The Response of the Occupational Therapy Profession to the Truth and Reconciliation Commission's Health Calls to Action

Monique Elizabeth Lizon, MSc. OT, MPH

A thesis presented to Lakehead University in fulfillment of the thesis requirement for the degree of Master of Public Health with Specialization in Indigenous and Northern Health

January 2024

Acknowledgements

This Master of Public Health thesis represents an ongoing journey of unlearning and learning that started in March 2014 with experiences that were seminal in shaping new worldviews and changing the trajectory of my career within healthcare and as an occupational therapist. Since the release of the TRC Calls to Action in 2015, there has been an increase in the acknowledgement and recognition of the impacts of ongoing colonialism on the health of Indigenous Peoples and the importance of responding to the Calls to Action. While there is evidence of progress, there is still much work to be done. It is hoped that this research supports the occupational therapy profession to continue to be accountable and to engage in the shared responsibility of reconciliation.

First and foremost, thank you to my supervisor Dr. Rebecca Schiff for your patience, support of this work, and the encouragement to engage in research that is meaningful to both myself and to the occupational therapy profession. To my committee members, Dr. Helle Møller and Kaarina Valavaara, I would like to extend my sincere appreciation for your guidance, time, and feedback on my research. To my external examiner, Dr. Laura Bulk, thank you for your review and support of this research and for your invaluable feedback. I look forward to continuing this work with occupational therapists across Canada.

I would also like to acknowledge the study participants and thank each participant for their willingness and openness to sharing their experiences and current progress regarding reconciliation- regardless of their stage within the reconciliation journey. Finally, thank you to my family and friends for their ongoing support and encouragement to continue this work during a time of uncertainty and significant change.

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Chapter 1: Introduction & Overview

Introduction and Rationale

For over a century, the central goals of Canada's Indigenous policies were to eliminate Indigenous governments, rights, and treaties, and through this process of assimilation cause the extinction of Indigenous Peoples (Truth and Reconciliation Commission [TRC], 2015). Residential schools were a central component of this assimilation process, which can best be described as "cultural genocide" (TRC, 2015). The Truth and Reconciliation Commission (TRC) describes *cultural genocide* as the "destruction of those structures and practices that allow [a] group to continue as a group" (TRC, 2015, p. 1). The Canadian government worked to remove Indigenous children from their homes, sending them to residential schools with the main purpose of breaking the connections to their culture and identity. For residential school students, neglect, lack of supervision, and physical and sexual abuse were common within the schools, along with discouragement and prohibition of engaging in traditional practices and speaking their own languages (TRC, 2015). Canada further pursued and supported the goal of cultural genocide in relation to Indigenous Peoples to remove itself from legal and financial obligations and to gain control over land and resources (TRC, 2015). Due to policies under the Royal Proclamation of 1763, Indigenous Peoples reserved all land not ceded by or purchased from Indigenous Nations. Between 1871 and 1921, Canada negotiated 11 treaties with Indigenous Peoples which provided the Crown with land for industrial and settler development in exchange for various promises including special rights to treaty land and distribution of resources.

In 2008, the Truth and Reconciliation Commission of Canada was established under the terms of the *Indian Residential Schools Settlement Agreement* between former residential school students, churches, Indigenous organizations, and the Government of Canada (Government of

Canada, 2021). The settlement agreement, the largest class action settlement in Canadian history, recognized the harms and damages imposed on Indigenous Peoples by the implementation of residential schools, and established a fund to support former students in recovery and to work towards reconciliation. It is this fund that allowed for a five-year Truth and Reconciliation Commission to travel across Canada to listen to and document the residential school experiences of Indigenous individuals, families, and communities.

In 2015, the TRC (2015) published a final report, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada*, which summarizes the findings of the Commission in relation to the historic relationship between Indigenous Peoples and the Government of Canada. In response to the findings, the TRC report (2015) presented 94 Calls to Action to address concerns related to education, child welfare, health, and justice, and to engage Canadians in the process of reconciliation.

Prior to the release of the TRC findings, there were reports and documents which addressed Indigenous health concerns and the relationship between Indigenous and non-Indigenous Peoples in Canada; these included the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) (2008) and the Royal Commission on Aboriginal Peoples (RCAP) (1996). Despite the urgency to address the health needs of Indigenous Peoples outlined within these documents, Indigenous Peoples in Canada continue to experience widespread inequities relating to all aspects of their lives in comparison to non-Indigenous populations (TRC, 2015). Indigenous health disparities are in large part due to Canada's colonial history and the resulting inequities in the social determinants of health e.g., decreased access to health care, educational opportunities, safe housing etc. (Greenwood et al., 2015; Kim, 2019; Loppie &

Wien, 2022). The residential school system and Canada's deleterious Indigenous policies stand as one of the most compelling examples of the impact of colonialism on the overall health of Indigenous Peoples (Kim, 2019).

"Indigenous Peoples" used throughout this thesis refers to First Nations, Inuit, and Métis peoples of Canada. The term was chosen as it is a preferred term closely linked with activist efforts in Canada and is also used in international contexts e.g., the United Nations Declaration on the Rights of Indigenous Peoples. The researcher acknowledges that Indigenous Peoples are the original in-habitants of Canada and are distinct groups with unique languages, histories, and traditional practices. "Aboriginal Peoples" will be used when reflected in literature under discussion and when referring to formal government policy and/or documents. It is acknowledged that the most respectful approach related to terminology is to learn and use the specific and preferred language for a population or cultural group when possible.

Healthcare professions, including occupational therapy, need to respond to the Calls to Action outlined by the TRC (2015) and to address the health needs of Indigenous Peoples across Canada. Occupational therapists are well positioned to engage in the process of reconciliation (Restall et al., 2016; Canadian Association of Occupational Therapists [CAOT], 2018) as the profession promotes values such as collaborative relationship-focused practice (Egan & Restall, 2022) and works to challenge the dominant biomedical model in healthcare (White & Beagan, 2020). However, it must also be acknowledged that the profession is situated and rooted in Western frameworks and ways of knowing (Hammell, 2019). To further support the position of the profession with respect to reconciliation, occupational therapists can play a role in advancing Indigenous Peoples' health via advocating for and applying culturally safer practices and policies on a local, provincial/territorial, and national level (CAOT, 2018a).

In the occupational therapy context in Canada, there are established professional associations at both a provincial/territory and national level to support professional practice and to advocate for various practice concerns on behalf of the profession (refer to Appendix A for a flowchart outlining occupational therapy associations and organizations in Canada) (CAOT, 2016a). At a provincial/territorial level, there are currently 11 professional associations across Canada e.g., Ontario Society of Occupational Therapists (OSOT). At a national level, there is currently one association, the Canadian Association of Occupational Therapists (CAOT) that supports occupational therapists and occupational therapist assistants who work or study in Canada. CAOT provides products, services, and learning opportunities to assist the occupational therapy profession in achieving excellence in practice and provides leadership in the development and promotion of the profession, both on a national and international level (CAOT, 2016b). The provincial/territorial professional associations along with CAOT form the Alliance of Canadian Occupational Therapy Professional Associations (ACOTPA) (CAOT, 2016a).

In addition to professional associations, occupational therapists across Canada can join practice networks to build capacity related to a specific area of interest and to lobby for occupational therapy services in various practice areas (CAOT, 2016c). The Occupational Therapy and Indigenous Health Network (OTIHN), supported by CAOT and at the time of completing this thesis, is a national network of Indigenous and settler ally occupational therapists with an interest in providing leadership and support for occupational therapy research, education, and practice with and for Indigenous Peoples (CAOT, 2016d). In addition to membership with professional associations and practice networks, occupational therapists are required to register with provincial regulatory organizations that oversee occupational therapy practice standards across Canada e.g., College of Occupational Therapists of Ontario (COTO). Together the

regulatory organizations across Canada form the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO) (CAOT, 2016e).

This thesis (refer to Appendix B for thesis overview) worked towards identifying the current state of the response to the TRC (2015) health Calls to Action by occupational therapy professional associations and regulatory organizations and identifies next steps to engage and advocate for the role of the profession within the process of reconciliation. Specifically, the project identified how occupational therapy professional associations and regulatory organizations have addressed Indigenous health equity across Canada and highlighted current commitments or action plans with an intent to respond to the Calls to Action. At a provincial/territorial and national level, the occupational therapy profession must be accountable to address Indigenous health inequities through the promotion of and advocating for inclusive practices and policies to support equitable and culturally safer practices in health care in Canada (CAOT, 2018a).

Positionality

To engage with research related to Indigenous health equity, it is important to outline how my (the researcher) positionalities or worldviews may cohere or diverge from my research inquiry and process (Datta, 2018). It is important to outline my position to uncover how my identity influences, and potentially biases, my approach (Creswell & Poth, 2018) to Indigenous health research. Within qualitative research, there is a need for researchers to "position" themselves and engage in self-understanding about the biases, values, and experiences that influence the research study (Creswell & Poth, 2018). I am a female healthcare professional who was born and raised, and continues to live in southern Ontario, Canada. I was born to a first-generation father of European descent and to a mother of British and Scottish heritage. My

siblings and I were raised in a nuclear family in a predominantly white town, with minimal exposure to other cultures. During my formative years, my worldviews were shaped predominately by Western norms and holistic health values (holistic health is personally defined as not simply the absence of a disease or illness but a focus on the person as a whole).

My held worldviews remained relatively unchanged until I entered a professional master's degree program wherein I was required to complete student practicums in a variety of practice settings and environments throughout Ontario. During my practicums, I had the opportunity to live and study in Northwestern Ontario (Sioux Lookout and Thunder Bay). It was during this experience that I was first exposed to the significant health inequities between Indigenous and non-Indigenous peoples. Following this experience, I further had the opportunity to complete a student practicum at a health centre on Six Nations of the Grand River reserve near Brantford, Ontario. These experiences proved seminal in shaping my worldviews to include other perspectives and beliefs related to health and wellbeing. Moreover, these experiences increased my foundational knowledge related to the marked diversity of Indigenous Peoples across Ontario and shifted my health perspectives to consider the significant impact of the social determinants of health.

As an occupational therapist, I acknowledge that my professional background and training are grounded in white, middle-class, and Western norms and values. As such, it is imperative that I engage in critical reflexivity and work to increase my awareness of my unconscious biases. Critical reflexivity is a path to identifying and unlearning worldviews that can be harmful to particular groups (Beagan, 2015) and is necessary to examine the assumptions and biases within a person and their profession, such as occupational therapy, that can impact practice (White & Beagan, 2020) and interactions. Within the occupational therapy literature,

critical reflexivity, coupled with cultural humility, has been proposed as a component to decolonizing research (Gerlach, 2018), an approach to translate reflection into action, and to acknowledge how Western worldviews dictate practice (Beagan, 2015; Hammell, 2013). I also must disclose that following the completion of the interview component of my thesis, I accepted the position of policy analyst within the Advocacy team at the Canadian Association of Occupational Therapists. While this position did not influence the development of my thesis project, thesis proposal or interviews with research participants, the position has provided me the opportunity to experience and witness firsthand the actions and challenges of occupational therapy leadership organizations in responding to the TRC Calls to Action and engaging in the process of reconciliation. To manage any identified conflict between my research and employment position, I met with my supervisor to discuss strategies e.g., focusing my analysis on the objective information gathered from interviews and to ensure transparency, identified any areas wherein my employment experiences may impact my understanding of the data and/or my thematic analysis.

In addition to my current employment and educational background, it is further important that I acknowledge and be aware of my privilege as a settler (Bonds & Inwood, 2016) and outline how I continue to engage in professional development to address identified knowledge gaps. At present, I have continued to seek out and complete trainings related to Indigenous health and cultural safety and was an active member (throughout my thesis work) of a national practice network, the Occupational Therapy and Indigenous Health Network (OTIHN) and the Canadian Association of Occupational Therapists (CAOT). The OTIHN, alongside the CAOT, supports occupational therapy practice and advocacy with and for Indigenous Peoples in Canada (CAOT, 2016d). In addition, I was fortunate to have the opportunity to invite a Métis occupational

therapist as one of the members of my thesis committee to provide the perspective of an Indigenous occupational therapist. In completing my Master of Public Health coursework and thesis, I hope to contribute to the work of occupational therapists across Canada in supporting and advocating for the role of the profession in responding to and addressing Indigenous health inequalities.

Literature Review

The literature review was completed using key databases (ProQuest Nursing & Allied Health Database, PubMed, Medline and CINAHL) and various search terms including "occupational therapy", "reconciliation", "Indigenous health" and "health equity". Inclusion criteria was the presence of any keywords or themes related to the research topic and articles with the primary location of Canada. Exclusion criteria included any articles that did not include keywords or were in formats other than research articles e.g., book reviews, presentation abstracts etc. In addition to the systematic search of peer-reviewed literature, the references of the articles were examined to identify any additional relevant articles. Due to a lack of peer-reviewed literature available in this research area, grey literature was identified and reviewed via a search of an occupational therapy professional practice magazine (Occupational Therapy Now) and the webpages of Canadian occupational therapy professional associations and regulatory organizations. Articles were reviewed and information related to reconciliation was highlighted, as were any actions or responses to the Calls to Action identified by occupational therapy professional associations or regulatory organizations. The researcher further made notes of content that would require additional research and exploration to enhance an understanding of the reconciliation journey in Canada within the healthcare system. The literature review is

presented and organized below using key themes identified from the review and based on the research topic.

Indigenous Health Inequities

Indigenous Peoples in Canada experience widespread inequities relating to all aspects of their lives in comparison to non-Indigenous populations (TRC, 2015). The health of Indigenous Peoples in Canada has been defined as poor, with shorter life expectancies (Tjepkema et al., 2019), and higher rates of illness, injury, and suicide when compared to non-Indigenous Canadians (Axelsson et al., 2016; Public Health Agency of Canada, 2018; Reading & Wien, 2009). Despite the existence of policy and frameworks for the delivery of health services, the current reality is that Indigenous perspectives on health and wellness are not incorporated into mainstream healthcare, and the experience of individual and systemic racism within health systems are significant contributing factors to Indigenous Peoples' experiences of health care (Allan & Smylie, 2015; Fijal & Beagan, 2019). It is further argued by Lafontaine and Lafontaine (2019) that inequities continue to exist within healthcare systems and benefit special interest groups that would otherwise not benefit from a healthcare system reform. Further, many Indigenous Peoples experience stigma, hostile treatment, discrimination, disrespect, culturally inappropriate care, and a lack of understanding in healthcare environments (Fijal & Beagan, 2019), which can lead to the avoidance of mainstream healthcare services. Due to these experiences, Indigenous Peoples may not feel safe or respected when they do choose to access healthcare services (Fijal & Beagan, 2019). As such, the health of Indigenous Peoples is significantly impacted not only by the various social determinants of health, but also other social and political factors that structure the healthcare system such as ongoing colonial laws and policies, and systemic racism (Paradies, 2016; White & Beagan, 2020). These structural

determinants of health continue to drive health inequities as they shape the ways in which resources are distributed within society, which in turn, provide individuals with greater or lesser control over their health (Public Health Agency of Canada, 2020).

Social Determinants of Health

The social determinants of health include features of the social conditions in which people live and access their health systems (World Health Organization [WHO], 2010). These determinants are responsible for the inequitable and avoidable differences in health status. However, it is crucial to note that health inequities are preventable, systematic, and socially produced differences in health between and within populations (WHO, 2010). Research focused on examining health differences between and within countries has shown that health inequities secondary to social determinants of health are not fixed or unchangeable (Jull & Giles, 2012). As a result, there is an opportunity for policy makers at various levels to make changes to the social and structural determinants of health, including improvements to the broader conditions within which people live and work e.g., housing, employment, food security. In fact, research suggests that with such an approach, health inequities can change within societies and between nations (Jull & Giles, 2012).

Indigenous Peoples in Canada experience substantial health inequities relative to non-Indigenous Peoples (Kim, 2019; Kitching et al., 2020; Reading & Wien, 2009). It is well documented by researchers and governments since early colonization, that there has been a rapid decline in the overall health of Indigenous Peoples (Royal Commission of Aboriginal Peoples [RCAP], 1996; Reading & Wien, 2009; TRC, 2015). Despite this knowledge, Indigenous ancestry remains listed among the social determinants of health outlining that simply being Indigenous can significantly impact health status (Mikkonen & Raphael, 2010). However, it is

important to note that ancestry does not inherently impact health but, in fact, health is impacted by the marginalization and discrimination of populations by those in positions of power. In addition to the experience of the social determinants of health, Indigenous Peoples are impacted by other determinants beyond the social (as previously mentioned structural determinants of health) including racism, colonization, and colonialism (Loppie & Wien, 2022; Reading & Wien, 2009).

The relationships between Indigenous and non-Indigenous peoples in contemporary Canadian society are shaped by a colonial past and present (TRC, 2015). It is important to learn how the health and wellness of Indigenous Peoples continues to be impacted by Canada's colonial history of policies and programs aimed at the assimilation of Indigenous Peoples into the Canadian culture (Allan & Smylie, 2015). The TRC (2015) identifies the residential school system as one of the most devastating programs designed to support assimilation as Indigenous children were removed from their communities to attend the schools. For children who attended residential school, life was highly regimented, discipline was harsh, and the ability to speak their language and practice their culture was suppressed and denied (TRC, 2015). In addition, residential schools were often remotely located far from their families and the buildings were poorly maintained, and school staff were limited in numbers and lacked adequate training and supervision (TRC, 2015). As a result of attending residential school, many Indigenous Peoples experience ongoing trauma leading to physical and mental health concerns, addictions, lower educational achievement, poverty, and a loss of traditional practices (Allan & Smylie, 2015; Loppie & Wien, 2022; TRC, 2015). Despite closure of the last residential school in Canada in 1996, the outcomes listed above continue to be exacerbated by intergenerational trauma and by the ongoing impacts of current colonial and assimilation policies (Reading & Wien, 2009).

Indigenous cultures often emphasize the intergenerational nature of wellness (Viscogliosi et al., 2020) which continues to be impacted by racist and oppressive colonial structures and systems leading to a severing of connection to family, culture, and community that, today, continues to impact Indigenous communities via intergenerational trauma.

Access to health services is another significant concern for Indigenous communities in Canada, limited by socio-economic inequities, geographic location, lack of suitable staffing and infrastructure, and language and cultural barriers (National Collaborating Center for Aboriginal Health [NCCAH], 2011) and the experience of individual and systemic racism (Allan & Smylie, 2015). In the context of contemporary Indigenous health, Canada's legislation has normalized the uneven distribution of health funding and a decreased access to services and resources, creating disparities in health in comparison to non-Indigenous peoples (Allan & Smylie, 2015; National Collaborating Centre for Indigenous Health [NCCIH], 2019). Additionally, the Auditor Generals' *Report on Access to Health Services in Remote Communities* identified significant concerns about the quality of care in remote First Nations communities (Office of the Auditor General of Canada, 2015). The report highlighted a number of critical issues related to the provision and management of health care including the inability or unwillingness of the government to ensure the competency of service providers and low perceived safety of health care facilities (Office of the Auditor General of Canada, 2015).

