Engagement, exploration, and empowerment are significant practice strategies used by occupational therapy practitioners as a means of getting to know what matters to clients and how to facilitate their participation in everyday life. Applied to the American Occupational Therapy Association (AOTA) as an organization, professional engagement, exploration of new service contexts, and empowerment of members to take an active role in shaping the profession’s future are examined. This address, given at the 2015 AOTA Annual Convention & Expo, looks to the future in terms of engaging greater numbers of members; participating in Vision 2025, a strategic planning initiative that will be unveiled at the 2016 AOTA Annual Conference & Expo; and empowering members to achieve excellence in occupational therapy.

organizationalzationally to achieve the aspirational goals of our Centennial Vision (AOTA, 2007) and beyond.

Engagement as a Practice Strategy

As occupational therapy practitioners, we use occupational engagement as a key strategy to connect with the people we serve. We get to know what matters to them and what they view as their meaningful, necessary, and familiar activities of everyday life that will facilitate participation so as to improve health and quality of life, important parts of our AOTA Distinct Value statement (AOTA, 2015a) just unveiled at this conference by AOTA Vice President Amy Lamb. In our AOTA Occupational Therapy Practice Framework: Domain and Process (3rd ed.; AOTA, 2014), engagement in occupation is defined as “performance of occupations as a result of choice, motivation, and meaning within a supportive context and environment” (p. S42). These constructs of choice, motivation, and meaning are key to understanding how we engage with the people we serve. What matters most to the person or organization we serve is one starting point that will guide the occupational therapy process, from screening to evaluation to intervention and targeting of outcomes. Engagement happens as a result of the collaboration between the practitioner and the client. I suggest that collaboration in the therapeutic partnership is grounded in intentional therapeutic use of self to elicit intrinsic motivation and in mindful reflection to gain the client’s view of everyday occupation that is imbued with personal meaning. By carefully exploring motivation and meaning, informed choices emerge. These concepts have been a part of our philosophical and theoretical base for many decades.

Of interest is that when a study from the National Eye Institute was released on the National Institutes of Health (NIH) website on July 9, 2014, a different way of framing engagement in occupation was revealed. Barry Rovner, a professor of psychiatry and neurology at the Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia, whose findings were published in Ophthalmology, reported on the benefits of a multidisciplinary intervention bridging primary eye care, psychiatry, and rehabilitation. People with age-related macular degeneration are known to have a high risk for depression, with disease progression affecting their ability to carry out everyday activities such as

the ability to drive, read, write, watch television, cook, and do housework. Activities that used to be fun and fulfilling may begin to be burdensome or even impossible. With loss of the ability to drive and navigate unfamiliar places, it becomes easier to stay at home than to see friends or meet new people. All of this takes a toll on mental health, and past studies have found that as many as one-third of people with bilateral age-related macular degeneration develop clinical depression. (NIH, 2014, para. 2–3)

VITAL (Low Vision Depression Prevention Trial) was designed to reduce the disability associated with co-occurring low vision and depression through a rehabilitation approach called behavioral activation. Robin Casten, a co-investigator and associate professor of psychiatry and human behavior, described behavioral activation as “helping people to focus on activities they enjoy, to recognize that loss of those activities can lead to depression, and to re-engage in those activities” (NIH, 2014, para. 6) and noted the importance of helping people to maintain an active social life. Occupational therapists were trained in the manualized behavioral activation protocol, and the results of this randomized controlled trial reported that the behavioral activation approach reduced the risk of depression by 50% compared with the control treatment (Rovner et al., 2014).

My first thought when seeing this report was “I’m so glad to see that occupational therapists were involved.” The goodness of fit between behavioral activation and the philosophical underpinnings of our profession stood out to me, and the report noted that occupational therapists were trained to carry out the behavioral activation protocol to ensure fidelity to the intervention. I was drawn to learn more about behavioral activation, which seemed so close to my understanding of occupational engagement, and here is what I found. The evidence in the psychology literature has been growing over the past 20 years with regard to behavioral activation, beginning with its impact on people living with depression (Lejuez, Hopko, Acierno, Daughters, & Pagoto, 2011). Although the relationship between engagement in occupation and behavioral activation has not been fully explicated, let me highlight how these concepts fit with one another (Table 1).

