieving a joint curriculum education at Liceo Arkadia Colombia. In order to achieve this goal, it is necessary to identify young adolescents with intellectual disabilities and assess their strengths and weaknesses in order to build a curriculum that supports all youth transitioning into adulthood. Throughout the data collection process (phase one), some common themes have been identified in young with intellectual disabilities. These themes are difficulty in spelling their own name; ability to trace and cut out common shapes, but disability to name the shapes; coordination, balance, and motor planning difficulties; and trouble following verbal instructions and comprehending what was asked. Most often it was easier with a physical demonstration. Although each young is unique, those were the most common themes identified so far in the evaluation process.

This project is based on the interdisciplinary teamwork of special educators, psychologists, teachers, families, occupational therapy students, and young at Liceo Arkadia Colombia. Through collaboration, the changes made in the curriculum will focus on the skills, support, and opportunities for young with intellectual disabilities as they transition into adulthood. More emphasis will be placed on removal of attitudinal barriers, understanding and recognition of abilities, and preparation for the workforce through active participation within the community. This program has the ability to provide benefits to all stakeholders involved. For example, families that are part of this project will gain a better understanding of their child's performance profile, the young have the opportunity to demonstrate their skills and abilities, and the institution will have a joint curriculum to use in order to facilitate and enhance educational processes for young with and without disabilities.

The opportunity to be a part of this project at Liceo Arkadia Colombia has allowed me to grow as a person, as well as an occupational therapist. Although the language barrier poses an obstacle in communicating with the young, I am still able to help out with the evaluation process and build rapport. The teachers and the young at this school have been extremely welcoming and are very eager to learn some common phrases in English. This has provided me with the opportunity to learn more Spanish, as well as share my knowledge of English with others. Overall, I do see the impact that the teachers and therapists have on these students and although I feel helpless at times, it is a great feeling to know that change is occurring, it just takes time.

6. Project in Hogar El Camino

Esther Hawn,[*] Sara Oliva Blanco[**] and Elvis Siprian Castro Alzate.[***]

6.1 General Description

The population of El Camino consists of individuals who have been homeless and are currently experiencing addiction. The length of time an individual has lived on the streets of Bogota is very diverse, and can range from days to years of homelessness. The entire process at El Camino takes nine months, in which in the individual lives in the therapeutic community, with minimal opportunities to leave the basis strata of the community. The academic and occupational experience of each citizen is very diverse; experiences range from minimal levels of education with numerous informal jobs, to individuals who are professionally trained with professional degrees. Some continue to have familial supports, while others do not. These individuals are entering at the end-stage of their drug use, and entering a rehabilitation phase, in hopes of preventing future relapse (Parker, 2010).

There are five stages that occur throughout this process: Stage "0" is considered pre-community. During this time, the goal is to regain self-care skills, focusing on habit and routine development. At this time, the occupational therapist or occupational therapy students will complete an occupational profile with each client to assess cognition, sensory perception, fine and gross motor skills, social skills, basic academic skills and self-care habits.

Past medical history, asking about diseases, treatments or surgeries an individual may have had, or is currently having, is part of the profile building process. Numerous questions are asked about education to determine final academic years completed, including technical or professional designations and academic or training expectations. Employment history is another component of the occupational profile to determine prior work experience and the reasons for leaving the position. After that, leisure activities of interest are discussed with the client. Finally, the client determines short and long term goals to work on during their process. Once the assessment is completed, the occupational

---

[*]   University of Alberta MSc OT Student.

[**]   Occupational Therapist, Hogar el Camino (SDIS).

[***]   Occupational Therapist, Epidemiologist. Professor at Universidad del Rosario.

therapy team establishes areas to work on with this client to determine if they would benefit from one-on-one intervention.

The remaining four stages last for 45 days each. Stage 1 is understood as the time for sensibility to change. The focus of these 45 days is put on strengthening personal abilities, engaging in activities and workshops led by the interdisciplinary staff team, with a focus on improvement in social, cognitive, perceptual and sensory abilities. The focus of stage 2 is to better understand the history of the individual's life. They explore what work means for them, how to schedule work and leisure time, returning to roles they were engaged in before their time on the streets. At this stage, individuals are given more responsibility to care for the basis of the community, through cleaning and yard work. Stage 3 focuses on personal restructuring, further exploring interests and learning trade skills. During this time, individuals are given more responsibility and may be asked to oversee the jobs being completed by the individuals in stage 2. They may be asked to assume the 'Normative role' for the day, in which they have additional duties to assist the staff and fellow individuals of El Camino. Occupational therapy involvement during this time may be one-on-one intervention for those who would benefit as based on their occupational profile, or through workshops lead by the occupational therapy team.