The Inuit and Métis populations in Canada experience similar health-related challenges due to the social determinants of health. According to Inuit Tapiriit Kanatami (2015), a number of social determinants are particularly important for Inuit populations including access to health care, food security, and housing. Access to health care is often limited and many communities experience less access to medical specialists and/or diagnostic testing, a lack of long-term care

options, and a lack of adequate cultural orientation for healthcare providers that are accessible (Inuit Tapiriit Kanatami, 2015). As a direct result of the lack of access to adequate health care and the impact of other social determinants of health, the health and life expectancy of Inuit populations in Canada is well below the Canadian average (Inuit Tapiriit Kanatami, 2015). Similarly, Métis populations experience a lack of acceptable and available access to culturally safe health care and often experience additional jurisdictional limitations that do not recognize Métis identity and rights (NCCAH, 2011). In 2020, Indigenous Services Canada [ISC] released Community Well-Being Index (CWB) scores which represents composite score for communities based on characteristics such as income, education, housing quantity etc. and revealed that scores for Métis communities remains well below non-Indigenous community scores (ISC, 2020).

Across Canada, Indigenous Peoples have been subjected to Western "intervention" within the healthcare system. Racist beliefs as well as political, social, and economic factors shape the majority of healthcare practices, creating a level of justifiable distrust in colonial structures, including health institutions. At present, many health professionals may continue to ignore the cultural contexts of clients or patients (unknowingly or intentionally) leading to a perpetuation of colonial relationships and negative health outcomes (Smylie & Firestone, 2016). Beagan (2021, p. 411) expands upon social and health inequities experienced by Indigenous populations stating that these inequities are the result of cultural differences as opposed to the result of "oppression, income disparities, racism, stigma, and other sociopolitical structures". Moreover, Beagan (2021) highlights that there is an over emphasis on culture and how it shapes the beliefs and practices of an equity seeking group while remaining far less impactful on shaping the beliefs and practices of dominant groups. As a result, it is important to work towards uncovering the inequitable power relationships experienced by equity seeking groups to enact

change. An example of such inequitable power relationships in the healthcare system is the experiences and anticipation of racist treatment by healthcare providers; this acts as yet another barrier to accessing health services (Allan & Smylie, 2015). In a study completed by Kitching et al. (2020), there is evidence of pervasive experiences of discrimination by healthcare providers, with 28.5% of the Indigenous population within Toronto, Ontario reporting to have experienced discrimination. The study further found that Indigenous Peoples in urban settings may be at a higher risk of not accessing or receiving health care when needed due to an increased risk of discrimination in urban settings (Kitching et al., 2020). Indigenous populations have the right to equitable healthcare without prejudice or discrimination and as such, further review of access to healthcare and present barriers is required within the healthcare system (Phillips-Beck et al., 2020).

As access to healthcare is widely acknowledged as a social determinant of health (Commission on Social Determinants of Health [CSDH], 2008; NCCIH, 2019; United Nations Declaration on the Rights of Indigenous Peoples [UNDRIP], 2008), it is important to work towards increasing access to healthcare services using culturally safer approaches to mitigate the impact of racism and discrimination experienced by Indigenous Peoples (Allan & Smylie, 2015). Implementation of culturally safer practices across all levels of healthcare is required to respond to the racism within the healthcare system and to work towards decolonizing health practices. One strategy to work towards implementation of safer practices and to close the health equity gap experienced by Indigenous Peoples, is to review and support current policies and policy recommendations aimed at increasing the self-governance and management of Indigenous health services.

Indigenous Health Policies and Strategies

To date, there have been several policies and strategies created to address the health disparities experienced by Indigenous Peoples including the Royal Commission on Aboriginal Peoples (RCAP) (1996), the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) (2008), and the Truth and Reconciliation Commission of Canada (TRC) (2015). The policies and recommendations, with a review of current progress, will be outlined below.

Royal Commission on Aboriginal Peoples

In 1991 the federal government established the Royal Commission on Aboriginal Peoples (RCAP) (1996) with the objective of restoring justice to the relationship between Indigenous and non-Indigenous people in Canada. The RCAP was created to help restore justice to the relationship through the recommendation of practical solutions. The Commission's final report was released to the public in November 1996 following years of consultation with Indigenous and non-Indigenous stakeholders across Canada. The RCAP report recommended fundamental changes in the Government of Canada's approach to First Nations, Inuit, and Métis peoples. The changes included a call to recognize the inherent moral, historic, and legal rights of Indigenous Peoples to self-determination and hundreds of additional specific recommendations including health-related changes (RCAP, 1996). Previous reports of the Commission dealt with such topics as Indigenous land, the Canadian justice system, the High Arctic Relocation, the Crown's land claims policies and processes, and the legal and constitutional issues relating to Indigenous self-government.

During its review of Canadian healthcare systems, RCAP (1996) identified healthcare models as reflecting oppressive values as they failed to recognize Indigenous Peoples' cultures. The RCAP (1996) found mainstream healthcare approaches to be unable to understand or fully

meet Indigenous Peoples' health needs. The RCAP questioned whether Western models of healthcare delivery alone would be insufficient for understanding and addressing Indigenous populations' needs for health and wellbeing (RCAP, 1996). Since the release of the report in 1996, there has been slow progress and a general lack of implementation of the recommendations by the Government of Canada (Smylie & Firestone, 2016). Despite the RCAP "collecting dust" with respect to the implementation of recommendations, it has been used in many legal cases that have asserted Indigenous rights in Canada and continues to offer guidance with respect to supporting Indigenous communities (Muzyka, 2021).

United Nations Declaration on the Rights of Indigenous Peoples

More than a decade following the release of the RCAP, the United Nations responded to the issues of Indigenous Peoples' rights with the creation of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) (2008). It is important to note that UNDRIP was first established in 1982 as a Working Group on Indigenous Populations and was overseen by a main subsidiary body of the United Nations Commissions on Human Rights. The Working Group was established following the result of a study focusing on the discrimination, oppression, marginalization, and exploitation faced by Indigenous Peoples globally. UNDRIP (2008) states that Indigenous Peoples have the right to enjoy the highest attainable standard of health, tasking governments with taking the steps to fully realize this right (United Nations, 2008). Initially, Canada voted against the UNDRIP along with Australia, New Zealand, and the United States. In May 2016, the Government of Canada changed its position on UNDRIP and stated that the Declaration will be adopted in full and will work towards implementation within the laws of Canada. At this time, there was significant confusion and uncertainty as to what it means to

implement the Declaration within Canada due to concerns about the compatibility of UNDRIP with Canada's legal and political structures (Favel & Coates, 2016).

Following adoption of the UNDRIP (2008), the dignity and rights of Indigenous Peoples were affirmed and there is a consensus that UNDRIP should call on governments to account for the support of Indigenous rights in policy and practice (George et al., 2019). According to UNDRIP (2008), services and solutions must be led by Indigenous governments, organizations, and people. This statement is based on the self-determination and self-governance of Indigenous Peoples, as well as by the recognition of an inherent right that exists independent of any statute or legislation. As such, the colonial mindset by which Indigenous leaders ask for permission and the state gives permission must end (UNDRIP, 2008).

In June 2023, the Government of Canada announced the release of the UN Declaration Act Action Plan, with the intent to provide a roadmap for the implementation and achievement of the objectives outlined by the UN Declaration (Government of Canada, 2023). The Action Plan sets out commitments to actions and measures that Canada will complete with Indigenous Peoples to implement the rights and principles outlined in the UN Declaration. More specifically, it includes measures to advance self-determination and self-government, advance implementation of treaties and agreements, ensure meaningful participation of Indigenous Peoples in decision-making processes, and revitalize Indigenous languages, culture, and legal systems. The Government of Canada states its commitment to fully implementing the Action Plan to advance transformative change and reconciliation.

The Truth and Reconciliation Commission of Canada

The Truth and Reconciliation Commission was established in June 2008 with a mandate to learn and inform all Canadians about the impacts of the events and experiences within

residential schools on Indigenous children, families, and communities. The TRC was established as part of the *Indian Residential Schools Settlement Agreement*, the largest class-action settlement in Canadian history, between the federal government, churches, and former residential school students. In 2015, the Truth and Reconciliation Commission (TRC) of Canada published *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada*, which summarized the findings of the Commission in relation to the historic relationship between Indigenous Peoples and the Government of Canada (TRC, 2015). The Commission travelled to all parts of Canada to hear from Indigenous Peoples who were taken as children from their homes and communities and placed in the schools. The Commission reviewed documents and obtained testimony from over 6,750 witnesses, who described the historical and ongoing legacy of colonization that included the loss of land and Indigenous government structures, languages, and spiritual practices. The Commission officially concluded in December 2015 with the publication of a multi-volume final report that concluded that the residential school program operated across Canada amounted to cultural genocide and was a key strategy of the Government of Canada's assimilation policy (TRC, 2015).

Regarding progress on realizing the health related TRC Calls to Action, there has been moderate progress (Assembly of First Nations, 2020). According to the Calls to Action Accountability: A 2022 Status Update on Reconciliation report by Jewell and Mosby (2021), only two Calls to Action were completed by the federal government in 2022, with a total of 13 completed since the release of the TRC (2015). The authors of the report state that at the current rate of progress, it will take 42 years, or until 2065, to complete all Calls to Action. It is outlined in the report (and in the 2021 report) that progress and reconciliation work is focused on

symbolism and not structural change due to incomplete data and empty promises from all levels of government (Jewell & Mosby, 2021).

The TRC (2015) and the United Nations Declaration on the Rights of Indigenous Peoples (2008) state that Indigenous Peoples have the right to equitable healthcare and as stated in federal government treaties, should have the protection from interference with traditional ways of life and ways of knowing (TRC, 2015). To work towards equitable healthcare and to engage in the process of reconciliation without interference, the TRC released 94 Calls to Action to guide and support the process. The recommendations of the report call upon all levels of government to engage in partnership with Indigenous Peoples through action steps related to child welfare, education, health, language and culture, and the legal system. Seven of the recommendations are specific to health (refer to Appendix D for a chart outlining the health Calls to Action). The health recommendations from the TRC built upon the recommendations outlined by the RCAP and call for the explicit acknowledgement of causal links between Indigenous health inequities in Canada and government policies, as well as the recognition and upholding of Indigenous rights to healthcare (TRC, 2015). The TRC (2015) further advocates for the co-development of goal setting and progress reporting to close health equity gaps with Indigenous Peoples and partners (TRC, 2015).

As relationships between Indigenous and non-Indigenous peoples are impacted by ongoing colonization and systemic racism, all Canadians must educate themselves to move towards reconciliation and foster mutually respectful relationships. As stated within the report, “We are all Treaty people who share responsibility for taking action on reconciliation. Without truth, justice, and healing, there can be no genuine reconciliation” (TRC, 2015, p. 12). The TRC defines reconciliation as “coming to terms with events of the past in a manner that overcomes

conflict and establishes a respectful and healthy relationship" between Indigenous and non-Indigenous peoples in Canada (TRC, 2015, p. 6). To work towards reconciliation, the Calls to Action challenge all healthcare professionals to recognize and value Indigenous healing practices as a step to move towards providing culturally safer services and care. It is imperative that healthcare professionals focus on implementation of culturally safer services to begin to or continue to address barriers experienced by Indigenous Peoples within the healthcare system.

Cultural Safety to Address Racism in Healthcare for Indigenous Peoples

The TRC (2015) places the onus on healthcare professionals to increase their knowledge and understanding of Indigenous approaches to health and wellness, and to reduce health inequities through culturally safer practices. According to Muñoz (2007) culture is profoundly and inextricably tied to matters of health and as such, is a significant consideration for engaging in a therapeutic relationship with all individuals. The concept of cultural safety was developed in 1988 in New Zealand by Maori nurses in response to the colonial experiences and subsequent poor health of the Indigenous Peoples of New Zealand (Papps & Ramsden, 1996). The objectives of cultural safety concepts were to change the way in which healthcare was delivered and incorporated into nursing curricula (Papps & Ramsden, 1996) and is an approach that is found within current Canadian health literature and practice (Gerlach, 2012; Jules & Giles, 2012). Cultural safety refers to what is felt or experienced by a client when a healthcare provider communicates in a respectful, inclusive way, empowers the client in decision making, and builds a healthcare relationship in which the client and provider work together to ensure effectiveness of care (Jules & Giles, 2012; National Aboriginal Health Organization [NAHO], 2008). It requires moving beyond sensitivity and awareness of cultural differences to analyzing power imbalances, discrimination, and the lasting effects of colonization on social, economic, political,

and health inequities (Gerlach, 2012). Cultural safety resists reducing differences pertaining to "culture". Instead, it emphasizes the social relations that shape and determine experiences and outcomes embedded in the policies, practices, and everyday procedures of health care (Gerlach, 2012). Cultural safety can only be achieved when healthcare providers become aware of and question their personal and professional assumptions and beliefs that maintain inequities in a healthcare relationship. Finally, it is important to highlight that cultural safety has been promoted primarily for use in the context of Indigenous health (Jull & Giles, 2012) and clearly outlines that dominant groups and healthcare cultures are expected to change and adapt, not Indigenous Peoples (Gerlach, 2012). As such, it is imperative that healthcare professions, including occupational therapy, determine how best to change and adapt to the current healthcare needs of Indigenous Peoples while ensuring the implementation of culturally safer practices.

In the field of occupational therapy, there has been a recent increase in discussions related to culture and diversity, and an acknowledgement that the profession must move beyond cultural competence as the dominant approach to progress towards cultural humility and critical reflexivity (Beagan, 2015; Singh et al., 2022; White & Beagan, 2020). Cultural humility and critical reflexivity offer promise for practice as they attend to "structured power relations, application beyond ethnicity, and insistence that the problem of diversity…is always an instantiation of historical and current structural relations" (Beagan, 2015, p. 5). In addition, Beagan (2015) states that there is little research related to a client's experience of culture and diversity and on the therapists' experience and understanding of this gap. As such, there is a need for the clarification of culture, diversity, competent practice, and the application of cultural humility and critical reflexivity within clinical practice settings.

The TRC, UNDRIP, and the Occupational Therapy Profession

According to the Canadian Association of Occupational Therapists (CAOT) Position Statement: Occupational therapy and Indigenous peoples (CAOT, 2018a), occupational therapists are well positioned to support and advance reconciliation with Indigenous Peoples. The position statement "acknowledges the colonialism and ongoing injustices perpetuated by [our] history" and "acknowledges the resolutions highlighted within the United Nations Declaration on the Rights of Indigenous Peoples (2008) and the Calls to Action of the Truth and Reconciliation Commission (2015)" (CAOT, 2018, p. 1). Moving beyond acknowledgements, the position statement outlines recommendations for occupational therapists and decision-makers, at the individual and professional levels, to work towards practicing in a culturally safer manner and to provide a space for Indigenous worldviews, knowledge, and self-determination. Occupational therapists are encouraged to review and reflect upon the TRC (2015) Calls to Action and the UNDRIP (2008) to consider how they align with the profession's core values (CAOT, 2018a).

CAOT's recommendations can further be reviewed in connection to the TRC (2015) health-related Calls to Action. Specifically, CAOT (2018a) advocates for funding and access to occupational therapy services for Indigenous Peoples and for the funding and resources to facilitate the development of appropriate tools. While the funding is not specifically for healing centers as stated in the Calls to Action, these recommendations could begin to respond to Call to Action #21. CAOT (2018a) further recommends collaboration with Indigenous representatives and organizations to contribute to local health services and to promote Elders' traditional knowledge transmission. These recommendations can begin to respond to Call to Action #22. In direct response to Call to Action #23, CAOT (2018a) encourages and supports Indigenous

Peoples to consider careers within the occupational therapy profession. Finally, in response to Call to Action #24, CAOT (2018a) recommends supporting the development of educational curriculum and professional development of occupational therapists about key concepts related to culturally safer practice (e.g., decolonization, cultural humility, principles of anti-oppressive practice).

In addition to the recommendations, the position statement outlines CAOT (2018a) initiatives with the purpose of enabling "occupational therapists to provide effective, respectful, culturally safe, and collaborative services" with Indigenous Peoples (CAOT, 2018, p. 2). For example, CAOT will identify and develop Indigenous alliances and partnerships, engage in advocacy efforts, and provide opportunities for continuing education and knowledge exchange. CAOT (2018a) further highlights the need for occupational therapists to be aware that Indigenous Peoples experience poorer health outcomes in Canada due in part to inter-generational trauma, stigma, discrimination, disrespect, and culturally inappropriate care. Finally, CAOT (2018a) clearly acknowledges that at a systems level, the structures of healthcare and service delivery, education, policy development, research, and other professional structures must change to ensure equitable work with Indigenous communities (CAOT, 2018a). Moving forward, engaging in reconciliation with both Indigenous and non-Indigenous peoples is a shared responsibility by occupational therapists, individually and as part of a professional community (CAOT, 2018a).

As mentioned, occupational therapists are well positioned to engage in the process of reconciliation and can play a meaningful and effective role in supporting Indigenous Peoples' health through the application of culturally safer health care. Regarding the Truth and Reconciliation (2015) Calls to Action, guidance exists for health care professionals, including

occupational therapists, to provide culturally appropriate care. As a profession, occupational therapists can make greater efforts to respond to Call to Action #22 outlined below:

> We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients. (TRC, 2018, p. 7)

This recommendation calls upon all Canadians to recognize and value Indigenous healing practices as a step towards providing culturally safe services, by putting the responsibility on health care professionals to increase their awareness and understanding of Indigenous approaches to health and wellbeing. Regarding the ability of the occupational therapy profession to engage in reconciliation, it must be acknowledged that this potential cannot be fully realized without the profession first examining, critically reflecting, and changing the ways in which the profession's foundational beliefs reflect Eurocentric values (Jull & Giles, 2012) and roots (Hojjati et al., 2018). At present, the current theoretical frameworks and models central to the profession are poorly suited to address Indigenous health and wellbeing as these frameworks and models were developed from Western settler-colonial worldviews and frameworks (Fijal & Beagan, 2019; White & Beagan, 2020) and can be a source of conflict when working with Indigenous Peoples (Grenier, 2020). Further, Grenier (2020) highlighted that the Western bias of assessments result in a decreased usability or inappropriate use with Indigenous populations, which can further enable the "othering" of equity seeking groups.

Across Canada, occupational therapists are challenging the theories and models that underpin the profession and the conceptualization of occupation as a universal ideal as the categorization of occupations is more reflective of predominantly white, middle class, urban,

ableist ideals (Hammell, 2015; Hammell, 2022). It is important to note that systems that structure Canadian healthcare programs and approaches, including occupational therapy, are also based on Western knowledge and models of service delivery (Grenier, 2020; Jull & Giles, 2012). As a result, CAOT (2018a) encourages occupational therapists to collaborate with Indigenous groups to "contribute to health and social services" that "respect diversity in how clients define meaning and prioritize needs and enable engagement in everyday occupations using holistic approaches to wellness" (CAOT, 2018a, p. 2).