Here is a partial script for the kind of behavioral activation approach used in this study. As I read this out loud, think about how close this might sound to a typical occupational therapy intervention aimed at engaging people in their meaningful occupations while learning low vision strategies:

Focus on doing what you enjoy, know that when you don’t do these activities you might become depressed, so go ahead and reengage in doing what you enjoy. I’ll help train you to use low vision devices, make changes in your home such as lighting and high-contrast tape so that you can do what is important and meaningful to you, and at the same time increase your social activities; together, we’ll break your personal goals into more manageable steps.
Table 1. Comparison of the Concepts of Occupational Engagement and Behavioral Activation

<table>
<thead>
<tr>
<th>Occupational Engagement (AOTA, 2014)</th>
<th>Behavioral Activation (Rovner et al., 2014)</th>
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</thead>
<tbody>
<tr>
<td>Definition: Performance of occupations as a result of choice, motivation, and meaning within a supportive context and environment</td>
<td>Definition: Helping people to focus on activities they enjoy, to recognize that loss of those activities can lead to depression, and to reengage in those activities, maintaining an active social life</td>
</tr>
<tr>
<td>Choice and motivation</td>
<td>Choose activity you enjoy</td>
</tr>
<tr>
<td>Meaning of occupation</td>
<td>Loss of activity linked to depression</td>
</tr>
<tr>
<td>Perform occupations with supportive others</td>
<td>Reengage in activities in context of active social life</td>
</tr>
</tbody>
</table>

Note. AOTA = American Occupational Therapy Association.

Sounds pretty familiar, doesn’t it? We might benefit as a profession if we were more explicit about how we help people engage, just as the behavioral activation intervention explicates its process. As a profession, we have not been at the forefront of developing manualized interventions, perhaps because we value tailoring our interventions to each individual, even though manualizing tailored interventions does not exclude the interventionist’s skill at individualizing the intervention.

Think about how you practice. Is engagement something you think about tacitly and rarely discuss, rather than being explicit, developing manualized interventions, and testing them, as our colleagues in psychology and psychiatry do? Let’s step up and be more active in describing and defining how we actively engage people in their meaningful, necessary, and familiar activities of everyday life so that occupational therapy can add to the science of how engagement in occupation improves health and quality of life. Let’s share how we get a person living in a group home to begin to explore his or her neighborhood, access the public library, and find a part-time job or how we engage a timid grandmother to use public transportation safely so that she can attend her grandchildren’s concert, despite her multiple sclerosis. Let’s be explicit about how we facilitate engagement in the occupation of social participation for a child with anxiety so that he or she can successfully participate in Little League for the first time and how that child’s parents can work with the coach and other parents to be inclusive during practices. Engagement strategies may well be one of our greatest strengths as a profession, so think about systematically describing the ways a just-right challenge would best be designed.

Exploration as a Practice Strategy

Exploration happens when a person is activated to discover new ways to do everyday occupations. For some of us, encouraging exploration might be an explicit engagement strategy. Remember last year during our opening ceremony when Monte Bernardo talked about how he found that he could do what he used to do before he suffered the loss of his legs and one arm? He simply needed to find a way to do it differently. That is how his occupational therapist helped him find a new path to resuming participation in his meaningful occupations. Doing it differently and exploring what might work best for a person involves carefully guided choices, inventive collaborative problem solving, and skilled occupational therapy clinical reasoning.

Betty Hasselkus, in her 2006 Eleanor Clarke Slagle Lecture, helped us to understand the concept of everyday occupation even more deeply. She said,

> The small experiences of everyday life and everyday occupation have complexity, beauty, meaningfulness, and relevance to health and well-being that belie their aura of ordinariness and routine. For in the unique and small experiences that comprise each individual’s daily life, we, as occupational therapy personnel, can derive deep understandings about the nature of the lived occupational experiences of human beings and about human occupation more broadly. (p. 630)

This deeper look at occupation and how the person experiences it is important to fully understand all there is to explore and how we might help clients to mindfully reflect as they explore.