Stage 4 constitutes the largest contribution by occupational therapy. The goal at this time is to focus on returning to work. The team re-evaluates with the client what jobs were most important for him/her, and his/her hopes of where they would like to work. Together, strengths, weaknesses and fears of returning to work are determined through collaboration with the occupational therapist and the client. El Camino believes, at this time it is important to ensure the individual understands ways in which he/she can begin to contribute back to society. All proper documentation is collected during this time to allow the individual to work in a formal position in Bogota. Resumes are prepared, and job interview preparation is a goal. It is necessary for the individual to be prepared with an explanation for their job absence, during the time he/she was experiencing homelessness and unemployment. Job searches begin, either independently or with the assistance of the team, and money management skills become a focus for many of the individuals.

6.2 Objectives

There are two main objectives at El Camino. The first objective is an opportunity for detoxification from substances, with a chance for safe housing and a

place to learn new skills in a variety of activities of daily living. Skills that are focused on self care tasks, and slowly building more responsibility to care for the community and the individual. The second objective is to return to work. Skills to achieve this goal are focused on throughout the entire process, but they are specifically concentrated during stage 4. All these skills contribute to the individual's ability to contribute as a functional member of society.

6.3 Community Involvement
Servicio Nacional de Aprendizaje (SENA) is a community affiliate that works with the individuals of El Camino. Translated to English, SENA is the national learning service. It is a governmental organization that focuses on education and job preparedness (Donado, 2012). It teaches specific job readiness skills, particularly focusing on trades. SENA works in collaboration with the Ministry of National Education in Bogota (Donado, 2012).

Located at El Camino there is a community garden with landscaping tools and tools such as the typical for carpentry and painting workshops. This provides the individuals with an opportunity to implement the skills they learn. It also instills a sense of responsibility to care for the environment in which they are living. As a result of this, community employers have recruited for related work positions being aware of the skill set obtained by the individuals.

6.4 Development Framework
El Camino works under an adapted version of the Modelo Integral de Evaluacion Occupational (MIEO), which translates to the Comprehensive Occupational Assessment Model. MIEO is a framework developed in Latin America. This framework is used to train individuals with disabilities to guide and evaluate them based on their opportunity for employment and their specific skill set (Anduaga, Sanchez de Jesus, Mendez Ramirez, Martinez Barranco, Camarillo Hernandez, & Rojas Maldonado, n.d.). MIEO focuses on two primary areas: occupational analysis and occupational assessment. Occupational analysis focuses on the job description and the skill set necessary to complete that work (Anduaga, et al., n.d.). The occupational assessment focuses on the individual's skill set to match the components found within the occupational analysis. In order to be eligible to work under this model, the client must have a disability, be at least 18 years of age, he/she has to be in a rehabilitation process, and interested in an employment training (Anduaga, et al., n.d.). El Camino has adapted this

model largely reducing the focus on physical disability, as physical disabilities are not typical among their particular population. MIEO has also been adapted to include a social ability component, as this is a necessary goal for many of the clients at El Camino.

Intervention happens in a variety of ways for each client. There is an interdisciplinary team working at El Camino to assist the clients through rehabilitation. The team is comprised of social work, nursing, psychology, occupational therapy, support staff, who often were formerly addicted to substances, and a site director. Each client has an opportunity to work with each staff member as needed. Occupational therapy intervention can occur in a one-to-one intervention setting or leading workshops for larger groups. One-to-one intervention time is determined at the time of initial assessment when the occupational profile is completed. As outlined by the occupational therapist of El Camino, common areas to work on are cognitive skills, interpersonal skills and basic education. During this intervention time, the client may work to improve areas of weakness they identified through creating their goals. Activities may include teaching basic mathematics skills, completing activities that improve memory and attention, or working on self-esteem boosting or other interpersonal skills.