To promote culturally safer practices within the profession of occupational therapy, it is necessary to critically examine the current theories and models that guide practice while simultaneously focusing on the development of approaches that respect and integrate Indigenous perspectives on health and ways of knowing and being. Although the occupational therapy profession applies a holistic approach focusing on the client, assessment and intervention approaches are culture-specific (White and Beagan, 2020). White and Beagan (2020) outlined that occupational therapy models and frameworks often reflect Western notions as they can include the separation of the person from environment, focus on the individual rather than the collective, divide productivity, self-care, and leisure, and focus on individual autonomy. As a result, these practices may not be applicable to all clients and communities and are not a "one-size fits all" approach.

Despite the acknowledgement of the profession needing to review and critically reflect upon current practices, there is little guidance to determine how best to tailor practices when working with persons of different cultural backgrounds. In an integrative review completed by White and Beagan (2020), it was outlined that there is a need for research to be completed in a Canadian context to answer important health care questions related to Indigenous Peoples in

Canada. Currently, there is a need to complete empirical research grounded in collaboration with Indigenous communities (White and Beagan, 2020). Due to historical and current colonial impacts, Indigenous communities must be actively involved in determining how their health is impacted through service provisions and research. Although occupational therapy purports to avoid using a biomedical model, this model continues to influence the profession as it is the dominant model of the entire healthcare system (Turcotte & Holmes, 2023; White and Beagan, 2020) and fails to capture the impacts of colonialism on Indigenous Peoples and cultures (Price & Pride, 2023). As a result, changes to policy and health care systems are required to ensure that occupational therapists are educated about Indigenous Peoples' health, and the barriers imposed on Indigenous Peoples through ongoing colonialism. To begin to address these gaps, the following sections will briefly highlight the occupational therapy role within health policy and the current state of the inclusion and integration of Indigenous health knowledge within the occupational therapy curriculum.

Occupational Therapy and Health Policy

As previously mentioned, despite the existence of policy recommendations and frameworks for the delivery of health services there continues to be significant health disparities between Indigenous and non-Indigenous peoples in Canada, including inequitable access to adequate health services. As a result, there is a need to further the policy contexts related to specific healthcare professions to support the implementation of policy and recommendations to support health and engagement in reconciliation with Indigenous Peoples.

Policy, including health policy, is established by a collective decision and has the authority to shape collective life (Lencucha & Shikako-Thomas, 2019). Government or other organizations such as schools, clinics, or hospitals can make collective decisions that impact

health practices. Policy impacts practice in two ways. First, policy establishes the scope of practice and where healthcare professions, including occupational therapy, fit into the broader health system and second, policies can shape environments in which a client or community lives (Lencucha & Shikako-Thomas, 2019). To explore the intersection of policy and occupational therapy, two subcategories of policy exist: public policy and organization policy. Public policy is developed, adopted, and implemented by government in different sectors, such as health and education, while organization policy is developed, adopted, and implemented by hospitals, clinics, or other institutions (Lencucha & Shikako-Thomas, 2019). Policies can be incorporated at the various government levels for both public and organization policy. For example, the occupational therapy profession can look to policies established at a national level e.g., Canadian Association of Occupational Therapists (CAOT), provincial or territorial level e.g., Ontario Society of Occupational Therapists, or at local practice institutions e.g., hospitals. It is at these levels that key actors, including professional associations and regulatory organizations, can work towards change to shape practice through the policy process. For example, CAOT can work towards incorporating and maintaining the recommendations established by the TRC (2015) and the UNDRIP (2008) to define policy to shape practice.

According to Lencucha & Shikako-Thomas (2019), occupational therapy has a unique understanding of health and wellbeing that can influence the way public policy is shaped and can play a role in structuring the health care system around professional values and principles e.g., person-centred practice, collaborative relationship-focused practice (Egan & Restall, 2022). However, there exists a significant gap in the occupational therapy literature pertaining to the policy process (Lencucha & Shikako-Thomas, 2019). This finding was confirmed following a systematic search of the literature by the researcher relating to occupational therapy and

involvement in the policy process. At present, there is a lack of research on how policy shapes practice and the lives of clients, and how occupational therapists, professional associations, and regulatory organizations effectively engage in the policy process (Lencucha & Shikako-Thomas, 2019). Nonetheless, it is important for occupational therapy to participate in the policy process due to the potential for policy to shape environments and practice. If occupational therapy is not involved in shaping policy, it may find itself following policies that are not in line with professional values. Effective involvement requires professionals to be aware of how policy is made, the actors involved in the policy process, and how evidence is applicable to policy development (Lencucha & Shikako-Thomas, 2019). Occupational therapy can and should play an important role in addressing health inequities through the policy process and should focus on working towards fair and inclusive practices, policies, and resource allocation in Canadian healthcare that will support participation, health equity, and social justice for their clients, including Indigenous Peoples (Jull & Giles, 2012; Restall et al., 2016). Health equity aims to address the social and health needs of populations by focusing on those who are least served within the health system (Garneau et al., 2021) and provides a lens to examine biases and discrimination within systems of health care. Health equity in conjunction with social justice are core components that must be implemented within formal educational systems and in continuing professional development spaces to work towards improving Indigenous Peoples' heath and equitable access to care (Garneau et al., 2021).

Occupational Therapy Program Curriculum

In addition to engagement within the policy process to work towards reducing the health inequities of Indigenous Peoples, occupational therapists must also be aware of their knowledge

gaps related to Indigenous health. As mentioned, seven of the TRC (2015) Calls to Action are found under the heading of "Health" including recommendation #24, which states:

> We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights and anti-racism. (TRC, 2015, p. 7)

While this recommendation specifically identifies medical and nursing schools, this Call to Action is relevant to other healthcare professionals and providers in Canada, including occupational therapists. To respond to the recommendation, CAOT outlines that there is a need to "support the development of educational curriculum…that teaches the occupational therapy workforces about key concepts such as decolonization, self-determination, self-governance, cultural safety, cultural humility, and Two-eyed seeing, along with principles of anti-oppressive practice" (CAOT, 2018, p. 2). Hojjati et al. (2018) completed a qualitative study exploring the perspectives of individuals with expertise in postcolonialism and health in a Canadian context and found that there is currently a need for rehabilitation students and providers to increase their knowledge about the historic trauma resulting from colonization and its ongoing legacy. In addition, it was found that rehabilitation students must be knowledgeable about the disproportionate health burden and access to services, how rehabilitation is related to Indigenous ways of knowing, and why rehabilitation professions are well-positioned to address Indigenous health inequities (Hojjati et al., 2018). Participants within the study focused on the recognition of the Eurocentric roots of rehabilitation and its influence on current practice and the need to

incorporate cultural safety as a core skillset (Hojjati et al., 2018). There is a gap in the literature in terms of research related to the exploration of the inclusion of educational content related to postcolonialism and Indigenous health (Hojjati et al., 2018) and this extends to the field of occupational therapy education and curriculum.

In 2017, McGill University's Occupational Therapy Curriculum Committee (McGill University, 2020) completed a report regarding current program curricular content gaps, alignment and concerns in pedagogies, faculty development initiatives, and reflections on informal and hidden curricula to share recommendations to create the foundation for culturally safe occupational therapy program (Zafran et al., 2019). Zafran et al. (2019) highlighted the need for the program to respond to three Calls to Action via the inclusion of Indigenous healing practices with the curriculum (Call to Action #22), the recruitment and retention of Indigenous applications (Call to Action #23), and the increased critical understanding of rights and anti-oppressive practices (Call to Action #24). With the TRC (2015) Calls to Actions in mind, the program report outlined seven recommendations including a focus on the guiding principles of cultural safety within the curriculum and a need to promote pedagogies that support Indigenous ways of knowing (Zafran et al., 2019). Similarly, the Department of Occupational Science and Occupational Therapy at the University of Toronto with guidance from the university's Diversity and Inclusion Curriculum Theme Committee reviewed program curriculum considering the TRC (2015) Calls to Action (specifically Call to Action #24). Following collaboration between committees, it was determined that occupational therapy students should be introduced to key foundational concepts underlying cultural safety and have the opportunity to complete exercises (e.g., Blanket Exercise) as a way to introduce Indigenous ways of knowing within the program. In addition, the program has identified the recruitment and admissions process as an area for

review to work towards promoting more inclusive outcomes, specifically in relation to increasing Indigenous applicants to the occupational therapy program (Call to Action #23) (Trentham et al., 2019). Despite additions to the curriculum, the committees identified a continued interest in how occupational therapy concepts may be decolonized and reframed in ways that support culturally safe practice (Trentham et al., 2019).

Another example of action related to engaging in collective reconciliation in the field of occupational therapy is occurring within the Master of Occupational Therapy (MOT) program at the University of Manitoba. The program has committed to responding to the TRC (2015) Calls to Action via critical review of admissions processes for bias (Call to Action #23), creating a safe and welcoming environment for Indigenous students (Call to Action #23), engaging in professional development and workshops related to colonialism (Call to Action #24), and building collaborative relationships with Indigenous community members (Call to Action #22) (Brown et al., 2019). In addition, the University of Alberta completed an internal occupational therapy curriculum evaluation to assess how diversity was being addressed within the entry-level Masters of Science Occupational Therapy (MScOT) program. As a result of the evaluation, occupational therapists co-created a curriculum ("The Indigenous Focus") to implement culturally safe practice with entry level occupational therapists (Valavaara et al., 2019). Following feedback from students completing the new curriculum, it was determined that the focus should continue within the program. This shift in curriculum focus is an example of an important step in implementing and responding to the TRC (2015) Calls to Action related to Indigenous health care education (Valavaara et al., 2019). In a scoping review related to Indigenous Peoples and occupational therapy in Canada, Bauer et al. (2022) confirmed that few articles have cited shifts within educational practices related to Indigenous health and many

efforts continue to focus on aligning learning with "competencies" that maintain White supremacy within academia (Grenier, 2020). Grenier (2020) emphasizes the need to move away from competency-focused curriculum towards system-level initiatives to respond to the TRC Calls to Action.

On a macro level, there are various documents that have been created to guide the professional development and safe practice of occupational therapists and student occupational therapists across Canada. Previously, the *Essential Competencies of Practice for Occupational Therapists in Canada* (CAOT, 2011) did not include any reference to cultural safety or Indigenous health. The document describes the knowledge, skills and attitudes required for occupational therapists to demonstrate they are competent for clinical and non-clinical practice in Canada. In contrast, the Occupational therapy and Indigenous peoples (CAOT, 2018a) position statement clearly outlines the importance of professional development related to cultural safety for both occupational therapy clinicians and students. It is important to highlight that position statements reflect government priorities and are to be used as communication tools for advocacy purposes related to an area of practice (CAOT, 2016f). The purpose of the statements are to provide information and recommended actions to support occupational therapists in practice; however, they are not used to structure occupational therapy curriculum or the development of professional competencies.

In 2021, occupational therapy leadership organizations released the new *Competencies for Occupational Therapists in Canada (*ACOTRO, ACOTUP, & CAOT, 2021). The competencies reflect the broad range of skills and abilities required for all occupational therapists in Canada at every stage of their career. The document serves to guide a variety of professional quality assurance processes such as accreditation of education programs, regulatory activities,

and professional development. It is important to note that while the Competencies document does not focus specifically on Indigenous health or specific areas of practice, it does include a domain labeled “Culture, Equity, and Justice”. Within this domain, it is stated that competent occupational therapists are expected to promote equity in practice and one of the indicators of this competency is to identify the ongoing effects of colonization and settlement on occupational opportunities and services for Indigenous Peoples. This is timely release, as there is a need for review of the occupational therapy curriculum across Canada to work towards the inclusion of education focused on health inequities, colonialization, and Indigenous health.

In addition, Demers et al. (2021) outlined that in response to the TRC (2015) Calls to Action, the Association of Canadian Occupational Therapy University programs (ACOTUP) along with the Canadian Association of Occupational Therapists (CAOT) are engaging in critically reflexive discussions to promote social accountability in the education of occupational therapists in Canada. This action has led to conversations at various levels to work towards creating curriculum that engages in reconciliation and prepares student occupational therapists for “serving and collaborating with Indigenous People” (Demers et al., 2021, p. 2). To effectively respond to the TRC (2015) Calls to Action, the occupational therapy curricula must be de-colonized and co-created with Indigenous representation (Demers et al., 2021). This collaboration further extends to the relationship building with Indigenous partners to create and offer occupational therapy fieldwork placements with Indigenous Peoples (Demers et al., 2021). This shift in action is required as a lack of effort to evolve occupational therapy curriculum will continue to maintain White supremacy within the academy (Grenier, 2020) and will not allow for an effective and comprehensive response to TRC (2015) Calls to Action related to heath care education (Demers et al., 2021).

Occupational therapists across Canada have demonstrated a commitment to responding to the TRC (2015) Calls to Actions. For example, in 2018 occupational therapy leaders gathered for an annual reflection day in part to "reflect on, and work toward, occupational therapy's responsibility to respond to the TRC Calls to Action" (Trentham et al., 2018, p. 30). During the workshop, there was a need expressed for occupational therapy programs to support the retention and recruitment of Indigenous students (Call to Action #23) and for researchers to develop and modify models and tools to respond to collective occupational therapy issues (Call to Action #24). It was acknowledged at the workshop that the occupational therapy profession is at the beginning of a long journey of reconciliation and that occupational therapists must collaborate with professional leadership organizations to align policies and processes to work towards reducing health inequities and to practice in a culturally safe manner (Trentham et al., 2018). As a second example, occupational therapy students at the University of Alberta are working towards identifying principles that occupational therapists should apply when selecting outcome measures and assessment tools and have compiled resources for decolonizing occupational therapy (Call to Action #24) (Brown et al., 2019). Finally, a post-graduate occupational therapy student engaged in community action research partnerships with First Nation communities using the TRC (2015) Calls to Action (#18, #19, #22, and #23) as a decolonizing guide to improve access to culturally appropriate services and the development of a Community Resource Guide (Jecker, 2019).

On a systems level, the College of Occupational Therapists (COTO, 2020) outlined the relevance of the health Calls to Action to the College. In 2020, the College collected data related to the number of Indigenous occupational therapists who may be practicing in Ontario. COTO has stated that by understanding the Indigenous representation within the field they can work

towards reducing barriers to entering practice and improve practice resources (Call to Action #23). COTO intends to continue to collect data related to Indigenous representation. At present, is it not known how many Indigenous occupational therapists are practicing across Canada; however, it is acknowledged that they are few in number (Demers et. al., 2021).

Finally, in September 2023, the Occupational Therapy Truth and Reconciliation Task Force (OT TRC Task Force) comprised of Canada's leading occupational therapy organizations released the Occupational Therapy Statement of Commitment to Indigenous Peoples in Canada (OT TRC Task Force, 2023). This statement intends to address the TRC Calls to Action, acknowledges the harmful colonial narratives, policies, and practices within the occupational therapy profession in Canada, and represents a commitment to change. The statement includes commitments related to improving access to culturally safer occupational therapy services, modifying Standards of Practice that reflect Indigenous ways of knowing, promoting engagement with Indigenous communities and supporting Indigenous occupational therapists, occupational therapist assistants, and students.

To reconcile Indigenous ways of knowing and Western practice, there is a need for change within the profession (in curricula as well as policy and regulatory approaches) so that occupational therapists can collaborate with Indigenous Peoples to develop theories and models that will improve health and education outcomes (Phenix & Valavaara, 2016). Indigenous scholars in Canada have outlined the need to view these programs as an environment in which to foster change (Phenix & Valavaara, 2016; Restall et al., 2016) and to work with occupational therapy associations to guide practice, curriculum development, and professional competencies (Restall et al., 2016). Occupational therapists have professional, moral, and ethical responsibilities to respond to the TRC's Calls to Action (Restall et al., 2016). If the profession

does not respond, the silence will be complicit in upholding colonial structures and relationships in various sectors of society that perpetuate the marginalization and oppression of Indigenous Peoples (Restall et al., 2016). As such, Restall et al. (2016) call on occupational therapists within Canada to ask themselves "What is my responsibility to address the current injustices and inequities experienced by Indigenous Peoples in Canada? and "How will I respond to the Calls to Action?".

Responding to the TRC Calls to Action, individually and collectively, is an opportunity for occupational therapy at all levels (education, research, clinical) to translate their principles and values, human and occupational rights, and socially transformative approaches into practice. As such, research was conducted to address the role of professional associations and regulatory organizations in supporting the occupational therapy profession to engage in reconciliation. More specifically, this research focused on understanding how the professional associations and regulatory organizations are supporting the implementation of the health-related Calls to Action within the Truth and Reconciliation Commission of Canada.

Research Questions and Specific Objectives

There is a pressing need for research to be completed to answer important healthcare questions related to the occupational therapy profession and Indigenous Peoples in Canada. First, there is a gap in the literature in terms of research related to the exploration of the inclusion of educational content related to postcolonialism and Indigenous health (Hojjati et al., 2018) and this extends to the occupational therapy curriculum. However, as previously mentioned, the release of the new *Competencies for Occupational Therapists in Canada (*ACOTRO, ACOTUP, & CAOT, 2021) will support and guide a variety of professional quality assurance processes such as accreditation of education programs in future curriculum development. It is important to note that historically, occupational therapy competency documents (such as the *Essential Competencies of Practice for Occupational Therapists in Canada*, CAOT, 2011) did not include any reference to cultural safety or Indigenous health. In addition, it does appear that several occupational therapy programs are responding to the TRC (2015) health-related Calls to Action (Brown et al., 2019; Trentham et al., 2019; Valavaara et al., 2019; Zafran at al., 2019). However, these programs only represent four of the 14 occupational therapy programs across Canada and the complete response to the TRC (2015) Calls to Action of all programs is unknown. It is further important to note that while a review of occupational therapy program curriculum is necessary to understand a comprehensive response to the TRC Calls to Action within the occupational therapy profession, this was outside the scope of the current thesis due to time constraints and limitations associated with completing a Master of Public Health program on a part-time schedule.

Second, there is a need to complete empirical research grounded in collaboration with Indigenous communities (White and Beagan, 2020) and to determine how occupational

therapists are currently working with Indigenous Peoples. Third, there is a need to critically evaluate professional theoretical frameworks and models as current approaches are developed from Western settler-colonial worldviews and frameworks (Fijal & Beagan, 2019; White & Beagan, 2020). Regarding the TRC (2015) Calls to Action, it does appear that occupational therapists and scholars recognize the need to engage in professional development related to cultural safety, colonialism, and knowledge of the impact of health inequities on the overall health of Indigenous Peoples (CAOT, 2018; Restall et al., 2016). However, it is unknown how the occupational therapy professional associations and regulatory organizations across Canada are explicitly supporting or committing to supporting the professional development of occupational therapists in relation to Indigenous health.