Empowerment as a Practice Strategy

Ultimately, we hope that our intervention leads people to develop skills, confidence, and a can-do attitude that empowers them to live life to its fullest. To me, the word empowerment embodies the notion that people, having discovered the power within them, are now able to carry out their life and find ways to fully participate. I have borrowed this next story from Carol Siebert, an occupational therapist who works in home health.

On April 1, 2015, Carol stopped at Lowe’s between patient home visits, and at customer service, the older gentleman in front of her was asking staff whether they had a handicapped department. It was apparent to Carol that the staff was hardly listening as he tried to explain what he was seeking—“My wife had hip surgery and the occupational therapist told me to . . . . ” Carol asked him...
specifically what he was looking for and told him she was an occupational therapist. His wife had been evaluated by a home health occupational therapist who recommended a hardware handle as a solution for a short-term need. Carol took him back to hardware, helped him find what the occupational therapist had recommended, and took him to the plumbing department to show him the short grab bars as a longer term solution, if needed. He opted for the handle and said he was just blessed to have run into Carol at Lowe’s. Carol responded, “You just made my [occupational therapy] month!”

One of the things I love about this story is that this man recognized how occupational therapy practitioners might well find a new place to market their services, at Lowe’s, Home Depot, and their local hardware store! An empowered customer and an empowered occupational therapist, finding creative solutions for everyday life, and didn’t Carol do our profession proud when she stepped up to offer her expert advice? Now if that employee at the service desk was really empowered, he or she would get Carol’s card, talk with the manager, and set up a weekly time for do-it-yourselfers to get expert advice on making homes safe and accessible for their family members, guided by their neighborhood occupational therapy practitioner.

Engagement and AOTA

Engagement, exploration, and empowerment—it’s what we do as occupational therapy practitioners. But how might we think about AOTA and our involvement as a profession across nearly 100 years? Let’s use these concepts to examine several of AOTA’s accomplishments during the past year.

In my 2014 presidential address, I proudly announced that for the first time since 1997, our AOTA membership numbers rose above 50,000 (Stoffel, 2014). During the past year, that number has been as high as 54,000, with growth noted in all three membership categories—occupational therapists, occupational therapy assistants, and students—with an overall growth of almost 6% in the past year.

When AOTA is viewed as an organization that provides value to its members and opportunities to enhance their knowledge, skills, and effectiveness while at the same time offering a warm welcome to members engaged in sharing their leadership and talents and developing advocacy and advanced practice skills, potential members not only join, but engage. I use the term engagement here to highlight the choice, motivation, and meaning that come together when one actively decides to be an engaged member of our professional community.

Social media give us many opportunities to demonstrate that choice and commitment to AOTA, and I enjoy watching the growing level of engagement in Twitter and Facebook discussions about how we communicate about our profession (“Because of occupational therapy”), celebrate active engagement (“I’m running for an AOTA office” pins or “I voted in AOTA elections”), and express excitement over the April 1 inclusion of occupational therapy as a category on the popular TV show “Jeopardy” to begin the celebration of Occupational Therapy Month just 2 weeks ago.

Member engagement can become contagious when active efforts toward capacity building are combined with real-world needs. Let’s take what has been happening in mental health practice and policy as an example. You may know that in 2010, the AOTA Board of Directors prioritized advocacy efforts around elevating occupational therapy’s contributions to mental health, resulting in a number of initiatives aimed at explicit federal recognition of occupational therapy practitioners as being qualified mental and behavioral health professionals as part of the National Health Service Corps, which would provide scholarships and loan forgiveness to occupational therapists serving in geographic areas with a high need for mental health professionals. Representative Paul Tonko from New York has been a significant leader advocating for occupational therapy in one initiative, called the Occupational Therapy in Mental Health Act. On Tuesday, April 14, 2015, the act was reintroduced (H.R. 1761; AOTA, 2015b).

In addition, during 2013, the Centers for Medicare and Medicaid Services included occupational therapy as a required service in its Conditions for Participation in the community mental health programs it funds, further strengthening the recognition of occupational therapy as contributing to important outcomes valued by society. More recently, the Substance Abuse and Mental Health Services Administration (SAMHSA) had a call for comments, virtual and in person, at a day-long listening session held at its headquarters in Rockville, Maryland, in mid-November 2014. The AOTA announcement about this session went out to members on October 29, 2014, and within the next week several hundred occupational therapy practitioners and students contacted SAMHSA to let it know that they wanted to be able to contribute to the conversation and support inclusion of occupational therapy in the standards for a new entity, Certified Community Behavioral Health Clinics.