6.5 Results

Throughout my time at El Camino, I have had an opportunity to observe and participate in the rehabilitation process for individuals who are homeless and have addictions. I have come to know a few of the clients personally and have been overwhelmed by their welcoming natures. I have been fortunate in that one of the clients speaks English and was able to translate so I could be more involved. Many of the clients have been through rehabilitation processes before, which highlights the lifetime challenges drugs can create. I was fortunate enough to hear many of the clients' personal stories, and was often saddened by the situations they have faced throughout their lives. This adds an additional challenge to the rehabilitation process in that they do not just need to overcome drug use, but address the underlying cause for the initial drug use and other concurrent mental health concerns.

I felt a variety of emotion throughout my placement experience. Ranging from moments of laughter and happiness, to feelings of helplessness and vulnerability. The language barrier posed a very large challenge. The primary issue was not being able to understand what was being translated on my behalf. It is one

challenge to find the correct words to communicate when working with a vulnerable population; it is another to be unsure what is being lost in the translation. As a result, it was sometimes challenging to build rapport in the same way I would be able to with an English speaking client. On the other hand, not being able to rely on the language, I was able to practice observation skills and base my conclusions on body language, facial expression, gestures, and motivation to complete tasks. I was amazed when the conclusion of the Spanish speaking student and my own overlapped, despite my inability to understand the words. Observation skills are crucial to the work of an occupational therapist, and I believe this is one way I have benefited clinically from my time at El Camino.

Many new Canadians have immigrated from all over the world to live in Canada. As a result of my time in Colombia, I feel I can better empathize with those individuals trying to integrate into a new society. I have felt the challenges associated with being uncertain of cultural norms and an inability to articulate in a way I typically could in my mother-tongue. These uncertainties create feelings of frustration, helplessness and vulnerability; you are at the mercy of a translator or other means of deciphering what is going on around you. I have now lived a similar experience, and believe undoubtedly this will make me a better clinician when working with new Canadian immigrants.

I was fortunate enough to learn from the students, the occupational therapist and the clients of El Camino throughout my five-week practicum. I had time to observe and ask questions to better understand the approach and methods of OT used in Colombia. I was also given the opportunity to directly become involved with the assistance of a translator. I completed occupational profiles with new clients. My one-on-one intervention was focused on cognitive skill improvement, and basic educational development. Finally, I assisted with some preparation and facilitation of large group activities focusing on activity of daily living improvement, job preparation, fine and gross motor development, and so on. What amazed me the most was the overlap of approach I have seen used in Canadian settings, to what I witnessed in Colombia. Despite difference in language, I was able to seek comfort in the universality of the profession of occupational therapy, and continue to develop my skills as a future clinician, now with a broader, international lens. I will forever be grateful for my Colombian experience.

7. Relationships

7.1 Relationships between Occupational Therapy Students from Two Different Cultures

The relationship between the Universidad del Rosario students and the University of Alberta students is an integral part of this fieldwork placement experience. We have identified three areas in particular that we feel both challenged us, as well as promoted our growth and development as individuals and professionals. Broadly, cultural differences in communication, perspective, and interaction in daily living have had a meaningful impact throughout this experience.

7.1.1 Communication

Having a placement in Colombia is a unique opportunity in itself and being paired up with an occupational therapy student here allows you to fully immerse yourself into the practice setting. One of the barriers to full immersion or participation within the practice setting or social situations is language or communication. The translation of occupational therapy terminology or common phrases can be quite difficult or misunderstood between students and supervisors, which creates confusion when trying to relay important information. However, the students of Colombia have helped facilitate many conversations between others such as our client population, supervisors, teachers and other various people we interact with on a daily basis. Another barrier to more interaction was the shyness of students from both countries to speak. Speaking is more difficult than comprehension or reading, and when in groups we are worried to make mistakes in front of each other or are nervous. Despite this, we have found the importance of gestures, facial expressions and body language for communication. These non-verbal skills were valuable in interactions with not only the students, but the populations we work with in our practice settings and "non-verbal" clients across cultures. Although students from both countries could benefit from additional language (lessons) prior to placement, this six-week placement in Colombia was a good opportunity for each student to develop skills in another language and work to overcome the language barrier. It has developed stronger problem-solving skills and creativity in which we adapt our activities or approaches to suit our language skills to relay information.