Finally, there is a lack of research on how policy shapes occupational therapy practice, and how occupational therapists, regulatory organizations, and professional associations effectively engage together in the policy process (Lencucha & Shikako-Thomas, 2019). To continue to respond to the TRC (2015) Calls to Action, the occupational therapy leadership organizations within Canada (professional associations and regulatory organizations) must make and act upon commitments to engage in reconciliation with the occupational therapy profession via decolonizing policy and processes. At present, the individual response to the Calls to Action of the professional associations and regulatory organizations across Canada is not known.

Due to the identified gaps in literature and as occupational therapists have professional, moral, and ethical responsibilities to respond to the TRC's Calls to Action (Restall et al., 2016), there is a need to determine how, on a provincial/territorial and national level, the professional associations and regulatory organizations can influence practice. If the occupational therapy profession does not respond to the Calls to Action or support engagement in reconciliation, the

lack of action will be complicit in upholding colonial structures and relationships that will continue to contribute to the marginalization and oppression of Indigenous Peoples (Restall et al., 2016). According to the Canadian Association of Occupational Therapists (CAOT) Position Statement: Occupational therapy and Indigenous peoples (CAOT, 2018a), occupational therapists are well positioned to support and advance reconciliation with Indigenous Peoples. CAOT (2018a) clearly acknowledges that at a systems level, the structures of healthcare and service delivery, education, policy development, research, and other professional structures must change to ensure equitable work with Indigenous Peoples (CAOT, 2018a).

As there is a need to work with occupational therapy associations and regulatory organizations to guide practice, curriculum development, and professional competencies (Restall et al., 2016), this thesis aimed to answer two questions:

1. What is the role of the professional associations and regulatory organizations in supporting the profession of occupational therapy to engage in reconciliation?
2. How are the professional associations and regulatory organizations supporting the implementation of the health-related Calls to Action within the Truth and Reconciliation Commission?

This thesis worked towards determining the current actions and plans of the provincial/territorial and national occupational therapy professional associations and regulatory organizations to engage in reconciliation across Canada. It is acknowledged that engaging in reconciliation with Indigenous and non-Indigenous peoples is a shared responsibility by occupational therapists, both on an individual and collective level (CAOT, 2018a).

Chapter 2: Methodology and Conceptual Framework

To determine how the occupational therapy professional associations and regulatory organizations in Canada are supporting engagement in reconciliation and the implementation of the health-related Calls to Action within the TRC (2015), a qualitative phenomenological (Creswell & Poth, 2018) approach was used to inform the research process. The approach allowed for the exploration and description of the phenomenon of interest: the occupational therapy profession's engagement in the process of reconciliation at a provincial/territorial and national level. The thesis was based on a decolonizing methodology wherein a relational approach to inquiry was used to gain and organize knowledge.

A phenomenological approach describes several individuals' common meaning of their lived experiences of a concept or phenomenon (Creswell & Poth, 2018). The purpose of a phenomenological approach, as a research methodology, seeks to explore a phenomenon's fundamental dimensions (Burns & Peacock, 2019) and explores individual experiences with a phenomenon to describe a "universal essence" (Creswell & Poth, 2018). In other words, the goal of this approach is to describe the meaning of an experience- both *what* and *how* it was experienced (Teherani et al., 2015). By examining and exploring the experience, new meanings and appreciations can be developed to inform how the experience is understood (Laverty, 2003).

In this research, a qualitative phenomenological approach was used to explore and describe the current actions and plans of the professional associations and regulatory organizations related to engaging in the process of reconciliation, and more specifically, explored the response to the TRC (2015) health-related Calls to Action. The phenomenon of interest was the engagement of the profession in reconciliation; this includes the profession via professional associations and regulatory organizations and the individual staff/occupational therapists

employed within the respective organizations. The phenomenon of interest focuses on the experiences of both individuals and organizations as reconciliation is both an individual and collective experience (TRC, 2015). The TRC defines reconciliation as "coming to terms with events of the past in a manner that overcomes conflict and establishes a respectful and healthy relationship" between Indigenous and non-Indigenous peoples in Canada (TRC, 2015, p. 6). To work towards reconciliation, the Calls to Action challenge all healthcare professionals to recognize and value Indigenous practices as a step to move towards providing culturally safer health care. The phenomenon was explored via semi-structured interviews with participants representing various occupational therapy professional associations e.g., Ontario Society of Occupational Therapists (OSOT) and regulatory organizations across Canada e.g., College of Occupational Therapists of Ontario (COTO). The researcher collected data from the participants to develop a description of the experience of engagement in the process of reconciliation on both a provincial/territorial and national level. In addition, a hermeneutic interpretive approach and epistemological stance rooted in constructivism was used to allow the researcher to construct essential themes based on the interaction of the data, the participants' lived experiences, and the researcher's interpretations informed by past experiences and current knowledge (Neubauer et al., 2019). In conjunction with the phenomenological research methodology, a relational approach to inquiry was used to ground the research in relationship, engage in critical reflexivity, and to gather knowledge. According to Gerlach (2018), "thinking relationally" can provide the epistemological scaffolding necessary for critically oriented, decolonizing research that benefits diverse groups such as Indigenous Peoples and advances social change and justice. Relationality draws attention to intersecting influences that shape research and knowledge, emphasizes reciprocity, and is compatible with many Indigenous worldviews (Gerlach, 2018). According to

Cree scholar Wilson (2008), interpersonal relationships are a central underpinning of relational epistemologies, decolonizing research, and Indigenous research paradigms. As such, the researcher's positionality in a colonial-settler society and experiences with professional development related to Indigenous health and participation within an Indigenous health practice network, informed motives to complete decolonizing research related to Indigenous health. As an occupational therapist registered in Ontario, Canada, the researcher engaged participants at both provincial/territorial and national levels that also identify professionally as occupational therapists or individuals with extensive experience within the professional spaces of occupational therapy. In addition to identifying as occupational therapists, participants within the study may have identified as Indigenous and/or be committed to advocating for the continued engagement of the profession within the process of reconciliation. The commonality of professional identity of researcher and participant as occupational therapists will form the foundation for application of relational research practices.

To further ensure the research is grounded within Indigenous health priorities, the interview guide was reviewed by Kaarina Valavaara, a Métis occupational therapist and co-chair of the Occupational Therapy and Indigenous Health Network (OTIHN) and the OT TRC Task Force to receive feedback from within the field of occupational therapy and Indigenous health. It is important to note that the interview guide found in Appendix C is grounded in the TRC health-related Calls to Actions (refer to Appendix D) and was influenced by the researcher's lived experiences, interactions, and reflections in relation to Indigenous health and the profession of occupational therapy. Grounding research in a relational epistemology shifts the focus beyond specific research methods to thinking critically about self in relation to the knowledge gathering process (Wilson, 2008) through ongoing critical reflexivity. From this perspective, the researcher

was not viewed as neutral but as someone who brings their own identity and positionality, including the cultural, social, historical, and personal self, into the research process. In other words, the researcher was not separate from the interviewing process; however, was part of the experience and acknowledged any influences on the experience through critical reflexivity. Critically reflectivity allows researchers to "position themselves" within the qualitative study and convey their background or positionality (e.g., work and/or school experiences, cultural experiences) throughout the research process (Creswell & Poth, 2018). The researcher engaged in reflexivity (exploring assumptions, emotional reactions, cultural positioning) throughout the research process via explicitly stating positionality (outlining past experiences related to work, schooling, and social dynamics) and engaging in specific actions such as reflexive comments via memoing (Creswell & Poth, 2018). Memoing can guard against forgetting or distorting what took place in earlier stages of research and allow for the documentation of choices and creation of an audit trail to track the research process (Probst, 2015). The researcher engaged in memoing during the interview to make note of any reactions or thoughts during the interview process and to critically reflect on each interaction via acknowledging and exploring assumptions, surprises, or reactions experienced during the interview process. In addition, memoing allowed the researcher to accumulate ideas and thoughts about any emerging themes or concepts from the interviewing process or in other words, to provide context to the data to validate or challenge the responses from participants. The practice of reflexivity allowed for the exploration of how the researcher's positionality uncovers biases, values, and experiences that shape the research findings, conclusions, and interpretation of the phenomenon of study (Creswell & Poth, 2018). As an example, the researcher engaged in memoing to initially note ideas and thoughts as to the differences in responses to the TRC Calls to Action between provinces from the East, Central

and West areas of Canada. In this example, memoing was used to consider the impact of the current political and policy environment across Canada and its impact on the process of reconciliation within healthcare at a systems level.

As another example, during an interview a participant shared that the occupational therapy profession may not be safe for Indigenous students. As an occupational therapist, the researcher experienced an immediate reaction to defend the profession based on personal experiences of training as an occupational therapist and on the core values that are foundational to the profession. However, as a researcher, it was necessary to take note of the reaction and examine any held assumptions or beliefs of the profession and training process. This interaction allowed the researcher the opportunity to further explore the statement with critically informed curiosity and to be flexible in examining any biases to consider alternative beliefs and perspectives. As a final example, engaging in reflexive practices throughout the interviewing process further allowed for the opportunity to challenge preconceptions of the operations of both professional associations and regulatory organizations. Upon completion of each interview, the researcher gained additional knowledge related to the roles, operations, and mandates of each respective association and organization. Similar reflexive practices were required when the researcher's understanding of the operations of the regulatory organizations were challenged. The researcher assumed that regulatory organizations dictate practices and standards and do not allow for the flexibility to modify certain practices when working with specific populations. This notion was challenged following an interview that focused on discussing how regulatory organizations outline standards and expectations for competent practice; however, do not explicitly state how these standards are achieved e.g., consent to receive occupational therapy services must be obtained but how consent is obtained is the responsibility of the occupational

therapist based on the population served and environmental context. This experience supported the researcher in identifying and challenging held beliefs, and to view and examine the mandates and operations of each organization more broadly.

In these examples, engaging in reflexivity allowed for the exploration and questioning of held preconceptions, judgements, and belief systems with the purpose of mitigating the impact of assumptions on the research. In conducting qualitative research, the researcher plays an integral role in the data collection and analysis processes and as such, reflexivity provided the opportunity to value the candid responses of participants to inform alternative views and perspectives. Finally, reflexive practice was necessary to acknowledge and recognize the impact preconceptions can have on research and to ensure space was provided to fully examine and explore the experiences shared by each participant.

Methods

Study Design

The qualitative phenomenology design (Creswell & Poth, 2018) was used to explore and describe the phenomenon or the engagement in reconciliation and focused on the experiences and perspectives of the occupational therapy professional associations and regulatory organizations across Canada. It is important to determine the current actions and plans of associations and regulatory organizations as they work to shape practice, individually and collectively, and advocate and/or promote the role of occupational therapy in addressing pertinent health-related concerns. The researcher conducted 10 semi-structured interviews with 12 participants (two interviews included two participants from their respective organizations) from various occupational therapy professional associations and regulatory organizations across Canada.

Study Population

The study participants were representatives from the various occupational therapy professional associations, regulatory organizations, and practice networks across Canada. At a provincial/territorial level, there are currently 11 professional associations e.g., Ontario Society of Occupational Therapists (OSOT) and one national association, the Canadian Association of Occupational Therapists (CAOT). Representatives from the Occupational Therapy and Indigenous Health Network (OTIHN) were also included as participants. In addition to professional associations and practice networks, participants within provincial regulatory organizations in Canada e.g., College of Occupational Therapists of Ontario (COTO) were also invited to participate in an interview.

Recruitment

Potential participants were contacted via recruitment emails using purposive (Etikan et al., 2016) and snowball sampling (Parker et al., 2019) as participant selection criteria was clear and well-defined, and further relied on initial contacts to refer or introduce willing participants. The researcher contacted one representative of each organization via email using contact information found within the public domain at each professional association and regulatory organization. The researcher asked each representative to identify and contact participants within their respective association or organization that may be willing to engage in the research. The roles and responsibilities of each potential participant were reviewed to ensure appropriate representation of relevant knowledge of action or plans of each professional association and regulatory organization related to reconciliation.

Regarding inclusion criteria, participants had to be associated with the executive committee or board of directors of each professional association or regulatory organization

and/or have the knowledge related to the respective associations and organization's role in reconciliation and/or Indigenous health within occupational therapy. Each representative received an informed consent document outlining the purpose of the research and the contact information of the researcher to provide to potential participants for review.

Document Review

In preparation for each interview, the researcher thoroughly reviewed available data to inform the interview guide (Creswell, 2016). Existing data included relevant documents e.g., practice standards, strategic plans etc. accessed in the public domain e.g., professional associations and regulatory organizations websites or communications and were related to occupational therapy and Indigenous health. The notes highlighted research related to any current actions that professional associations and regulatory organizations have completed as a response to the Truth and Reconciliation Commission e.g., explicit mention of commitments to support the recruitment of Indigenous occupational therapists or plans to support the development of cultural safety within the profession. Relevant data obtained during the document review was included within the data analysis e.g., specific documents guiding the reconciliation journey within a professional association or regulatory organization.

Data Collection

The primary method of data collection was completed through qualitative semi-structured one-to-one interviews that allowed for the participants to share their experiences and perspectives related to their respective organization's response to the TRC health-related Calls to Action. In contrast to a structured interview with adherence to a pre-determined set of questions, the researcher was able to ask additional questions to explore responses in greater detail, to minimize missed information and to clarify details. Interviews were scheduled at a time most

convenient for researcher and participant. All participants provided verbal and/or written consent to participate in the interview and further provided verbal consent to allow the researcher to audio-video record the interview. Some participants did not provide written consent due to a lack of access to a printer or computer technology to provide a signed consent form. The researcher accepted verbal consent prior to starting the interview and invited participants to provide a signed consent form following the interview. The interviews varied in length, from approximately 50 minutes to 1 hour and 30 minutes in duration, depending on the number of participants present and each organization's current or planned actions in response to the TRC health-related Calls to Action.

All interview data were stored on a laptop with password protection. In addition to audio-video recordings by Zoom, handwritten notes were taken to capture additional details including notes about responses to the Calls to Action, actions related to equity and justice work, resources in development, and other thoughts that would prompt reflection and review following interviews. For example, a regulatory organization referred to an Acting Against Racism and Intolerance Final report throughout their interview that outlined a summary of recommendations guiding the organization's response to specific TRC Calls to Action. The researcher added these additional notes when relevant to the interview data.

Data Analysis

All interviews were recorded and saved locally in a password protected file. Following this, each interview was transcribed by hand, without the use of transcription software. While a time-consuming process, this approach increased the researcher's familiarity with the data and interview details. The researcher engaged in memoing throughout the transcription process to support the development of codes- this process further allowed the researcher to begin to

compare the interviews, noting similarities and differences, between professional associations and regulatory organizations. Each completed interview transcription further included any notes made during the interview and/or during the review of existing data. All notes were coded along with the transcripts to support data analysis. All interviews were uploaded to NVivo to begin the coding process.

The qualitative data gathered from the semi-structured interviews were combined and analyzed using an interpretive descriptive thematic analysis (Thorne, 2008). The data were reduced into themes through a process of coding and condensing the codes (Creswell & Poth, 2018; Thorne, 2008). The codes were further categorized to reflect both actions and gaps in knowledge or actions related to the health-related Calls to Action (Creswell & Poth, 2018). Memoing was employed to highlight initial ideas e.g., observations while coding the data. This approach allowed the researcher to identify themes and concepts for further exploration (e.g., collection of race-based data) and supported the identification of patterns, issues, or connections within the data. Upon completion of the identification of initial themes, the participants were asked to review a summary document as a form of member-checking (Creswell & Poth, 2018).

Research Rigour

Due to the creative interpretation associated with qualitative studies, the application of rigour and adherence to systematic processes such as a clear audit trail is essential (Johnson et al., 2020). As the researcher is often the primary method for data collection, all biases not addressed could impact the quality of the data and research results (Johnson et al., 2020). As such, it is important to include peer review processes. In order maintain research rigour and decolonizing research methods, the interview guide was reviewed by a co-chair of the Occupational Therapy and Indigenous Health Network (OTIHN) as previously noted. Feedback

from the co-chair was reviewed and implemented to ensure questions were grounded in culturally safer practices. In addition, the interview questions were formulated based on the health-related Calls to Action of the TRC (2015) to ensure questions were related to Indigenous health priorities. Additional steps to decolonize the research methodology included employing the use of semi-structured interviews and providing flexible options to share consent, inviting Indigenous voices to participate in the interviews, using critical reflexivity to identify and examine held assumptions, and engaging in reciprocal sharing of experiences and information throughout and following the interviews.

To further maintain research rigour, the researcher used memoing throughout the research process to guide emerging thematic ideas, to highlight noteworthy information e.g., quotes, and to support critical reflection during data analysis. Finally, following completion of the interviews, the researcher shared preliminary findings with participants to gather feedback with the purpose of validating findings. The researcher did not receive feedback from all participants and the majority of the feedback received was in line with the researcher's analysis of the findings.

Ethical Considerations

Ethics approval for this project was granted by the Lakehead University Research Ethics Board (approval # 1468889) and the researcher completed the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Course on Research Ethics (TCPS 2: CORE) including the module on Research Involving First Nations, Inuit and Métis Peoples of Canada. In addition, to uphold the highest ethical standards as required by Lakehead University's Research Board Ethics (REB) when carrying out this research the following steps were taken: (1) all research participants had the opportunity to review a research study information sheet

outlining study protocol and completed an informed consent form prior to starting any interviews (or provided verbal consent prior to the interview); (2) the participants were offered the opportunity to ask any questions prior to starting the interview, and (3) participation in the study was voluntary and participants had the right to decline or withdraw from the study at any time without consequence. All participants completed the interviews. The participants were provided with a copy of the interview guide prior to the scheduled interview if requested.

Regarding anonymity, the participants were not asked to provide any identifying information outside of name, role and respective association or regulatory organization. The participants and respective professional associations and regulatory organizations were anonymized to avoid disclosing personal information that could be perceived as harmful to the participant. This worked to ensure that interviews were not related to any specific association or organization. During data storage and analysis, participant names and associated professional associations and regulatory organizations were kept anonymous. Participants were only identified as belonging to either a professional association or regulatory organization. To ensure privacy and confidentiality, research data were saved as an electronic file that was password protected and stored on a password protected computer on a secure network. Following completion of the interviews, the researcher shared preliminary findings with participants to gather feedback with the purpose of validating findings. Gaps in action or knowledge of the health-related Calls to Action were reported as overall themes and were not directly connected to professional associations or regulatory organizations. The researcher is currently a practicing occupational therapist in Ontario, Canada and is an employee of the Canadian Association of Occupational Therapists and supported administration tasks within the Occupational Therapy and Indigenous Health Network. As a result, the researcher is aware of some of the current

practices and advocacy efforts of occupational therapists across Canada in relation to responding to the TRC Calls to Action. At the start of each interview, the researcher shared their positionality with the participants to ensure that participants were knowledgeable of the researcher's background and held positions within the occupational therapy profession. There were no funding sources or additional conflicts of interest to disclose. Finally, one of the researcher's committee members is an Indigenous occupational therapist and co-chair of the Occupational Therapy and Indigenous Health Network. The co-chair supported the research process; however, was not requested to attend or complete an interview.