Not only were we able to have three occupational therapists attend this hearing in person, but we were joined by occupational therapy supporters online who provided strong and convincing input that occupational therapy has a distinct role in facilitating active engagement of people with the lived experience of mental illness and substance abuse so that they can lead a life that includes the routines
and habits that support health, recovery, and full participation in everyday occupations in the community. Several of the speakers were people who talked about how occupational therapy made a difference in the lives of their family members who were working to overcome the disabling aspects of their mental and behavioral health challenges and are now able to return to school and work while living more independently in the community.

This outpouring of input and support was noticed and made a significant difference. When SAMHSA’s (2015) draft criteria were released in early February, occupational therapy was included on the list of staffing that should be considered by these centers, a great recognition of the role that occupational therapy can play in helping to achieve client-centered, outcomes-based goals for people pursuing mental health recovery. Our work is not yet done because the final criteria are due to be announced in May. We will need your continued ongoing engagement to work with our allies to ensure that occupational therapy is a part of the final criteria [as of publication of this article, occupational therapists are included in the final criteria; see http://www.aota.org/Advocacy-Policy/Congressional-Affairs/Legislative-Issues-Update/2015/community-behavioral-health-occupational-therapy-criteria.aspx]. We know that this would be a tremendous opportunity to strengthen our role in community mental health and provide meaningful employment for occupational therapy practitioners to work as part of the growing community mental health teams, including collaborative work with peer support specialists.

When engaged members use their voices and make a place at the table at which policies and programs are designed, they make it possible for occupational therapy to serve and make a difference in society. Engaged members made the difference in these efforts, and engaged AOTA staff facilitated this advocacy journey. In particular, I would like to acknowledge the contributions of AOTA Director of Legislative Advocacy Heather Parsons, who activated our occupational therapy community, and Al Guida, AOTA lobbyist, for his invaluable insights and relationships with the mental health policy community. I hope that this example of how membership engagement powerfully played out in the past year is one that will inspire others to join in our efforts, which expand far beyond mental health.

Exploration and AOTA

So what has been happening on the exploration side of AOTA during the past year? In our profession, exploration often follows engagement as one actively pursues new opportunities and possibilities.

Did you know that AOTA’s program with CarFit has grown to expose almost 9,500 older adults who might not otherwise know about occupational therapy to how we help promote safety in driving and community mobility? And did you know that we are helping the Canadian Association of Occupational Therapists explore replication of the CarFit program and that, further exploring the interest in older driver safety, 55 media stories have been generated since the beginning of this campaign in December 1–5, which was Older Driver Safety Week? Did you know that in December 2014, a total of 65 publications about occupational therapy appeared in 27 outlets with page views of 5 million or more? Exploring all avenues to help link the public and other professionals with occupational therapy is a worthy activity, especially with the reach that technology facilitates.

Another area of exploration currently under way is how we can expand our leadership development programs to other formats, including hybrid or online implementation. Preliminary plans for a five-module Mindful Path to Leadership program are being developed as a new continuing education offering. Just 5 years ago, AOTA launched its Emerging Leadership Development Program, and the outcomes associated with that program are being carefully tracked. If leadership is something you are interested in, explore the Community of Leaders reception tonight, and keep your eyes and ears open for new ways to connect and find mentors and colleagues who will open new doors with you.

Our AOTA Vice President Amy Lamb has worked with an ad hoc group of committed volunteers to develop materials highlighting the distinct value of occupational therapy for multiple communication venues during the past year (AOTA, 2015a). As you might guess, exploring language that captures the essence of occupational therapy and is inclusive of all the markets and stakeholders we serve has been quite a challenge, especially as that group solicits input and buy-in for its work. I want to thank Amy and all those who have participated in the Distinct Value Ad Hoc Committee for their groundbreaking work.

Empowerment and AOTA

Empowerment has been a growing theme in AOTA activities throughout the past year. I have personally seen empowered members participate in the many discussions that are taking place about educational paths to becoming an occupational therapy practitioner, both occupational therapy assistants and occupational therapists.