7.1.2 Perspectives

We have identified both similarities and differences in perspectives from which each University of Alberta and the Universidad del Rosario student views their practicum experiences. There is no doubt that the role of occupational therapists differs significantly between practice settings. However, it appears that the role of occupational therapists and the approaches that they utilize may differ between cultural settings as well. For example, social issues seem to be more prevalent in the practicum settings in Colombia, and an emphasis on social participation and integration has been noted. Although social issues impact every country around the globe, each country, and even city, has unique social concerns that impact the population. As a result, the University of Alberta students rely to some extent on the Universidad del Rosario partners to inform them of these unique circumstances and approaches to practice. By sharing knowledge, resources, and experiences, students from both universities may benefit from this student partnership, which is expected to expand student awareness and understanding of social issues.

Additionally, this student partnership has allowed us to learn about cultural differences in the structure and procedures related to each practicum. For example, we have noted that documentation, and to some extent formal assessment, are more heavily emphasized in procedural practices in Canadian practice settings. These notions have been discussed with the Universidad del Rosario students in order to develop an understanding of the significance of these differences. Additionally, the University of Alberta students have noted the importance of the use of creativity and flexibility to enhance problem solving within the structural limitations of each practice setting in Colombia. Ideally, the cultural knowledge and related skills that have been learned throughout this student partnership will be translated to our future work in the field of occupational therapy.

7.1.3 Interaction in daily living

Being provided with the opportunity to live with a student or a family from Colombia has allowed for the unique experience of understanding and taking part in daily activities, routines, and a different way of life. A connection was quickly made with the families and students allowing for the chance to explore the city and understand the various cultural differences that exist between Colombia and Canada. Our overall safety was a main concern of our students and families providing us with a sense of support and security. Knowing that

someone was looking out for our well being helped us to feel more comfortable in such a large, unknown city. A concern of us Canadian students was transportation to and from our placement sites. For the individuals living with a student, they were able to help explain what buses to take, or in some instances could show us the route. Throughout this experience, our communication and problem-solving skills have greatly developed, as well as the relationships with the students and families.

7.2 Relationships in the Community

It is well established that the client-therapist relationship is an essential part of occupational therapy practice (Palmadottir, 2006). Building rapport begins at the first contact with another person, and is the first step to developing therapeutic relationships. This can be achieved in a number of ways using both verbal and nonverbal communication. It can include engaging in casual conversations, active listening, and using open positive and welcoming body language. A barrier to building these relationships has been the difference in verbal language used for communication (Duggan, Bradshaw, Swergold & Altman, 2011). The strategies that we have been using to achieve interaction and communication with clients in the community has been through the use of broken verbal language, and universal physical gestures. Smiling and physical demonstrations have been key assets for communicating ideas and intentions. At first, the language barrier was very overwhelming for both the Canadian and Colombian students, as it was a difficult establishing effective ways to communicate.

On top of the language differences, there were also cultural aspects that required adjustment. Simple differences such as greeting and farewells are much different in Colombia and in Canada. There is much physical contact and interaction with each other here in Colombia. Physical affection is used as a warm welcome.

The University of Alberta OT students had the opportunity to develop relationships in various community settings, including Batuta, Procrear, El Camino, Primera Infantil and Arkadia. The community relationships at Batuta and Procrear are elaborated on more specifically.

7.2.1 Batuta

The three Canadian students working in the Batuta foundation developed relationships throughout Bogota in the various communities that Batuta serves.

Two specific orquestral centres in southern Bogota, Kennedy and Lisboa, were the primary points of community contact. In these community centres the students had the opportunity to develop relationships with the children, as well as the music teacher, OT, and assistants.

Further, the students were able to do visits to homes and schools in various communities where the children of Batuta live. It was challenging to develop relationships with the children's parents, as we only had the opportunity to visit a few of the children's homes, and only once for an hour or two. The language barrier did impact relationship development, however universal symbols like a smile and open, warm posturing went a long way in these situations.