Chapter 3: Findings

The objective of this study was to explore: What is the role of the professional associations and regulatory organizations in supporting the profession of occupational therapy to engage in reconciliation? and How are the professional associations and regulatory organizations supporting the implementation of the health-related Calls to Action within the Truth and Reconciliation Commission? The primary method of data collection was completed through qualitative semi-structured one-to-one interviews (n = 10) via Zoom web-based videoconferencing platform from November 2021 to March 2022. In two circumstances, a request was received for more than one participant to be present during an interview. The requests were approved, and the researcher conducted interviews with both participants present, thus two interviews included two participants from their respective organizations: resulting in a total of 12 participants. The participants represented professional associations, regulatory organizations, and an OT TRC Task Force (See Table 1).

Table 1: ***Interview participants by association organization type***

Organization Type	Number of Participants
Regulatory Organization	6
Professional Association	5
OT TRC Task Force	1
	Total: 12

From the interview data collected and in response to the research objectives five themes emerged: **Theme I** focuses on system level collaboration, including the collaboration between occupational therapy organizations nationally, provincially, territorial, and with non-occupational therapy organizations. **Theme II** highlights the need to continue to build sustainable relationships between occupational therapy organizations, members and/or registrants, and Indigenous partners and community members. **Theme III** reviews the way in which current governance and operational structures are both barriers and facilitators to change in the process of reconciliation. It also considers the implementation of progress measures and accountability strategies to monitor action. **Theme IV** centers on the learning and unlearning that occupational therapy organizations and occupational therapists respectfully, need to complete regarding Canada's colonial history and the historical and current impacts of this history on Indigenous health. Finally, **Theme V** highlights the motivation and commitment of the occupational therapy profession in working towards reconciliation and how processes of decolonization of current policies and procedures at all levels are necessary. In addition to these five overarching themes three sub-categories of analysis are discussed for each theme. These focus on: barriers/challenges to reconciliation, facilitators/supports of reconciliation, and actions to further support reconciliation

Each theme is presented and defined below. It is important to note that the emerging themes and barriers and facilitators to reconciliation are not mutually exclusive. The majority, if not all participants shared observations and personal reflections that spoke to multiple themes simultaneously. Further, the five themes are heuristic in nature in that they are intended to support understanding of the data and draw meaning, and to guide or identify steps that can be implemented to support a continued response to the TRC (2015) Calls to Action. The themes are

not explored with the purpose of initiating judgements or to create a one-size fits all action plan for each professional association and regulatory organization to respond to the TRC. Instead, the findings of this thesis worked towards highlighting the current actions and plans of the provincial/territorial and national occupational therapy professional associations and regulatory organizations to engage in reconciliation across Canada. It is noted that within the findings, there were interviews that included more than one participant- interview #6 or participant #6 denotes two interview participants.

Theme I: System Level Collaboration

All participants highlighted the importance of occupational therapy organizations collaborating on a provincial, territorial, and national level to define the roles and responsibilities of each respective organization in responding to the TRC (2015) Calls to Action and working towards reconciliation.

Several participants reported interest in learning about the actions of other provinces to learn from mistakes and share resources and successes. Participant #3 noted that "…we're all doing some of the work, but we're all at different stages." Participant #4 shared that "a more coordinated approach is needed" and Participant #5 highlighted using the Association of Canadian Occupational Therapy University Programs (ACOTUP) meetings to be doing more and that "while issues are slightly different in each province, there is so much we can also be doing together." However, all participants also reported that it is important to be aware of the mandate of each respective organization and to be mindful of "staying in one's lane" (Participant #10) when outlining the roles and responsibilities in responding to the TRC (2015) Calls to Action. For example, all participants representing regulatory organizations shared that colleges are mandated to provide public protection and are not able to advocate for the occupational

therapy profession or provide funding. Participant #1 outlined that "by virtue of being a regulator, we don't advocate." However, a few participants did query their role with respect to advocating for funding opportunities e.g., access to training that is in alignment with their mandate.

While noting that organizations must follow mandates, participants reported that it would be beneficial for organizations to review the health-related Calls to Action and determine what actions they can take to support a response e.g., supporting project efforts led by other organizations. Participant #1 shared "So it's participating where we can in terms of the efforts that others are doing, where it would be helpful to have our perspective." For example, several participants shared that it would be beneficial to connect with local university occupational therapy programs (if available) to support efforts on Calls to Action that may not be directly in their mandate. As another example regarding continued collaboration at a systems level, many participants shared the value in reviewing the accreditation process for occupational therapy schools to ensure that all universities are working towards reconciliation with some level of standardization. Participant #2 shared that it is imperative to:

> Ma[ke] sure that all the universities are in the same place and how organizations could play a role in terms of looking at the curriculum…many [universities] are taking initiative on their own and moving forward but there's no standardization.

Participant #3 further shared that it is important to focus "…our discussions with the university on how we can collaborate to meet the recommendations in the report", referring to the need to collaborate in responding to the TRC (2015) Calls to Action. In addition, several participants highlighted the importance of being open to collaborating and supporting the efforts of other occupational therapy organizations already engaged in reconciliation work.

Prior to working towards collaboration on a national level, a few participants shared the need to complete work on a personal level within an organization. This need was highlighted by Participant #1:

> So, what are you doing personally? What are you doing with your council? What are you doing with your staff? What are you doing with your organization? And then what are you doing to support your registrants? So, recognizing that there is work to be done on all those levels.

Participant #10 also highlighted the need to educate staff:

> Definitely be working with the other regulators on this and then also encouraging our staff and volunteers to really learn and reflect on their own positionality and just have a better understanding of Canadian history and colonization, white supremacy, everything like that, so that we can affect change in the right direction.

In addition to collaboration between occupational therapy organizations, it was highlighted by a few participants that specific provincial organizations were also working with other health professional associations or regulators to work towards reconciliation efforts. Participants from interview #6 reported using resources and collaborating with other organizations to support reconciliation work:

> The *In Plain Sight* report was really clear that there were some expectations in regards to collaboration and consistency and making sure that as unique organizations within a broad based healthcare system, we're not going off madly in all directions doing different things or duplicating things when it doesn't make sense.

As an example, participants shared that in March 2017 British Columbia health regulatory organizations collaborated by collectively signing a *Declaration of Commitment* related to

integrating cultural safety and humility into practices as health profession regulators. This collaboration was reported to be advantageous when actions required connecting with local Indigenous leadership and organizations, including Indigenous Elders or Knowledge Keepers, as there was a more coordinated effort to reduce the burden of asks and requests on Indigenous Peoples and communities. Participant #10 shared:

> I've talked about the benefits and the importance of reaching out to the Indigenous community and some of the larger regulatory bodies have done that already. There was some hesitancy for every single one of us to contact the same organizations. We don't want to overburden them. So, we felt like maybe it would be more appropriate for us to reach out as a collective.

However, this collective action is not without challenges. Participants from interview #6 shared that collaboration can also be difficult with multiple organizations working together:

> Collaboration takes time. Collaboration is not always easy. It would be very simple to go ahead and just always do our own thing, but would that be ultimately in the best interests of everybody? So, it's thinking through that collaboration, and when I say it's a challenge, it doesn't mean it's insurmountable, but it's something you have to recognize and pay attention to.

In addition, many participants felt that occupational therapy organizations need to continue to connect and collaborate on a national level to create a coordinated and sustainable response to the Calls to Action. Participant #10 shared that:

> Every organization within the profession can make an impact…and so we just want to make sure that we're doing what we can within our lane, within our role, to not be a barrier to this [work].

This was further highlighted by a participant when discussing the release of the new *Competencies for Occupational Therapists in Canada* (ACOTRO, ACOTUP, & CAOT, 2021) (competencies that reflect the range of skills and abilities required for all occupational therapists in Canada at every stage of their career) that will support the regulators to work together and to support work towards reconciliation as "OTs actually can be leaders in this nationally" (Participant #5).

Further to collaboration between occupational therapy leadership organizations, Participant #2 highlighted the reconciliation work completed by the Occupational Therapy and Truth and Reconciliation Task Force (OT TRC Task Force). The Task Force is comprised of representation from Occupational Therapy Canada (OTC) member organizations- including representation from both professional associations and regulatory organizations. The Task Force is currently working towards releasing a public Truth and Reconciliation Commitment Statement that will hold leadership organizations accountable to take action within their spheres of influence in response to the Calls to Action.

Barriers & Facilitators to Reconciliation

In terms of barriers to reconciliation, several participants emphasized "how much work there is to be done" (Participant #1) and that they felt unsure of where to start or unsure of current priorities with respect to the TRC (2015) Calls to Action. For example, Participant #7 said "we're at the very beginning…and not knowing where to start as we don't know the needs of this population very well, we don't really know how to advocate for the needs." Other barriers mentioned include turnover of administrative staff (Participant #2), a lack of support from employers to complete professional development (Participant #4), political climate concerns (Participant #4), limited time and resources (Participant #5), very low capacity due to unfilled

positions (Participant #5), pressures of the pandemic including increased cognitive load (Participant #7) and limited financial resources (Participant #8). Participant #10 also felt that there is a resistance to change:

> It has been a little bit of a struggle just to make sure that this is top of mind for people and just making sure that they understand the importance of this and why we're doing this. I think that there's some resistance to change as well.

In addition, a barrier to reconciliation shared by Participant #1 included queries from organizational staff regarding why the focus was not inclusion overall as opposed to focusing specifically on reconciliation. Participant #1 reported:

> This is not a competition. These are related issues, but distinct. The history that we're dealing with is very different. To take over somebody's land is very different.

Participant #8 stressed:

> You can't make oppressed groups compete for space. Why Indigenous, right? Equity. No, it's not equity. It's injustice. You're literally living on stolen land and you're benefiting from stolen land. And reparation needs to be done for that.

Another barrier identified related to tracking and monitoring progress with respect to reconciliation. Participant #5 shared that "we have not identified any way of monitoring or reporting any progress" on responding to the Calls to Action. However, participants from interview #6 shared that their organization is:

> Prioritizing time to do this work and making it a focus amongst our regulatory mandated work of registration complaints, management, setting standards, quality assurance. Those typical activities are making sure that we create the time and space for this work.

Regarding facilitators to reconciliation, participants shared the need to act even if unsure of what steps to take. This was reflected in a comment by Participant #10:

> You always feel like you're going into the unknown, but I think as long as you're taking steps to move forward instead of just stagnant is kind of the way to go, even if it is in the wrong direction and you have to retreat and find a different way.

Participants highlighted additional facilitators to reconciliation including adding reconciliation progress as a standing item on meeting agendas, creating community advisory groups, engaging with Indigenous consultants, and creating and sharing resources for registrants between various professional organizations. This action of collaborating with external stakeholders or consultants highlights the need to build sustainable relationships, which speaks to the second theme from the findings of the interviews. Overall, it was highlighted by a few participants that the occupational therapy profession is "very well suited" (Participant #9) to lead reconciliation work. This is further supported by Participant #1:

> I've never really met anybody not committed to this. I think it's just how…and as the type of profession that we are…that we have the potential to be real leaders in this area.

To continue to support reconciliation, Participant #8 highlighted the need for financial resources "[Organization] is the one who have dug their teeth in and actually funded money towards this…but no one else really has." Several participants outlined additional future actions to support ongoing reconciliation including completing blanket exercises (Participant #2), assessing determinants of health (Participant #2), applying for grants and long-term funding to support reconciliation work (Participant #2), and hiring an Indigenous Elder or a Knowledge Keeper (Participant #5). Additional examples provided related to occupational therapy training including creating an Indigenous occupational therapy program (Participant #3 and #8) and aligning

curriculum to Indigenous health issues (Participant #5), and even further responses related to the occupational therapy profession including ensuring occupational therapy services are safe, ethical, and effective (participants from interview #6) and increasing the diversity and awareness of the profession (Participant #7). It is also important to highlight that occupational therapists across Canada are not required to be members of one single organization. Participant #8 highlighted the need for a coordinated response based on membership within a single organization, "how are we supposed to produce a coordinated response when literally no one's part of one organization…we're disjointed." Finally, Participant #10 summarized an overall action to be taken by organizations:

> So, you know, I think part of it is learning and making changes where needed while staying in our role. So, we can't change the whole system, but we can definitely influence it. And we can ask questions and we can, while staying in our regulatory lane, influence other organizations and stakeholders and, you know, allow ourselves to make mistakes as well along the way.

Many of the participants shared the need to work together while still adhering to their respective mandates, and equally valued building sustainable relationships, which was identified as a second theme from the data.

Theme II: Building Sustainable Relationships

The majority of participants highlighted the importance of building sustainable relationships between occupational therapy organizations, members and/or registrants, and Indigenous leaders, partners, and communities. All participants reported plans or an intent to connect and collaborate with Elders or Knowledge Keepers for the purposes of shared decision-making with respect to responding to the Calls to Action and to support the development of

resources or to update documents such as review and update practice standards. Participant #3 outlined the need to "…[consult] with Elders and Knowledge Keepers and [do] that kind of work." Participant #4 further highlighted "connecting to Indigenous networks and community members to support things such as writing land acknowledgements and addressing knowledge gaps." Several participants shared the concept of "nothing about us, without us" as evidenced by participants from interview #6 adding that "we need to pull in other Indigenous Peoples and stakeholders and allies, where it makes sense, because we can't assume we have all the story." Participant #5 also shared that we need more partnerships and relationships with Indigenous leaders and Indigenous groups because we can't…it doesn't feel right for us to be their voice."

Many participants reported finding an Elder to be a barrier to reconciliation as they were unsure of how to initiate this connection in a respectful manner and were unsure of compensation practices. Participant #5 mused "But where do you go to connect to who? How? It's not easy or at least we haven't found it to be easy." Many participants recognized that while there is immense diversity of Indigenous Peoples across Canada and a need to be aware of local or regional differences within Indigenous communities, a resource or guidance document to support connecting with Indigenous groups would support taking action to build relationships. Participant 9 shared a story of a request to review a process with an Elder, but felt frustrated and said "how do I find an Elder? Where would I find this person? And how do I know that this one person can represent all the Indigenous Peoples in [a province]?" One participant noted that their organization would need to ensure that connecting with an Elder was not a one-time occurrence and would need to take the time to build and nurture a relationship that would support continued respectful interactions. Participant #6 shared:

> We're committed to continue to try to sort out and engage with and maybe create different relationships. So, a good tangible example is trying to create connections even with just the local Indigenous artist and networks...So just different ways of building those relationships. And the thing that was important for us to is that if we're building a relationship, we're not building it to leave it. We need to be able to have the capacity to sustain it.

In terms of building sustainable relationships with members and/or registrants, all participants reported that it would be beneficial to connect with practicing occupational therapists within the province who identify as Indigenous. However, several participants reported that there is currently a lack of knowledge related to the number of Indigenous occupational therapists registered or practicing within each respective province and territory across Canada. Participant #7 stated that "we don't know if we do have Indigenous members, we haven't really asked." All participants highlighted the benefits of engaging and collaborating with Indigenous occupational therapists to build mutual capacity and to guide the creation of safe spaces to receive feedback about reconciliation plans and/or to co-develop reconciliation actions.

The participants representing regulatory organizations (n=6) further reported the need to continue to build relationships with occupational therapy registrants to shift the perceptions of the regulatory organizations and to support the implementation of evidence-based practices. One participant reported that a barrier to supporting practice is registrants' perception that the regulators direct practice and tell occupational therapists how to practice. The participants outlined that while regulators set forth regulatory expectations, it is the occupational therapist's responsibility to use practice standards to guide practice and decision-making. One participant elaborated that for example, regulatory organizations outline that there needs to be a consent

process; however, they do not tell you what it is or how it is obtained in practice. The regulators outline that practice must be evidence-informed and that evidence can be obtained from a variety of places. This is illustrated in a quotation from Participant #1:

> I don't know if people are waiting for us to give them a directive to do something different when all along our message is you practice in an evidence-informed way. Where is that evidence? Well, it's in your clinical community. It's in the research community. It's in the academic community.

This was further supported by Participant #4 sharing that "…the biggest lesson I think we can teach our students and OTs, is to ask the community." However, Participant #4 also highlighted the need to share information about occupational therapy with Indigenous communities:

> There's a lack of awareness of OT…so maybe there's also an opportunity if there's a group that we can connect with or maybe even the clinic or community health centre...start off with one place and maybe we need to present to them and talk about what OT is.

In addition, Participant #5 highlighted that "…partnerships and relationships are sort of fundamental" and working towards reconciliation without partnership is "…individualistic…it's so Western settler mentality, right?" This sentiment was shared among participants leading a few participants to question how to shift focus within the occupational therapy profession and build partnerships that are supportive of working towards goals and objectives.

Barriers & Facilitators to Reconciliation

Many participants highlighted that regulators do not write practice or clinical guidelines but rather, develop regulatory standards of practice. This is highlighted by the following statement by Participant #1:

> There is a sort of sense that as regulators we tell OTs how to practice, which we don't. We set forth regulatory expectations…we say, you need to have a consent process and similarly, you need to have an objective purpose for doing an assessment process but what that assessment process is, we don't tell you what tool to use…we don't dig into the clinical pieces, but we say your practice has to be evidence informed…To me that is one of the biggest obstacles from the perspective of our work with our registrants is this feeling that we hold all the cards in terms of what practice with Indigenous people looks like. But I don't think we hold any of them.

The notion of needing to understand college and regulatory operations was further supported by Participant #7 "[OTs] don't really know the difference between [professional associations] and the regulatory body." It is expected that if you work with Indigenous populations, you must understand how to work with the population in a culturally safe manner and seek out professional development opportunities to address any practice or knowledge gaps. This relates to ongoing learning and education related to the TRC (2015) Calls to Action, which is further discussed in the theme "Learning and Unlearning". From an organizational perspective, it is important for each respective organization to determine how they can empower occupational therapy members and/or registrants in changing their practice based on practice context and setting.

As a facilitator to working towards building sustainable relationships and reconciliation, Participant #3 emphasized that "we haven't seen a lot of opposition…we've seen more people coming forward to thank us for doing the work." A few participants also shared the need to create citizen advisory groups to include Indigenous perspectives and to continue to be "directed and guided by the [OT TRC] Task Force" (Participant #2). Participant #7 further relayed that

they “would love to hear from [Indigenous OTs] and we don’t right now, so I don’t even know how they are seeking support.” One participant shared creating two separate panels within their organization- one panel to support equity work and one panel for Indigenous occupational therapists as the groups would come from different perspectives. The participant shared that while there were a few initial minor challenges in creating the panels, the panels have overall been a valuable resource. Furthermore, Participant #8 shared a challenge with respect to expecting Indigenous Peoples to be “on board with writing and with research...[with] no compensation at all.” The participant highlighted the need to build relationships prior to outlining work expectations or making requests for project collaboration. Participant #6 also highlighted the need to hire and connect with Indigenous consultants:

> I believe an Indigenous consultant…it's not always going to be perfect and it's not always going to land perfectly. You make your best effort. And you need to move right and be ready to hear and listen and be humble in the feedback that you receive. As a white settler, that's the scary part. You don't want to create more harm because there's already been so much harm. But at a certain point in time, you do need to say things and do things and act right. And so, you do it to the best of your ability and if we blunder, course correct and move forward, right? That gives us space…otherwise, I think the risk is we end up in analysis paralysis. Like too afraid to take any steps or actions.