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Empowerment allows for critical discussions that will inform future actions of our AOTA Representative Assembly and important actions of the Accreditation Council for Occupational Therapy Education (ACOTE) as it begins the process of educational standards review. As engaged members, you embrace empowerment when you give important feedback to your elected representatives, directors, and officers. So many of the accomplishments of our association rest on the collaboration between volunteers and staff creating the practice tools, the communication tools, the continuing education programs, and the leadership development programs that make their way onto the AOTA website, into the AOTA store, and into our AOTA conference program.

Empowerment also plays a role in our profession’s research and scholarly initiatives. During the past year, it was exciting to see the number of empowered occupational therapy scholars who applied for and were funded in the most recent Intervention Research Grant Program sponsored by the American Occupational Therapy Foundation (AOTF) and highlighted by AOTF President Diana Ramsay at yesterday’s opening ceremony.

Looking to the Future: Engagement, Exploration, and Empowerment

How might engagement, exploration, and empowerment lead our association to future paths? I apply these concepts to important future directions that will allow us to more fully realize our Centennial Vision (AOTA, 2007). Let’s start again with engagement. During the past year, the data on how many occupational therapists, occupational therapy assistants, and occupational therapy students are in the United States were updated. Last year, AOTA used 140,000 as a benchmark. This year, 185,000 is the updated head count. And remember, the Bureau of Labor Statistics (BLS; 2014a) has said that by 2022, there will be a 29% increase in the need for occupational therapists and a 41% increase in the need for occupational therapy assistants (BLS, 2014b). So my earlier statement about the success in capturing as many as 54,000 members needs recalibration... and that is where our collective efforts are needed. We are working hard to show our appreciation to members, because member engagement strengthens our organization.

As engaged members, we need to influence our occupational therapist and occupational therapy assistant colleagues to step up and join us as equally contributing to the strength of our national association. Perhaps we need to set 100,000 as a membership target. Can you imagine how much more we could accomplish when all those voices are raised as one?! And can you imagine how much more social, intellectual, and financial capital we would have to make an impact and establish our profession even more?

Make a note to yourself about what you can do to build a culture of professional engagement during the next year as we move rapidly to 2017 and our centennial celebration. When we create a culture of professional engagement, membership in AOTA, state associations, and the WFOT are strengthened, and leadership opportunities are offered. If you are in a management position, you can also advocate for employer support of professional engagement and professional development. Building a culture of professional engagement will have an impact on a number of Centennial Vision (AOTA, 2007) goals—building power and leadership and communicating our Distinct Value to promote being widely understood. Professional engagement also feeds our evidence base and science-driven practice. The growth in intervention research will also grow the career scientist skill set so that occupational therapy scientists can compete more effectively for large-scale federal and foundation funds.

Professional engagement is also reflected in our giving patterns—for 30 years, we have supported advocacy through the American Occupational Therapy Political Action Committee, and for 50 years, we have supported research and scholarships through the AOTF, yet we know that past giving levels do not position us for the work that is needed to strengthen our future. Creating a culture of professional engagement through giving is another strategy that other professions recognize as important to shaping programs that support their future. A culture of professional engagement is especially important given the growth in occupational therapy education programs during the past decade. In the United States, ACOTE (2014) has reported that there are 166 accredited occupational therapy programs, some at multiple locations, and an additional 42 applicant and candidate programs are being developed and moving toward accreditation.

On the occupational therapy assistant side, the numbers are even higher, with 213 programs and 45 applicant and candidate programs being developed and moving toward accreditation. What can each of us do to support the quality of education and the quality of fieldwork education? How can we attract and influence a diverse and high-quality pool of future occupational therapy practitioners? A culture of professional engagement can spread the work that needs to be done. And when the culture of professional engagement includes all
generations of occupational therapy practitioners, all sorts of wonderful talents emerge. It’s been fun to see the videos and social media developed by our students and new practitioners that showcase diverse and globally connected messages like #IamOT. Who knows what new venues are down the road that will further enhance and synergize our efforts to support professional engagement?