7.2.2 Procrear

Procrear is a safe, non-judgmental atmosphere where everyone is welcomed, regardless of race, age, gender or sexuality. The organization is based on a harm reduction model, which seeks to minimize the adverse health, social and economic consequences of high-risk behaviour (e.g. drug misuse) without necessarily reducing the behaviour itself (e.g. drug consumption; International Harm Reduction Association, 2012). While this model can facilitate trust building in the client-therapist relationship, it is imperative that the therapist does not allow his/her personal belief systems and values to affect service delivery. This presented a challenge in our experience at Procrear, because the clients frequently exhibit manipulative behaviour. For example, one client who is homeless presented with cellulitis on her leg and while grimacing in pain, she asked for money for a place to stay that night. Despite wanting to help this woman in need, we were uncertain where the money was going and felt that providing her with housing for one night was not sustainable. In this case, developing a therapeutic relationship requires more work on the therapist's end, although establishing goals that help to set the client up for success (e.g. vocational training, considering options for housing, etc.) will have a favorable outcome rather than responding to her immediate wants and needs.

8. Learning and Opportunities

Throughout our six weeks in Colombia, we have had many opportunities to learn and grow, both as individuals and occupational therapists. We were drawn to Colombia for many reasons, including the opportunity to experience the diversity of a different culture, and the practice of occupational therapy within that culture. We have witnessed many similarities and differences between Canadian and Colombian culture and OT practice throughout our time here. Immediately we became aware of the social inequalities faced by Colombians. This is a universal challenge; a challenge that Canadians are not immune to. However, the social support network in Canada has been able to access more people. As such, occupational therapists in Colombia and Canada have a large role in advocating for equality and basic human rights. We now understand the importance of this advocacy role, and have witnessed it in practice here.

On the other hand, we also became aware of the generosity and welcoming nature of Colombians. We have witnessed a culture of hard-working individuals devoted to their families. Although the social supports of Canada may be more accessible, the cultural nature of many Colombians facilitates self-sufficiency. Herein lies a second opportunity for occupational therapists to advocate for independence.

For many of us, this was our first time in a Spanish speaking country, where we experienced first hand the challenges associated with language barriers. The initial feelings felt were isolation and a large sense of vulnerability. However, the more time we spent here, the more we were able to be immersed and enriched through the kindness of the community in Colombia. The population in Canada is comprised of immigrants from all over the world; many of whom may be our future clients. As a result of this experience facing the challenges with language barriers, we will be able to better empathize with new immigrants trying to navigate in a new country. Particularly as health care providers, if an individual from another culture is in need of medical support or treatment and feeling especially vulnerable, we will be better prepared to support them through this process.

We have had an opportunity to compare occupational therapy techniques and models used. We have been exposed to new approaches used in Colombia, and have been able to share a different perspective. We have been surprised by

the overlapping understanding of occupational therapy. Despite the difference in language, the underlying understanding and approaches are the same. This has been a comfort in the universality of our profession. Examples of similarities between Canadian and Colombian OT that we have witnessed are the use of the Model of Human Occupation (MOHO), similar intake approaches when meeting with new clients, the use of activity as therapeutic means, and the grading of activities to best suit the need of the client. Lastly, the use of advocacy is used universally.