Participants that worked for organizations that have hired Indigenous consultants or Elders shared that they “connected with Elders for validating documents” (participants from interview #6) and are working with local Indigenous artists to create work for a website. The participants further highlighted the importance of compensation:

> We actually were able to adapt from another regulatory organization in terms of compensation for Indigenous Peoples, folks, Elders, consultants etc. in terms of not only financial compensation, but what might be appropriate cultural compensation. So that was a little bit of work and I definitely recognize that this is an area of growth for our organization.

In terms of actions to further reconciliation, participants from interview #6 shared the importance of leadership to, "…develop future Indigenous OT leaders. We're trying to support that too. I know that we have finally started to graduate and support clinicians who will be able to come out as leaders." Regarding supporting Indigenous occupational therapists to become leaders, it was highlighted by several participants that there is a need for mentorship support of Indigenous clinicians within the profession. However, participants did not elaborate on how this mentorship would be supported or provided by the leadership organizations within the profession.

Following a focus on outlining the importance of collaboration and building sustainable relationships, both within and outside of the occupational therapy profession, all participants highlighted the need to focus on internal change within governance and operational structures- which is the focus of the next theme.

Theme III: Governance and Operational Structures

Many participants shared that current governance and operational structures have been both barriers and facilitators to change in relation to the process of reconciliation. However, it was noted that there is a need to work towards reconciliation as highlighted by Participant #1 stating that "…certainly one of the key areas is building a more culturally safe organization and seeing how we support our members in terms of being culturally safe practitioners." It was reported that there is a significant need to create concrete reconciliation action plans that

incorporate progress measures and accountability strategies. Many participants reported the need to collect race-based data to assist with guiding what resources or supports may be needed or provided for occupational therapists that identify as Indigenous. Participant #9 highlighted the lack of data to be a limitation in supporting Indigenous occupational therapists:

> How many Indigenous OTs do we have in Canada? We have no clue. There is no recording of race-based data just in general for occupational therapy in Canada at all. How many Indigenous OTs do we have? Is it representative? Then we can use that. Where are they? How are we going to use it to highlight that information to the schools and to whomever would be interested to say there needs to be more or we need to support this, or it's good or it's increasing or it's decreasing.

Participant #3 reported that organizations are working with the Canadian Institute of Health Information (CIHI) to improve data collection, "we have a minimum set that we've been advocating to add Indigenous identifiers to so that we know what our population is and then we can target more resources." Participant #6 further shared that this data will support building relationships with Indigenous occupational therapists, "engaging with the OTs that self-identified…we're willing to participate and start the discovery, basically how we can support them as Indigenous OTs." However, it was highlighted that this data must be provided voluntarily and needs to be collected in a safe and respectful manner. Participant #1 wondered "…are people comfortable with us using that information because I would think if we're going to collect this information in our renewal form, we need to know the answer." Participant #7 echoed this sentiment saying, "we have to make that [data collection] is acceptable to our members." It was further noted that there needs to be a concrete plan outlined with respect the

use of the data and it would be advised that data collection is coordinated by the regulatory organizations across Canada. According to Participant #10:

> Creating consistency across Canada would be very helpful to understand this and then also to really understand how we can make use of this data so it's meaningful for us, but everyone else as well that it might be able to influence in a positive way.

During the interviews, several participants acknowledged that while the data may provide some information, it will not accurately represent Indigenous occupational therapists across Canada due to challenges associated with identifying as Indigenous.

In addition to the consideration of collecting race-based data, the participants from regulatory organizations reported the need to review and revise current Quality Assurance programs to ensure that occupational therapists are identifying and working towards goals that focus on culturally safer practices and Indigenous health (regardless of practice area or setting). The purpose of Quality Assurance programs is to measure occupational therapists' knowledge and performance to ensure they are meeting the Competencies and Standards for Practice. Participant #6 shared:

> Every year we do an annual continuing competence review with our registrants as part of the Quality Assurance Program…there is always a case question that is Indigenous specific. Also, increasing capacity with respect to cultural safety and humility is one of the most reported goals among registrants.

In addition, participants representing both professional associations and regulatory organizations reported the need to develop commitment statements related to working towards reconciliation and to develop plans with concrete actions steps to increase accountability. Participant #6 shared that these action steps need to ensure that "standards are vetted, verified, and reviewed by

Indigenous stakeholders." Finally, a few participants noted a need to review staff and board member composition to determine gaps in skills and knowledge; with the purpose of informing future recruitment and hiring processes and ensuring that priority is given to marginalized groups and/or to individuals with the voices and skills that are missing from the organization. Participant #1 shared "composition of our staffing too, and so giving priority to people who have the skills we need and giving priority to Indigenous Peoples." This participant also highlighted the need to recruit Indigenous Peoples or representatives to be on organizational boards. Participant #2 highlighted the value of Indigenous representation, "the representative is a great advocate for decolonization…we do have a voice on the board now, thank goodness it's about time." Despite the agreement that Indigenous representation is needed on boards and committees, it is also important that these representatives have power to influence change and decision-making. Participant #8 shared:

> We have no power. We're not part of their governance structures or their boards or like any way that would give us any actual real power…or influence.

Several participants also mentioned the need for Indigenous representation and faculty at post-secondary institutions. While not the focus of this research, it is important to highlight that a barrier to Indigenous faculty representation is the "PhD requirement…we have to fight our university on tenure and promotion" (Participant #2). The Indigenous representation at post-secondary institutions was highlighted as a need to guide organizations through the implementation of the TRC (2015) Calls to Action and recommendations.

Barriers & Facilitators to Reconciliation

In terms of past barriers related to working towards reconciliation, one participant described an initial barrier that needed to be addressed to move forward:

> It was the sense that in trying to promote this at the different tables, the things that I heard were, oh, that's just a [province] issue. And I also heard, oh, that doesn't affect our profession, like not OT but other professions. Yeah, you know…this is not something that really many of my registrants care about, you know. So, it was really understanding its importance. So that was one of the big obstacles. But I don't think that's there anymore. Even people who were saying, I have members for whom this is completely irrelevant, and my response was always, if you live in [province], you need to care about this. (Participant #7)

Another barrier identified was related to organizational or committee members inquiring as to why the focus was on Truth and Reconciliation and Indigenous issues, and not about overall inclusion. One participant shared that there appears to be a reluctance to focus on TRC education issues if individuals had not yet completed diversity and inclusion work first. It was hypothesized by Participant #1 that this may be a concern of organizations or members and/or registrants seeming to value one group over another.

In terms of actions to further support reconciliation, all participants shared practical strategies to support a response to the TRC including adding information about the TRC to an organization website, sharing information about response efforts e.g., commitment statements, developing resources to support connecting with Elders and providing appropriate compensation, and creating and addressing meaningful land acknowledgements. Participant # 2 shared that they "start every meeting with a territory acknowledgement now and…tried to move forward in terms of a rotation so that it doesn't become a script." Participant #7 shared:

> We do have a land acknowledgement at our meetings. We have incorporated that into our conferences, and we do acknowledge that those are not just reading off a piece of paper that they do need to have more meaning.

Participant #9 further supported the use of land acknowledgements:

> Why are we doing [land acknowledgements]? Because we have to. It is important to remind ourselves when we come together that this is an issue in our country and that we are remembering this and it's important to keep it front and center.

However, it is important to share that there are barriers to implementing land acknowledgements. For example, Participant #4 shared that in their province "there was a memo that was sent out to all provincial employees about what words can and can't be used around land acknowledgements." This memo refers to a ban of the term "unceded" within land acknowledgments due to First Nation title claims in court.

Overall, many participants shared that the fear of making a mistake or offending someone was a barrier to responding to Calls to Action. As Participant #1 pointed out "I see this at so many levels, people want to do something, but they're afraid to do the wrong thing." This was echoed by Participant #7:

> So, it's just trying to not intend to offend or be insensitive and being worried about not succeeding. I think for me is an obstacle. I think in terms of an organization, we're dealing with such diverse backgrounds, experiences, and knowledge. To start off with that, we don't know where to start.

Regarding action to further reconciliation participants brainstormed various ideas including expanding the Board of Directors to include an Elder to provide advice and guidance (Participant #5), hiring a permanent Indigenous position or consultant (Participant #2), allocating resources in

terms of staff, time, and budget to support reconciliation work (Participant #6), and reviewing standards with an Indigenous panel (Participant #9). Participants also shared that it is important to continue to embed Truth and Reconciliation goals and objectives within a strategic plan (Participant #10), recognize that reconciliation work is everyday work that "does not have a beginning, middle, end but is an ongoing process" (Participant #6), and to continue to update websites to include information about the TRC and organizational commitments (Participant #1). Participant #1 further highlighted the idea of creating a mandatory quality assurance opportunity related to Indigenous health practices and knowledge; however, shared:

> It is not our knowledge to impart. So, I've been reluctant to say that we should do a prep module on the TRC or on Indigenous health, because it's not our knowledge. But it's our job to make sure that people understand that it's important knowledge that they need to go seek.

As this participant outlined a challenge associated with mandating learning and highlighted their role with respect to education and their organization's mandate, it is important to explore learning and unlearning as another theme.

Theme IV: Learning and Unlearning

Almost all participants shared that learning about Canada's colonial history and current impacts on Indigenous health is an individual and collective journey of learning and unlearning. Many participants highlighted that foundational knowledge (or the truth) must be learned prior to moving to action. As Participant 2 stated "[Clinicians] understand why it needs to happen, but there are a lot of clinicians out there. So, we need to start with the truth piece before we can move to the reconciliation piece." A few participants also noted the need to facilitate the education of staff and board members related to cultural safety and the TRC (2015) Calls to

Action. As an example, Participant #1 shared that they created the "expectation that people do the San'yas [Indigenous Cultural Safety] training when they're on staff" and that this expectation is embedded within strategic plans. However, providing education to members can be a challenge due to turnover rates. For example, Participant #10 noted that:

> The positions are only for two years at a time. So, I mean, it is constantly getting people engaged in that process of reflection and understanding what resources are out there and things like that. So, I think that the educational piece is definitely something that we've been working on within the organization.

However, it was mentioned by participants that education related to the TRC is and can often be completed in an informal manner with staff during committee, or council meetings.

In addition to providing both formal and informal learning opportunities, it was further highlighted by participants that education related to Truth and Reconciliation must both reflect local Indigenous history as well as Canada's colonial history. Participants from interview #6 related this statement to the release of the updated occupational therapy competencies:

> The new domain in there really isn't Indigenous specific, but definitely recognizes equity, diversity, cultural safety, humility concepts within it and the importance of them. So, looking at continuing to support those implementation and integration across our programs, the work from those new competencies will have to be embedded across all of our portfolios.

Some participants further shared the need to facilitate the learning of the occupational therapy profession and to develop or increase access to practice resources that facilitate learning about Canada's colonial history and culturally safer, trauma-informed practices. Participant #5 shared the need to "provide resources and opportunities for occupational therapists to learn more both

about themselves, as well as about Indigenous Peoples in Canada, and about cultural humility and cultural safety." In addition to the education of the occupational therapy profession, it was further acknowledged that there are not only concerns with reaching the profession but how to influence or change the current health system. Participant #2 shared:

> So, when someone says something that I think is racist or discriminatory, I might say to them on my team, well, what do you mean by that? You know, but that's at an individual level. So, I think right now we're struggling with two things. We're struggling with reaching our own profession. But then we're going to be struggling with how we turn this outward facing to advocate for actual change within the systems, recognizing how many systemic racist policies I've been part of complicit in upholding because I work within this health system.

Participants broached the concern of needing to reach all occupational therapists and highlighted the need for this education and work to be done. Participant #2 reported that workshops can be developed and offered but queried that those that could most benefit from the information would not sign up or participate. Participant #2 further shared how occupational therapists need to be empowered to work towards recognizing and addressing the social determinants of health and how each determinant can impact health outcomes.

All participants shared various strategies in which to support the occupational therapy community to increase access to education and resources; however, Participant #4 shared that while it is important to increase awareness of the Calls to Action and facilitate learning, it is also important not to "[take] the responsibility of having to spoon feed things that we should be taking responsibility for ourselves." Overall, the majority of participants reported that education

continues to be a gap and that there needs to be an increase in learning as a first step. For example, Participant #5 shared:

> We can start by increasing the knowledge of occupational therapists so that they're practicing in culturally safer ways and maybe challenging the systems that are so broken that we don't recognize the health care rights…so the more voices we can have, we see it as everyone can be an advocate instead of just us as the professional organization.

Some participants also discussed the implementation of mandatory training and learning related to reconciliation. Participants clearly stated that it would be within the role of the regulatory organizations to review the need to mandate certain training. Regarding mandatory training, Participant #7 shared:

> So, I think because we're just at the beginning of our journey to help identify issues within Indigenous populations, I'd say that we're probably not quite there yet. I think we have full intention of doing this and I know from a [professional development] perspective we have been looking at how we can educate our OTs in working with certain populations.

Barriers & Facilitators to Reconciliation

In terms of the barriers to the implementation of training or creating training expectations, one participant shared that they are grappling with how to impart knowledge to practicing occupational therapists. The participant reported that to ensure occupational therapists gain the required knowledge, there could be a mandatory prep module on the TRC or on Indigenous health. A prep module would act as a self-directed learning module that enhances occupational therapists' knowledge of professional practice standards. However, some participants felt that this may not be the role or responsibility of organizations to share this

knowledge as their role is to make sure that occupational therapists understand that this knowledge is required and to encourage seeking out this knowledge from appropriate sources. For example, Participant #10 highlighted that "…it's walking that line of saying you as a consciously competent practitioner should have this knowledge, but we don't give you the knowledge because we could never do it justice." As such, several participants shared that it may be beneficial to require occupational therapists to create and work towards a goal related to equity and justice or a goal related to Indigenous health but would not mandate what that goal would look like or how it would be achieved. Instead, the learning process and/or resources accessed would be guided by the occupational therapist.

In each interview, discussions related to gaining knowledge and/or guiding professional development shifted to highlighting the release of the new *Competencies for Occupational Therapists in Canada (*ACOTRO, ACOTUP, & CAOT, 2021). All participants highlighted the document as a vehicle to change the profession's direction across Canada and will be used as a valuable resource to support the education and development of occupational therapists in each province and territory. Participant #1 highlighted that "the idea is to introduce the competencies through a prep module that ideally every province will use." Participant #10 shared:

> We've made strides in terms of including culture, equity, and justice but by no means that it is the be all and end all, and there will be more improvements to it. We've heard that. We acknowledge that, but it is a step in the right direction. They are an improvement from the essential competencies, and we do have an e-learning module.

Participant #3 further shared that their organization is "working [the Competencies] into our standards of practice for the college and working on how we can meet that standard." Other

participants shared that in addition to the new Competencies document, their organization has developed additional resources to support learning needs. One participant shared:

> We have just released, I don't know if you've seen it yet, but we have a culture, equity, and justice document that just came out. It is not a standard of practice but an education document to try and move the profession in the right direction and give them some information.

Other participants shared that they "provide information about Jordan's Principle and things like that on our website" (Participant #10), have updated their websites to point to external resources e.g., toolkits, webinars (Participants from interview #6), and share resources related to Indigenous Peoples, and Truth and Reconciliation (Participant #7).

It is also important to highlight that many participants shared that their organizations have paid for training for staff, Board of Directors, and committee members. All participants reported that education could also be shared in the form of workshops, podcasts, free online videos, or modules. However, a barrier to accessing education that is unpaid or not provided by an employer is not knowing where to start. As Participant #4 said:

> So, I feel like there are a lot of resources. Maybe that might be a barrier or a challenge in that people don't know where to start. And I think that there might be barriers in terms of...that feeling of being overwhelmed or helpless because they don't know where to start.

Similar to earlier themes, a challenge related to learning and unlearning is knowing where to start. Participant #10 further shared:

> I think what we've already talked about it…OTs may be unsure where to start or where to go next. And so, it's such a big topic and it can be very overwhelming very quickly. And so how do we navigate it and create concrete steps just to help people move past that

> initial feeling of being overwhelmed, and then again, we're all coming from different levels of understanding.

In terms of actions to further reconciliation, participants highlighted several opportunities including: offering CAOT pre-conference workshops and sessions (Participant #2), offering blanket exercises (Participant #5), supporting Indigenous health research (Participant #2), identifying knowledge gaps (Participant #4), and implementing mandatory training or encouraging the creation of professional development plans with a goal related to Indigenous health (Participant #5). Other suggestions shared included focusing on building the advocacy capacity and knowledge of occupational therapists to practice in ways that challenge the system (Participant #5), building personal competency to be leaders in taking action (Participant #6), advocating for funding for education and resources (Participant #6), and developing educational resources related to trauma (Participant #8).

Theme V: Decolonization Processes

The majority of participants shared that the occupational therapy profession is motivated and committed to working towards reconciliation and that decolonizing current policies and procedures at all levels is required. Each participant noted a need to review current policies, procedures, and protocols to ensure that these align with guiding documents and recommendations e.g., TRC (2015) and do not continue to perpetuate colonialism. For example, Participant #1 outlined that this includes reviewing current standards of practice and code of ethics e.g., what are better and safer practices related to documentation when working and supporting Indigenous communities and how to obtain informed consent in a culturally safe manner. This can also include a more thorough review of regulatory documents. While this thesis did not include representatives from occupational therapy programs, many participants

highlighted the need to review and decolonize the admission process to enter occupational therapy programs and the need to review the national occupational therapy exam. Participant #2 highlighted that there is a need to "create an alternative pathway for an Indigenous student." Further, each participant associated with a regulatory organization shared that there is a significant need to review the complaints process at the organization level to facilitate safer practices. Participant #1 highlighted:

> We have never had a complaint that would be related to somebody feeling like they were treated in a way that was due to racism. But I live in a province where a huge percentage of our population is Indigenous, so it doesn't follow, it doesn't track.

Many participants agreed that reviewing and changing the complaints process at the regulatory level would allow for the receipt of complaints that could create opportunities for learning and could inform change.

To work towards decolonizing practices, participants raised that there is a need to access and implement the recommendations of documents such as the TRC. Participants from interview #6 shared:

> TRC and In Plain Sight are helpful to us as white settlers because they have clear directions. We try to tie our goals and our activities to the calls for action so that we're not just deciding what we think would be best, essentially. So, it's more responsive...but what we are learning is that decolonization takes time in our approach.