Exploring our collective future is a targeted effort that was initiated last summer as we launched a new effort: Vision 2025. Given the rapid approach of 2017, it’s time to update our vision for the profession. During the past year, AOTA retained McKinley Advisors to facilitate an objective and research-driven visioning process to support the unveiling of an updated vision at our 2016 Annual Conference & Expo in Chicago. Some of you have already contributed to this important exploratory activity as interviews, focus groups, and an electronic survey targeted to a variety of audiences are being implemented. This comprehensive, organization-wide, and extensive process will allow us to look carefully and boldly to the future, building our capacity as an organization and building the capacity of our members.

Another area of important exploration has to do with our view of the changing health care system, our place in schools and communities, and how we best position the profession with regard to educational preparation and ongoing continuing competence and professional development. Critical conversations about the Board of Directors statement on a doctoral single point of entry for the occupational therapist, as well as consideration of what the level of preparation for the occupational therapy assistant should be, are taking place. Future actions about how we educate new practitioners have great importance to the profession and will shape our collective future in significant ways. How we best meet society’s occupational needs is an additional factor that needs expansive exploration. Creating a professional culture that embraces exploration will facilitate a profession that is constantly scanning the environment for opportunities, moving quickly to meet society’s occupational needs and promoting the profession as a positive force that makes real differences in the lives of people, families, communities, and organizations.

Exploration often leads to expanding boundaries, may be stretched by disruptive innovations, and might make it possible to create clearer outcomes. I am hopeful that by building a membership culture of professional engagement, we will optimize all that we learn from exploring opportunities for achieving excellence in occupational therapy, both here in the United States and worldwide. A global perspective is key to exploring society’s occupational needs. We learn much from connecting with other parts of the world and seeing how our similarities and differences might give way to new ways of being occupational therapy practitioners; of who we think of as our clients; and of how we can build the science that supports health, quality of life, and participation. Exploration keeps us relevant, fresh, and vibrant as a profession.

How might empowerment create new futures in occupational therapy? When we attract and prepare a workforce that is empowered to lead, shape, and embrace exploration and innovation, occupational therapy thrives. Are we ready to move toward a future in which, perhaps, an occupational therapy scientist is awarded the Nobel Prize? In which Congress has occupational therapy practitioners in both the House of Representatives and the Senate? In which chief executive officer positions of major health, education, and human services organizations are held by women and men who in their earlier careers were in an occupational therapy role? In which the NIH, the Patient-Centered Outcomes Research Institute, and future research funding sources announce that 30% of their lead studies are headed by occupational therapy principal investigators? In which product development for everyday life tools are headed by designers with a background in occupational therapy and universal design? If we had more time, I could go on and on, but I hope that my thoughts are igniting yours . . . because I hope that our future holds a clearly lit path to empowerment as a core attitude of all occupational therapy practitioners.

It’s time for me to start closing, but first I need to say thank you to a number of people who are here, and others who are here in spirit. I want to thank you for the support and challenge that you provide me with as I grow into this role as AOTA president. I want to thank you for contributing your resources, time, and talent as members of AOTA and supporters of occupational therapy. I want to thank Amy Lamb, who has served us all as AOTA vice president, and who I am looking forward to working with this next year as AOTA president-elect, and all of the members of our AOTA Board of Directors, who, with the AOTA staff and senior management team, help our dreams become realities. I want to thank each of you who has helped to build our culture of professional engagement as you contributed in your roles on the official, ad hoc, and informal AOTA bodies who carry out the work of the organization.

I want to thank my University of Wisconsin—Milwaukee family—faculty, students, and staff who share me with you—and my family and friends who were able to join us today: my husband, Bob; sons Brian, Eric, and Adam; daughter-in-law Ali and granddaughter Lucy; my six sisters, Sue, Maureen, Kathie, Angel, Betsy, and Annie; my book club friends who are attending their
third occupational therapy conference, Carol and Martha; and my sister-in-law, Cindy, whose photography enriches many of my occupational therapy presentations.

Engagement, exploration, empowerment. It is my honor to serve as AOTA president as we build a culture of professional engagement, embrace exploration, and ignite empowerment. In turn, these strategies will strengthen occupational therapy and our collective future to meet society’s occupational needs. ▲

References


Occupational Therapy in Mental Health Act of 2015, H.R. 1761, 114th Cong.