Something that we found took some adjusting to is the physical nature of Colombians. We have witnessed a lot of physical contact from person-to-person, even at the practice sites. This is not a norm in Canadian culture, and has been something we have needed to work on. We have since learned that the physical contact contributes to an overall sense of happiness and promotes a better personal connection from person to person. Universally there are common misconceptions about Colombia, as there are in most countries. Our experience in Colombia has been a very valuable and positive and has disconfirmed many stereotypes of Colombian culture. We feel better suited to promote the true country of Colombia and are very appreciative of this opportunity as a whole.
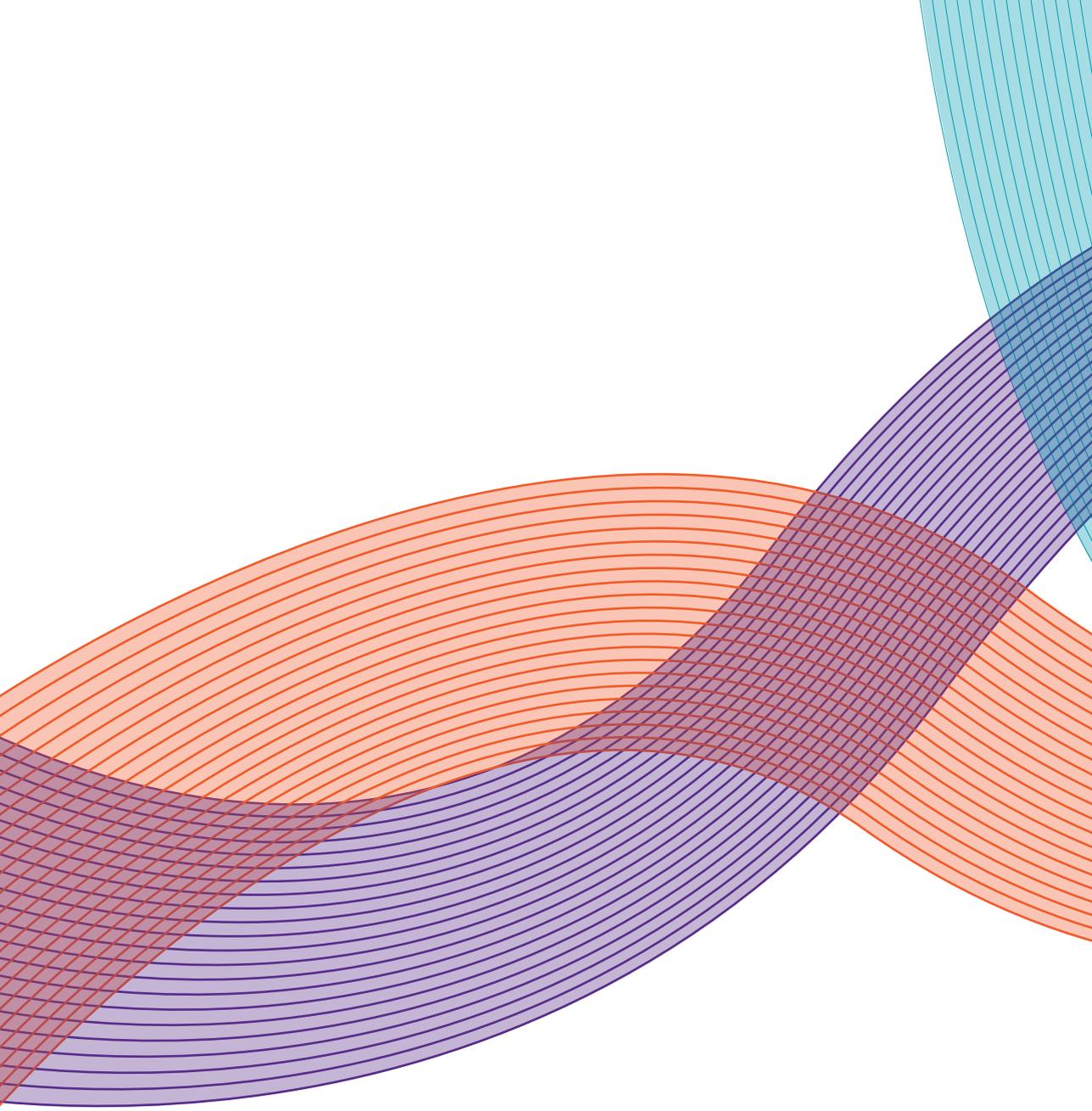
9. References

Anduaga, A.M., Sanchez de Jesus, J., Mendez Ramirez, M., Martinez Barranco, R. Camarillo Hernandez, E, & Rojas Maldonado, M.E. (n.d). *Grupo Latinoamericano de rehabilitación profesional*. Retrieved from http://glarp.iap.org.mx/index.php

Asamblea Nacional Constituyente (1991). The Constitution of Colombia, Bogotá. Retrieved from http://www.alcaldiabogota.gov.co/sisjur/normas/Norma1.jsp?i=4125

Bronfenbrenner, U. (2005). *Making human beings human: Bioecological perspectives on human development*. London: Sage Publications.

Canadian Association of Occupational Therapists (2008). CAOT position statement: Occupational therapy and mental health care. Retrieved from http://www.caot.ca/default.asp?pageid=1290

Canadian Association of Occupational Therapists (2008). CAOT position statement: Occupational therapy and home and community care. *Occupational Therapy Now.* 10(6), 20-22.