For example, many longer-term plans for organizations included reviewing existing standards to see how to decolonize any of the processes. Regardless of the processes or plans to decolonize, it was highlighted that each organization needs to be aware that taking action towards reconciliation is not a check box approach. Participant #8 shared "they check their box and

they're like, oh, I went to a sweat [lodge]. So, I'm decolonized now." In fact, Participant #2 acknowledged that "Everything we do, we do with a colonized lens, and we don't even recognize we're doing it".

Barriers & Facilitators to Reconciliation

In response to what is the role of a regulatory organization responding to the TRC Calls to Action, participants highlighted the need to change policies and procedures to increase the relationality and safety for both members and/or registrants and the general population. Participant #6 shared:

> I know our process is very administrative, it's very legal, it's grounded in the statute that governs the regulators…we have a very administrative law process that we need to implement, and we know…it's documented in the In Plain Sight report out of B.C., people don't complain generally because it's too much paperwork. If you're Indigenous, you don't complain because you don't think anything will happen or nothing will be done, or you won't be believed.

The accessibility of the complaints process was further highlighted by other participants who said that despite their respective provinces being home to a large percentage of Indigenous Peoples, they have never received a complaint related to a client experiencing racist or offensive remarks. However, a few participants hypothesized that the lack of complaints may be due in part to the ability of occupational therapists to practice in a culturally safer manner. For example, occupational therapists need to be aware of their own personal biases and the impact of the inherent biases within the healthcare system in their work. This is highlighted by Participant #1 in their explanation of the need for ongoing learning and the need to change processes to "appreciate why people might be hesitant about showing up for an appointment or what's

happening in their life that might prevent them from showing up or what more systemic issues are going on that might contribute to that."

The process of decolonizing extended beyond the complaints processes and was also highlighted in other areas such as admissions to occupational therapy programs as noted above, national exam writing, and writing reports. Some participants highlighted the need to write reports from a strength-based perspective and a need to review the national exam that was developed using a Western and colonial process. Participant #8 highlighted the need to review admissions processes and acknowledge what value marks hold versus life experiences:

> If you're a person who comes from having all kinds of life experiences because that's your life history, then how do we value that at least as much, if not more than whatever the typical stuff that is now being valued e.g., your ability to form relationships.

Other practical strategies to work towards decolonization and reconciliation included:

> Ensuring our website and communications are welcoming to Indigenous Peoples, creating connections with those that are Indigenous in the community and within our own membership, and then acknowledging Canada's history of colonization, ensuring staff and council have a better understanding of this. (Participant #10)

Participant #10 also highlighted the challenge with system change "…sometimes it's hard for people to accept that maybe what they knew all along is not accurate or, you know, they're kind of challenging their own beliefs that they've grown up with." Participant #8 further highlighted systems issues:

> The problem I found is that when you're a profession that works within these other systems of healthcare, that's when things get very complicated, and people don't have a say. Our systems are set up to just reproduce that oppression. That's a really complicated

> issue because the thing is, we don't want to set our people up for failure either. There are so many people who I know that would actually make super good OTs.

Overall, the findings from the interviews highlighted themes that can be explored and considered as components of a reconciliation action plan. At present, professional associations and regulatory organizations can explore ways in which to collaborate and build relationships within and outside of the occupational therapy profession across Canada. This collaboration can further lead to the sharing and development of ways to work towards culturally safer governance structures and processes, learning and unlearning, and the decolonization of practices. The themes uncovered from the interviews can support a continued focus on exploring the roles of the respective associations and regulatory organizations in supporting the profession to engage in reconciliation. Finally, the barriers and facilitators to reconciliation can be reviewed to consider the creation of actionable, tangible steps that will support the implementation of the health-related Calls to Action outlined by the TRC (2015). The role of the professional associations and regulatory organizations in supporting the occupational therapy profession to engage in reconciliation and how to implement the health-related Calls to Action will be reviewed in further detail, with support from the literature, in the discussion chapter.

Chapter 4: Discussion

The current research sought to determine the role of the professional associations and regulatory organizations in supporting the profession of occupational therapy to engage in reconciliation, and to further identify how the aforementioned bodies are supporting the implementation of the health-related Calls to Action as outlined by the Truth and Reconciliation Commission (2015) of Canada. In review of the findings, five unique themes emerged that reflected a current response to the Calls to Action and further identified barriers and facilitators to reconciliation and future actions to support continued work towards reconciliation. While the research does not represent all professional associations and regulatory organizations across Canada, the findings provide a nuanced description of the current response and potential future actions to respond to the health-related Calls to Action.

To highlight and explore the key findings from the interviews, the discussion will be organized into three main sections: Building Collaborative Relationships and Honouring Sovereignty, Learning and Respecting the Truth, and Commitment to Reconciliation within Occupational Therapy. The headings were chosen as relationship building, learning the truth, and engaging in reconciliation efforts appeared to be the central high-level themes gleaned from the research data. In addition, the TRC (2015) outlines that "…reconciliation with other Canadians calls for changing the country's collective, national history so that it is based on the truth about what happened to them as children, and to their families, communities, and nations" (p. 268). In other words, *truth* must occur before *reconciliation*. The TRC (2015) further outlines that true reconciliation is about relationship and for reconciliation to occur, Canadians must find ways to build stronger and more respectful relationships with Indigenous Peoples. In addition, each section will also highlight health-related Calls to Action that will draw parallels from the calls to

the current response of the professional associations and regulatory organizations. Finally, the discussion will present my, the researcher's, own understanding of the journey of reconciliation within the occupational therapy profession and outline the next steps of the profession based on the data and from a non-Indigenous perspective via the Two Row Wampum belt treaty. It is important to acknowledge that I received teachings of the treaty via an Indigenous healthcare professional and received guidance from a Métis committee member to ensure that treaty learning is shared to ground the research in a respectful, appropriate, and meaningful way. I would also like to acknowledge that much of my thesis work and project writing was completed on the treaty lands and territory of the Mississaugas of the Credit First Nation and the traditional territory of the Huron Wendat and Haudenosaunee land which are included within the Two Row Wampum belt agreement.

> *"In one row (of the Two Row Wampum belt) is a ship with our White Brothers (Dutch) ways; in the other a canoe with our (Haudenosaunee) ways. Each will travel down the river of life side by side. Neither will attempt to steer the other's vessel."* -Onondaga Nation

I, the researcher, first learned of the Two Row Wampum belt as an occupational therapy student completing a practicum on the Six Nations of the Grand River, demographically the largest First Nations reservation in Canada, near Brantford, Ontario. The Six Nations of the Grand River includes all six Haudenosaunee nations, including Seneca, Cayuga, Onondaga, Oneida, Mohawk, and Tuscarora. During my practicum, I learned from an Indigenous healthcare professional that the Two Row Wampum belt represents an agreement between Indigenous and non-Indigenous peoples. The agreement is grounded in respectful co-existence of two different nations and was created to negotiate a relationship with new individuals that were occupying the land. This relationship, marked through beads on the wampum belt, stands for equity and respect

and depicts two boats (or a boat and a canoe) each navigating waters without steering each other. Each boat is said to contain the life, laws, and people of each culture. The agreement within the treaty is long-standing- remaining as long as Indigenous Peoples and non-Indigenous peoples walk this earth and thus, affirming the intent of the relationship. The Two Row Wampum treaty is a living treaty and continues to honour and respect the First Nations traditions and cultures that have been violated for years by encroaching populations to North America, also known as Turtle Island.

The meaning, as it was shared with me, of the Two Row Wampum belt treaty is integrated within this report to highlight the need to build relationships between distinct groups (Indigenous and non-Indigenous peoples) that are grounded in friendship and peace, living in parallel and recognizing each other as equal partners (Long et al., 2019). While I learned about the treaty on practicum, it is also highlighted within the Royal Commission on Aboriginal Peoples (RCAP). Despite its presence within the RCAP, there is a consensus that the agreement has yet to be formally integrated into practice (RCAP, 1996). I further introduce the treaty in my discussion as it is used by First Nations peoples for the purposes of teaching and as a model to repair nation-to-nation relationships across Turtle Island. As such, it may guide discussions to support the journey towards learning and understanding the Truth and engaging in Reconciliation.

In application to the journey of reconciliation and in reflection of historical and ongoing colonial events, the treaty posits that individuals from distinct sovereign nations have wanted to enter the boat or canoe of Indigenous Nations and/or Indigenous Peoples may have wanted to (or have been forced to) enter the boat of settler governments and society. A common interpretation (not my own) of the treaty outlines that setting foot into each other's boat, could lead to

instability. As a result, this teaching from the treaty could guide each nation in working towards reconciliation via building collaborative relationships while honoring and respecting sovereignty. This interpretation is intended to guide the discussion chapter and to be respectful of the spirit of collaboration and that all Canadians are treaty people with rights and responsibilities to reconciliation.

Building Collaborative *Relationships* and Honouring Sovereignty

In returning to the research, participants highlighted the importance of building collaborative relationships across various organizations (provincially, territorially, and nationally), while respecting and maintaining each organization's mandate. On a systems level, this collaboration and co-ordination includes the professional associations, regulatory organizations, and universities across Canada. However, it is important to highlight that there is not a regulatory organization, professional association and/or occupational therapy graduate program present in each province and territory, which could limit progress in the respective province or territory. While building relationships and collaboration is required to support a response to the Calls to Action, individual work, and accountability at the level of each organization is required. This includes looking inward and working towards one's own knowledge and understanding of Canada's colonial history and reconciliation journey. Gazing inwards is mentioned within occupational therapy literature in relation to the need to reflect on how positions of power and privilege are embedded in the ways in which occupational therapists provide services to Indigenous Peoples (Gerlach, 2016).

In addition to collaboration amongst and within organizations, engaging and collaborating with Indigenous partners and community members e.g., connecting with Elders and Knowledge Keepers is required. White & Beagan (2020) outline that both communication and

relationship building (Jacek et al., 2023a) are central to working effectively with Indigenous communities and this is further supported by the need to "[maintain] mutually supportive working relationships" with clients, other professional and stakeholders as outlined within the new occupational therapy Competencies document (ACOTRO, ACOTUP, & CAOT, 2021, p.12). This highlights the principle of "nothing about us, without us" (Charlton, 1998) shared by participants during the interviews. As such, there is a need for organizations to focus on developing and nurturing the relationships with Indigenous Peoples and co-creating resources or culturally safer practices to connect with Indigenous partners. This emphasis on building collaborative and sustainable relationships is echoed in the health-related Calls to Action. TRC Call to Action #22 specifically calls upon healthcare professionals within the Canadian healthcare system to recognize the value of Indigenous healing practices and use them in the treatment of Indigenous Peoples in collaboration with Indigenous healers and Elders (TRC, 2015). It is also important to highlight that this includes better practices to compensate Indigenous Peoples for sharing their knowledge and wisdom.

This relationship further extends to occupational therapists who identify as Indigenous- there is a need to engage and collaborate with Indigenous occupational therapists to co-create safe spaces to share feedback and ideas to support the future directions of the profession. It is also imperative to build relationships with the Indigenous occupational therapy community to determine how best to support the clinicians within the profession and how best to change the profession in a way that welcomes future students and clinicians. During the interviews, one of the participants shared that due to the historic Eurocentric roots of the occupational therapy profession and its current practices, it may not be safe for Indigenous students to join and navigate. As such, in order for the profession to respond to Call to Action #23 – a call to increase

the number of Indigenous professionals working in healthcare and to ensure the retention of Indigenous healthcare providers in Indigenous communities – the profession must critically review and determine how best to change the profession to support future Indigenous occupational therapists and Indigenous occupational therapy students. In a review of the literature in Canada, there is a lack of data related to supporting Indigenous occupational therapists within the profession. Bauer et al. (2022) found that within the area of academia and research there is a small pool of relevant primary research with respect to the TRC; however, the studies lack Indigenous leadership and authorship. This raises the question of whether the profession is actively supporting the completion of research by Indigenous researchers and/or occupational therapists within the field and highlights a direction for future research.

Learning and Respecting the *Truth*

The research findings suggest that occupational therapists and occupational therapy leadership organizations must continue to take action to learn the truth about Canada's colonial history and its current impacts on the health of Indigenous Peoples. During the interviews, most participants highlighted that occupational therapists may be at different stages of learning with respect to Canada's colonial history and must take the necessary steps to address these knowledge gaps. This is echoed in research by Jacek et al. (2023a) outlining that occupational therapists must be aware of their knowledge gaps in relation to Indigenous health and must address these gaps to work towards reconciliation. It is further stated that critical reflection and learning are ongoing processes that are essential throughout one's professional career (Jacek et al., 2023a). Taking action to address knowledge gaps related to Indigenous health issues and reconciliation would work towards responding to Call to Action #24; a call to require all students to take a course dealing with Indigenous health issues, including the history and legacy of

residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices (TRC, 2015). Further, responding to Call to Action #24 requires "skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism" (TRC, 2015, p. 168). Similarly, this action would be seen as a response to Call to Action #23 that highlights that need for all healthcare professionals to complete cultural competency training.

In the occupational therapy profession, the national and provincial occupational therapy associations and regulatory organizations can provide guidance with respect to supporting occupational therapists to identify and address knowledge gaps (Jacek et al., 2023b) via the Competencies for Occupational Therapists in Canada (ACOTRO, ACOTUP, & CAOT, 2021). However, it is important to note that while the Competencies document does not focus specifically on Indigenous health or reconciliation, it does include a domain labeled "Culture, Equity, and Justice" which is relevant for working with Indigenous clients. Within this domain, it is stated that competent occupational therapists are expected to promote equity in practice and one of the indicators of this competency is to identify the ongoing effects of colonization and settlement on occupational opportunities and services for Indigenous Peoples (ACOTRO, ACOTUP, & CAOT, 2021). However, it is important to highlight that the performance indicators for this domain lack clarity for implementation (Jacek et al., 2023b) and as there is a consensus that a checklist approach of cultural competency is inappropriate (Beagan, 2015; Grenier, 2020), occupational therapists would benefit from guidance to learn about and apply culturally safer approaches in practice when working with Indigenous clients and communities.

In returning to the TRC Calls to Action, Call to Action #23 calls "upon all levels of government to: […] provide cultural competency training for all health-care professionals"

(2015, p. 164). In research focused on the knowledge gaps of occupational therapists in Canada, it was found that occupational therapists were interested in training and formal learning opportunities that focused on Indigenous health and how to address the unique practices and traditions of Indigenous Peoples (Jacek et al., 2023b). However, many of the participants within the research reported that available training opportunities were pan-Indigenous and difficult to apply to a local context (Jacek et al., 2023b). It is noted within the literature that trainings should be developed by Indigenous Peoples and be specific to the local context to highlight the unique traditions and practices (Valavaara et al., 2022). While it is beyond the scope of this research to complete an in-depth review of current occupational therapy curriculum, occupational therapy programs at Canadian universities have undertaken initiatives to address the TRC and implement cultural safety curriculum; however, only four programs have published about their curriculum changes in response to the TRC (Bauer et al., 2022).

Several participants highlighted the need to facilitate and support the unlearning and learning of staff and board members within their respective organizations. For example, participants shared the need to ensure staff have completed cultural safety training and continue to engage in informal and formal education related to the TRC (2015) Calls to Action. In doing so, this would allow the organizations to better facilitate the unlearning and learning of occupational therapists across the country and to develop and provide practice resources that facilitate learning about Canada's colonial history and culturally safer, trauma-informed practice.

Commitment to *Reconciliation* in Occupational Therapy

Occupational therapists in Canada must position themselves to respond to the Calls to Action and engage in the process of reconciliation: they can play a role in advancing Indigenous Peoples' health via advocating for and applying culturally safer practices and policies on a local,

provincial/territorial, and national level (Restall et al., 2016; CAOT, 2018a). However, to realize the potential of occupational therapists to engage in reconciliation, the profession must first examine, critically reflect, and change the ways our core beliefs reflect Eurocentric values (Jull & Giles, 2012) and roots (Hojjati et al., 2018). At present, commonly used occupational therapy theoretical frameworks and models are poorly suited to address Indigenous health and wellness as they impose a Western settler-colonial worldview (Fijal & Beagan, 2019; White & Beagan, 2020).

Due to the profession's Eurocentric roots, each occupational therapy leadership organization must focus on building culturally safer organizations and supporting the development of culturally safer occupational therapy practice. One way in which organizations are working towards this objective is to consider modifications to the Quality Assurance programs that occupational therapists complete on an annual basis to work towards goals which focus on culturally safer practice regardless of area of practice. During the interviews, the majority of participants shared the need to review these programs to ensure alignment with the new Competencies (ACOTRO, ACOTUP, & CAOT, 2021). However, it was not clear from the interview data how best to make changes or what concrete steps would be taken first.

At an organizational level, participants shared a commitment to developing reconciliation action plans that outline concrete steps to increase accountability. One way in which this is currently being achieved, is the co-development and recent release of a Truth and Reconciliation Commitment Statement (OT TRC Task Force, 2023) that will be signed by leading occupational therapy organizations (national, provincial, and territorial) in Canada. The actions outlined within this statement will focus on reviewing staff compositions to determine gaps in skills and knowledge with the purpose of informing recruitment and hiring practices, review current

policies, procedures, and protocols, and review current regulatory documents, standards of practice and codes of ethics e.g., develop better and safer practice related to documentation when working and supporting Indigenous clients and/or communities, obtaining informed consent in culturally safer manner. While this was identified as an important step to continue work towards reconciliation, it also must be highlighted that organizations must take accountability and determine how to apply the commitments to their work and respective mandates.

Regarding a review of current policies, procedures, and protocols, participants from the regulatory organizations highlighted the need to decolonize the complaints process at the college level to facilitate safer practices. To date, the participants representing regulatory organizations reported no specific complaints received from Indigenous clients despite many provinces reporting a significant Indigenous population. The development and implementation of these commitments by each organization across Canada can act as a response to Calls to Action #19 and #20. In responding to Call to Action #19, the organizations will need to consult with Indigenous Peoples in their respective provinces and territories to establish goals and objectives that directly or indirectly work to close gaps in health outcomes between Indigenous and non-Indigenous communities. As well, it will be expected that the respective organizations will provide annual updates on their progress and determine how best to continue working towards their commitments as individual organizations and as part of the occupational therapy collectives across Canada. It will also be expected that each organization will apply the commitments to their local contexts and as such, respond to Call to Action #20 which states that there is a need to recognize, respect, and address the health needs of diverse Indigenous Peoples (including off-reserve Indigenous Peoples).