Castro, E. S., Restrepo M. H., Cruz, F., & López, V. (2012). *Participación social en niños y niñas de 0 a 5 años en situación de desplazamiento en la localidad de Kennedy*. (Preliminary thesis draft, unpublished). Universidad del Rosario, Bogotá, Colombia.

Comisión Intersectorial de Primera Infancia. (2012). Atención Integral: Prosperidad para la primera Infancia: Gobierno de Colombia. Retrieved from http://www.deceroasiempre.gov.co/QuienesSomos/Documents/Cartilla-Atencion-Integral-prosperidad-para-primera-infancia.pdf

Dávila, O. (2005). "Adolescence and youth: The concepts to collisions". *LastDecade*, 83-104.

Donado, M.A. (2012). SENA: Prosperidad para todos. Retrieved from http://www.sena.edu.co/

Duggan, A., Bradshaw, Y., Swergold, N., & Altman, W. (2011). "When rapport building extends beyond affiliation: communication over accommodation toward patients with disabilities". *The Permanente Journal*, 15(2), 23-30.

Dunbar, S. D. (2007). *Occupational therapy models for intervention with children and families*. United State of America: SLACK Incorporated.

Filmer, D. (2008). "Disability, poverty, and schooling in developing countries: Results from 14 household surveys". *The World Bank Economic Review*, 22(1), 141-163.

Fundacion Batuta. (2007). Batuta. Retrieved from http://www.fundacionbatuta.org/

Fundacion Batuta. (n.d.). Comunidad: Inscripciones. Retrieved from http://www.fundacionbatuta.org/index.php?page=11&site=1&idFile=566&idFile=566&restrict=

Fundacion Batuta. (2007). Principles. Retrieved from http://www.fundacionbatuta.org/batuta/index.php?page=13&site=1&idFile=1168&idFile=1168&restrict=&idMap=145

Gamble, H. (1995). "Art street: Joining community through art". *Art Therapy: Journal of the American Art Therapy Association*, 12(3), 184-187.

Helfrich, C. A., Chan, D. V., & Sabol, P. (2011). "Cognitive predictors of life skill intervention outcomes for adults with mental illness at risk for homelessness". *American Journal of Occupational Therapy*, 65(3), 277-286.

Hendricks, D. & Wehman, P. (2009). "Transition from school to adulthood for youth with autism spectrum disorders". *Focus on Autism and Other Developmental Disabilities*, 24(2), 77-88.

Hospital de Suba. Nivel II. (2011). Diagnosis Local 2011. Retrieved from http://www.esesuba.gov.co/joomla/portal/images/stories/Documentos/Salud_Publica/DIAGNOSTICO%20LOCAL%20SEGUNDO%20AVANCE%202011.pdf

Iwama, M. K., Thomson, N. A., Macdonald, R. M. (2009). "The Kawa model: The power of culturally responsive occupational therapy". *Disability and Rehabilitation*, 31(14), 1125-1135.

Kielhofner, G. (2008). *Model of human occupation: Theory and application* (4th ed.). Philadelphia: Lippincott Williams & Wilkins.

King, G., Baldwin, P., Currie, M., & Evans, J. (2005). "Planning successful transitions from school to adult roles for youth with disabilities". *Children's Health Care*, 34(3), 195-216.

Kronenberg, F. & Pollard, N. (2006). "Political dimensions of occupation and the roles of occupational therapy". *The American Journal of Occupational Therapy*, 60(6), 617-626.

Law, M., Polatajko, H., Baptiste, S., & Townsend, E. (2002). Core concepts of occupational therapy. IN: Townsend, E. (Ed.), *Enabling Occupation: An Occupational Therapy Perspective (pp. 29-56)*. Ottawa, ON: CAOT Publications ACE.

Lee, S. W., Taylor, R., Kielhofner, G., & Fisher, G. (2008). "Theory use in practice: A national survey of therapists who use the model of human occupation". *The American Journal of Occupational Therapy*, 62(1), 106-117.

McColl, M. (1998). "Occupational therapy in the community". *The American Journal of Occupational Therapy*, 52(1), 11-18.

Ministerio de Educación Nacional. (2013). Educación para la primera infancia. Objetivos y Estrategias: Dirección de primera infancia. Retrieved from http://www.mineducacion.gov.co/primerainfancia/1739/article-177838.html

World Health Organization. (2003). Disabilities and rehabilitation. Community-based rehabilitation (CBR). CBR publications. Retrieved from http://www.who.int/disabilities/cbr/en/

Moreno, E., Barrero, V., Marín, Y., & Martínez, Y. (2009). "**Núcleos problemáticos para la inclusión escolar de adolescentes en situación de discapacidad**". *Umbral Científico*, 14, 8-26.

Nelson, A., Copley, J., Flanigan, K., & Underwood, K. (2009). "**Occupational therapists prefer combing multiple intervention approaches for children with learning difficulties**". *Australian Occupational Therapy Journal*, 56, 51-62.

Ortiz Pinilla N. (1999) Escala Abreviada de Desarrollo – Ministerio de Salud, Dirección General. Colombia. Retrieved from http://www.envigado.gov.co/Secretarias/SecretariadeSalud/documentos/Prestacion%20de%20servicios/ciclo%20de%20capacitaciones/crecimiento%20y%20desarrollo/ESCALA%20ABREVIADA%20DE%20DESARROLLO%20UNICEF%20COLOMBIA.pdf

Palmadottir, G. (2006). "**Client-therapist relationships: Experiences of occupational therapy clients in rehabilitation**". *The British Journal of Occupational Therapy*, 69(9), 394-401.

Parker, T. W. (2010). "**Brain changes in substance abuse: Implications for treatment**". *Forum on Policy: A Journal of The Oxford Round Table*, 6(1), 1-11.

Penney, J. (2013). "**The biopsychosocial model: Redefining osteopathic philosophy?**" *International Journal of Osteopathic Medicine*, 16(1), 33-37.

Polatajko, H., Davis, J., Stewart, D., Cantin, N., Amoroso, B., Purdie, L., & Zimmerman, D. (2007). Specifying the domain of concern: occupation as core. IN: Townsend, E. & Polatajko, H. (Eds) *Enabling Occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation*. Ottawa: CAOT Publications ACE.

Schalock, R. L., Borthwick-Duffy, S. A., Bradley, B. J., Buntinx, W. E., Coulter, D. L., Gomez, S. C., et al. (2010). Intellectual disability: Definition, classification, and systems of supports. Washington: AAIDD.

Serrano, M. E. 2007, Evaluando el impacto de intervenciones sobre el desplazamiento forzado interno. Hacia la construcción de un índice de realización de derechos. Bogotá: Consejería en Derechos.

Stefano, M., Stuckey, R., & Lovell R. (2012). "**Promotion of safe community mobility: Challenges and opportunities for occupational therapy practice**". *Australian Occupational Therapy Journal*, 59, 98-102. doi: 10.1111/j.1440-1630.2011.00993.x

Stewart, D., Law, M., Rosenbaum, P., & Willms, D. (2001). "A qualitative study of the transition to adulthood for youth with disabilities". *Physical & Occupational Therapy in Pediatrics*, 21(4), 3-21.

The International Harm Reduction Association (2012). What is harm reduction? Retrieved from http://www.ihra.net/files/2010/08/10/Briefing_What_is_HR_English.pdf

Townsend, E. A., Beagan, B., Kumas-Tan, Z., Versnel, J., Iwama, M., Landry, J. Brown, J. (2007). Enabling: Occupational therapy's core competency. IN: E. A. Townsend & H. J. Polatajko. *Enabling occupation II: Advancing an occupational therapy vision for health, well-being & justice through occupation*. Ottawa: CAOT Publications ACE.

Townsend, E. A., & Brintnell, S. (2002). Context of occupational therapy. IN: E. A. Townsend (Ed.). *Enabling occupation: An occupational therapy perspective* (Revised ed.). Ottawa: CAOT Publications ACE.

Wolf, L., Ripat, J., Davis, E., Becker, P., & MacSwiggan, J. (2010). "Applying an occupational justice framework". *Occupational Therapy Now*, 12(1), 15-18.

World Health Organization. (2010). Community-based rehabilitation: CBR guidelines introductory booklet. Retrieved from http://apps.who.int/iris/bitstream/10665/44405/9/9789241548052_introductory_eng.pdf

World Health Organization (WHO). (2013). Disabilities and rehabilitation: Community-based rehabilitation (CBR). Retrieved from http://www.who.int/disabilities/cbr/en/.