Finally, several participants shared that the colleges are either in the process of exploring the collection of or are collecting race-based data (Indigenous identity) in a safe and respectful manner. One of the participants shared that their organization would like to work towards increasing the number of Indigenous professionals working in healthcare (Call to Action #23) and to do so, must first understand how many registrants identify as Indigenous. The college would seek to collect race-based data to establish a baseline of data that could be monitored over time. While regulatory organizations are not directly involved in recruiting and educating future registrants, the colleges are able to count the number of Indigenous occupational therapists that might be working and practicing within each respective province and territory (COTO, 2020). The data collected could be shared in aggregate with universities, associations, the government, and others to inform program development and initiatives. In addition, through understanding the Indigenous representation in the professions, organizations can review their own processes and programs to reduce entry to practice barriers and improve practice resources that may not be meeting the unique needs of Indigenous occupational therapists (COTO, 2020). At present, professional associations (national and provincial/territorial) do not collect race-based data during membership registration.

In Canada, unlike the United States of America, there are no adopted standards for collecting, maintaining, and reporting race and ethnicity data in Canada (Sheikh et al., 2023). While the COVID-19 pandemic generated an increased interest in collecting race-based data to measure and monitor health disparities amongst racialized and marginalized groups (Canadian Institute for Health Information [CIHI], 2020), Canada has been reluctant to collect data due to concerns regarding its potential misuse (Menezes et al., 2022). As well, in Canada, Indigenous communities continue to be impacted by inequities in healthcare and there are many examples of

exploitative practices in research involving Indigenous populations e.g., nutrition experiments in residential schools (Sheikh et al. 2023) and experiences of systemic racism within healthcare environments. As a result, without clear reasoning and rationale for why race-based data is being collected and used, collection can cause further harm and distrust of the health systems (Sheikh et al., 2023). If individuals do not feel safe or comfortable disclosing personal information regarding their race or identity, it will not be possible to gather data accurately. For this reason, the implementation of safe and appropriate data collection strategies and use is an essential step to mitigate ethical concerns (CIHI, 2022) and to ensure that data can contribute to addressing the impacts of systemic racism and promote health equity in Canada.

As one step towards reconciliation and as previously mentioned, the first unified set of competencies for all occupational therapists in Canada was released in November 2021 (ACOTRO, ACOTUP & CAOT, 2021). The document highlights a new domain acknowledging the presence and impact of racism in Canada, specifically stating that occupational therapists are expected to "identify the ongoing effects of colonization and settlement on occupational opportunities and services for Indigenous Peoples" (ACOTRO, ACOTUP & CAOT, 2021, pg.13). This competency indicator represents a critical step towards addressing knowledge and behaviour gaps related to Indigenous health and health services, placing the onus on occupational therapists and the profession at large to take action. Individually and collectively, occupational therapists must be accountable for responding to the TRC Calls to Action to engage the profession in ongoing reconciliation (Restall et al., 2016). As this is the first set of unifying competencies and as many participants identified the competencies as supportive of Truth and Reconciliation, this presents a unique opportunity for all occupational therapy organizations within Canada, including professional associations and regulatory organizations, to respond and

to act. Participants highlighted the importance of occupational therapy organizations collaborating on both a provincial and/or territorial, and national level respond to the TRC (2015) Calls to Action and work towards reconciliation.

In addition to applying the new competencies to work towards reconciliation within the profession, participants also highlighted the need to work towards the decolonization of occupational therapy practice. Jacek et al. (2023b) posit that one way to work towards the decolonization of the profession is to engage engaging in critical reflexivity and the examination of the cultural assumptions of the profession's current theories, models, and assessment measures (Jacek, 2023b). This is echoed within the work of Hammell (2011) which states that the theories, models, and assessment measures in the occupational therapy profession pre-dominantly reflect the cultural assumptions of the profession's Western, white, and middle-class founders (Hammell, 2011). Hammell (2011) continues that if the occupational therapy profession is to be positioned as "culturally neutral" without examination of its foundations and beginnings, its conceptual foundations will continue to be unknowingly imposed (Hammell, 2011).

As another direction to work towards decolonizing the profession, occupational therapists must continue to critically examine the cultural underpinnings of practice tools to determine their appropriateness for use with Indigenous clients, challenge their routine implementation if required, and implement and apply culturally safer approaches and principles (Beagan, 2015; Jacek et al., 2023b). Occupational therapists need to work towards reconciling Indigenous ways of knowing with Western practice and collaborate with Indigenous Peoples to develop theories and models to positively impact health outcomes (CAOT, 2018b; Phenix & Valavaara, 2016). Occupational therapists and occupational therapy leadership organizations must be critically reflexive, understand their own biases, and acknowledge how they may be perpetuating

ongoing colonialism in their practice. It is posited that working towards better and safer practices, policies, procedures, and protocols will allow occupational therapy organizations to continue to respond to the Calls to Action that involve acknowledging the direct connection between Indigenous health in Canada and current and previous government or healthcare policies (Call to Action #18), and work towards upholding the healthcare rights of Indigenous Peoples. In addition to responding to the TRC (2015) Calls to Action, it is further necessary for organizations to review other pertinent documents to guide reconciliation efforts including the National Inquiry into the Missing and Murdered Indigenous Women and Girls (MMIWG) final report and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

Occupational therapists need to work towards becoming comfortable with feeling uncomfortable as they continue to challenge themselves via engaging in critical reflexivity (White & Beagan, 2020). Similarly, participants shared that organizations must be open to making mistakes when working towards reconciliation and be willing to "course correct" when missteps are made in practice. Viengkone (2019) highlighted the importance of making mistakes to the learning process and the acknowledgement that mistakes will occur. Viengkone (2019) further shared when working in an Indigenous health context, we will not always say or do the 'right' thing, but we can continue to connect with Indigenous Peoples and communities by humbly admitting and correcting our mistakes.

Participants acknowledged many challenges associated with reconciliation work and not knowing how to move forward in all respects to respond to the TRC (2015) Calls to Action. However, in returning to the concepts of the Two Row Wampum treaty, it is important to remember that communication and building relationships is central to effective work with Indigenous Peoples and communities (White & Beagan, 2020). It is imperative for the profession

to work in partnership with Indigenous Peoples in Canada, while not steering the boat or canoe, to continue to challenge and change current colonial processes, while at the same time working towards understanding the Truth and engaging in Reconciliation.

Study Limitations

The researcher is a settler occupational therapist who is a member of various occupational therapy associations within Canada and a current employee with the Canadian Association of Occupational Therapists (CAOT). The researcher acknowledges that all interviews with participants were completed prior to the initiation of paid employment with CAOT. However, this position of privilege may have led to an unacknowledged bias while completing data analysis and interpretation of the data. This is also akin to being an "insider" with respect to the researcher's position. Insider research occurs when the researcher shares relevant characteristics with the participants or population of study (Yin, 2015). As the researcher negotiates dual roles (e.g., researcher and member of the population of study), challenges such as perceived biases can arise (Toy-Cronin, 2018). However, it can also be noted that sharing characteristics does not necessarily mean someone feels like or is perceived to be an insider (Yvonne Bulk & Collins, 2023). The identity of an insider is not a fixed or static position, but rather, can be fluid where only some aspects of experiences may contribute to "insiderness", whereas others may simultaneously contribute to "outsiderness" (Yvonne Bulk & Collins, 2023). This is to say that feeling like an insider in research is a complex process that involves more than simply sharing characteristics with a particular group or participants. To mitigate any potential bias or loss of objectivity within the research process and data analysis, the researcher participated in reflexive work- a vital tool for insider research (Mohler & Rudman, 2022; Yvonne Bulk & Collins, 2023). Reflexivity is crucial for offering alternative ways of

understanding an experience and involves examining personal and professional pre-assumptions, feelings and perspectives that could otherwise undermine the research process e.g., missing insights about a participant's experience (Mohler & Rudman, 2022). To further mitigate any biases, the researcher further engaged in debriefing discussions with the thesis supervisor and committee during the data analysis stage to maintain awareness of the impact of positionality on the research process.

Second, despite efforts to contact the most appropriate participants for the study, not all participants were willing or able to complete an interview and participants who did complete interviews may not have been fully aware of all current and future action of professional associations and regulatory organizations in relation to reconciliation work. Finally, action steps identified by the professional associations and regulatory organizations may be grounded in general diversity and inclusion strategies as opposed to specifically addressing or responding to the health-related Calls to Action as outlined by the TRC (2015) or are not specific to the reconciliation process with Indigenous Peoples in Canada. As a result, the researcher interpreted the data in its relation to how certain action may support the professional associations and regulatory organizations to engage within the process of reconciliation in Canada.

Research Dissemination

Once the research has been 'defended' and the thesis is in its final edition, the researcher will complete an executive summary report that will be provided to the occupational therapy professional associations and regulatory organizations that participated within the research. The report will include a summary of the research and highlight notable themes and concepts that may be used to guide or inform a response or continued response to the TRC health-related Calls to Action by the professional associations and regulatory organizations. The report will further

highlight any barriers or challenges that were shared related to responding to the Calls to Action and will provide specific recommendations to guide or support a response. In addition, the researcher plans to submit the research for publication to an occupational therapy journal and submit it to occupational therapy conferences to disseminate findings to a wider professional audience.

Chapter 5: Conclusion

This thesis sought to understand the role of the professional associations and regulatory organizations in supporting the profession of occupational therapy to engage in reconciliation and how they are supporting the implementation of the health-related Calls to Action outlined within the Truth and Reconciliation Commission (2015) of Canada report. In pursuit of answering the research questions, several representatives from both professional associations and regulatory organizations were interviewed using questions based on the health-related Calls to Action (Calls to Action #18-24). The five levels of themes and sub-categories related to barriers, facilitators and actions towards reconciliation were identified to describe current responses and actions. The findings offer insight into the role of each occupational therapy leadership organizations in working towards reconciliation and highlight the need for continued collaboration and partnership with Indigenous Peoples. The findings further demonstrate the need for the occupational therapy profession to acknowledge and address the Eurocentric nature of its history and current practices. In responding to the Calls to Action, the profession must seek to unlearn harmful practices and learn culturally safer approaches and work towards decolonizing the profession. Without responding to the Calls to Action and maintaining the status quo, the profession will continue to knowingly or unknowingly uphold oppressive systems and practices that perpetuate colonialism. However, with awareness, reflection, and motivation, the profession can be well-positioned to change, adapt, and work towards a culturally safer, inclusive profession and co-develop and co-construct new directions to support Indigenous health in Canada.

References

ACOTRO, ACOTUP, & CAOT. (2021). *Competencies for Occupational Therapists in Canada/Référentiel de compétences pour les ergothérapeutes au Canada*. https://acotroacore.org/sites/default/files/uploads/ot_competency_document_en_hires.pdf

Allan, B., & Smylie, J. (2015). *First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada.* Wellesley Institute. http://www.wellesleyinstitute.com/wpcontent/uploads/2015/02/Summary-First-Peoples-Second-ClassTreatment-Final.pdf.

Assembly of First Nations (AFN). (2020). *Progress on realizing the Truth and Reconciliation Commission's Calls to Action*. https://www.afn.ca/wp-content/uploads/2020/12/2020_TRC-Report-Card_ENG.pdf

Axelsson, P., Kukutai, T., & Kippen, R. (2016). The field of Indigenous health and the role of colonisation and history. *Journal of Population Research*, *33*(1), 1-7. http://doi.org/10.1007/s12546-016-9163-2

Bauer, H. F., Neal, E. C., Lizon, M. E., Jacek, C. C., & Fritz, K. M. (2022). Indigenous Peoples and occupational therapy in Canada: A scoping review. *Canadian Journal of Occupational Therapy, 89*(3), 249-260. https://doi.org/10.1177/00084174221088410

Beagan, B. L. (2015). Approaches to culture and diversity: a critical synthesis of occupational therapy literature: des approches en matière de culture et de diversité: une synthèse critique de la littérature en ergothérapie. *Canadian Journal of Occupational Therapy*, *82*(5), 272-282. https://doi.org/10.1177/0008417414567530

Beagan, B. L. (2021). Commentary on racism in occupational science. *Journal of Occupational Science*, 1-4. https://doi.org/10.1080/14427591.2020.1833682

Bonds, A., & Inwood, J. (2016). Beyond white privilege: Geographies of white supremacy and settler colonialism. *Progress in Human Geography*, *40*(6), 715-733. https://doi.org/10.1177/0309132515613166

Brown, C., Campbell-Rempel, M., Diamond-Burchuk, L., Johnson, L., Leclair, L., Mendez, L., Restall, G., & Ripat, J. (2019). Together we are stronger: Collective reconciliation action. *Occupational Therapy Now*. 21(4). 20-21.

Brown, C., Valavaara, K., Clarke, C., Gonzalez, S., Janssen, A., Lavers, L., McDaniel, C., Olynyk, F., Starr, D., Starr, R., Thew, C., & Esmail, S. (2019). Resources for decolonizing occupational therapy. *Occupational Therapy Now*. 21(6). 25-26.

Burns, M., & Peacock, S. (2019). Interpretive phenomenological methodologists in nursing: A critical analysis and comparison. *Nursing Inquiry*, 26(2), e12280. http://doi.org/ 10.1111/nin.12280

Canadian Association of Occupational Therapists (CAOT). (2011). *Profile of Occupational Therapy practice in Canada* [PDF]. Ottawa: CAOT Publications ACE. https://www.caot.ca/pdfs/otprofile.pdf

Canadian Association of Occupational Therapists (CAOT). (2016a). *Provincial/territorial occupational therapy professional association*. https://www.caot.ca/site/ctcs/provterOTprofassoc?nav=sidebar

Canadian Association of Occupational Therapists (CAOT). (2016b). *Who we are and what we do*. https://www.caot.ca/site/wwa/whoweare?nav=sidebar

Canadian Association of Occupational Therapists (CAOT). (2016c). *CAOT practice networks*. https://www.caot.ca/site/pd/otn?nav=sidebar

Canadian Association of Occupational Therapists (CAOT). (2016d). *Occupational therapy and Indigenous health network*. https://www.caot.ca/site/pd/otn/otahn?nav=sidebar

Canadian Association of Occupational Therapists (CAOT). (2016e). *Provincial regulatory organizations in Canada*. https://www.caot.ca/site/ctcs/provregorg?nav=sidebar

Canadian Association of Occupational Therapists (CAOT). (2016f). *Position statements.* https://www.caot.ca/site/pt/caot_posn_stmt?nav=sidebar

Canadian Association of Occupational Therapists (CAOT). (2018a). *CAOT position statement: Occupational therapy and Indigenous peoples* [PDF]. https://caot.ca/document/3700/O%20-%20OT%20and%20Aboriginal%20Health.pdf

Canadian Institute for Health Information (CIHI). (2022). *Guidance on the Use of Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada.* https://www.cihi.ca/sites/default/files/document/guidance-and-standards-for-race-based-and-indigenous-identity-data-en.pdf

Canadian Institute for Health Information (CIHI). (2020). *Race-Based Data Collection and Health Reporting*. https://ipac-canada.org/photos/custom/Members/pdf/Race-Based_Data_Collection_and_Health_Reporting.pdf

Charlton, J. I. (1998). *Nothing about us without us: Disability oppression and empowerment*. University of California Press.

College of Occupational Therapists of Ontario (COTO). (2020). *Support Indigenous communities.* https://www.coto.org/about/equity-diversity-inclusion/supporting-indigenous-communities

Commission on the Social Determinants of Health (CSDH). (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*. World

Health Organization. https://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf

Creswell, J.W. (2016). *30 essential skills for the qualitative researcher*. Thousand Oaks, CA: Sage Publications.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches*. Sage Publications.

Datta, R. (2018). Decolonizing both researcher and research and its effectiveness in Indigenous research. *Research Ethics*, *14*(2), 1-24. https://doi.org/10.1177/1747016117733296

Demers, M., Phenix, A., Schmitz, C., & Storr, C. (2021). Socially accountable Canadian occupational therapy fieldwork with Indigenous Peoples: where are we at? *Occupational Therapy in Health Care, 35*(2), 182-197. https://doi.org/10.1080/07380577.2021.1919953

Egan, M., & Restall, G. (Eds.) (2022). *Promoting Occupational Participation: Collaborative, Relationship-Focused Occupational Therapy.* Ottawa: Canadian Association of Occupational Therapists.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American journal of theoretical and applied statistics*, *5*(1), 1-4. doi: 10.11648/j.ajtas.20160501.11

Favel, B., & Coates, K. S. (2016). *Understanding UNDRIP: Choosing action on priorities over sweeping claims about the United Nations Declaration on the Rights of Indigenous Peoples*. A MacDonald-Laurier Institute Publication. https://www.macdonaldlaurier.ca/files/pdf/MLI-10-UNDRIPCoates-Flavel05-16-WebReadyV4.pdf

Fijal, D., & Beagan, B. L. (2019). Indigenous perspectives on health: Integration with a Canadian model of practice. *Canadian Journal of Occupational Therapy, 86*(3), 220-231. https://doi.org/10.1177/0008417419832284

Garneau, A. B., Bélisle, M., Lavoie, P., & Sédillot, C. L. (2021). Integrating equity and social justice for indigenous peoples in undergraduate health professions education in Canada: a framework from a critical review of literature. *International Journal for Equity in Health*, *20*(1), 1-9. https://doi.org/10.1186/s12939-021-01475-6

George, E., Mackean, T., Baum, F., & Fisher, M. (2019). Social determinants of Indigenous health and Indigenous rights in policy: A scoping review and analysis of problem representation. *International Indigenous Policy Journal*, *10*(2). http://doi.org/0.18584/iipj.2019.10.2.4

Gerlach, A. (2012). A critical reflection on the concept of cultural safety. *Canadian Journal of Occupational Therapy, 79*(3), 151-158. https://doi.org/10.2182/cjot.2012.79.3.4

Gerlach, A. (2018). Thinking and researching relationally: Enacting decolonizing methodologies with an indigenous early childhood program in Canada. *International Journal of Qualitative Methods*, *17*(1). https://doi.org/10.1177/1609406918776075

Government of Canada. (2021, June 09). *Indian Residential Schools*. https://www.rcaanc-cirnac.gc.ca/eng/1100100015576/1571581687074#sect1

Government of Canada. (2023). *The United Nations Declaration on the Rights of Indigenous Peoples Act Action Plan*. https://www.justice.gc.ca/eng/declaration/ap-pa/ah/pdf/unda-action-plan-digital-eng.pdf

Greenwood, M., De Leeuw, S., Lindsay, N. M., & Reading, C. (Eds.). (2015). *Determinants of Indigenous Peoples' Health*. Canadian Scholars' Press.

Grenier, M. L. (2020). Cultural competency and the reproduction of White supremacy in occupational therapy education. *Health Education Journal, 79*(6), 633-644. https://doi.org/10.1177/0017896920902515

Hammel, K. W. (2013). Occupation, well-being, and culture: theory and cultural humility. *Canadian Journal of Occupational Therapy, 80*(4), 224-234. https://doi.org/10.1177/0008417413500465

Hammell, K. (2015). Respecting global wisdom: Enhancing the cultural relevance of occupational therapy's theoretical base. *British Journal of Occupational Therapy*, *78*(11), 718-721. https://doi.org/10.1177/0308022614564170

Hammell, K. W. (2019). Building globally relevant occupational therapy from the strength of our diversity. *World Federation of Occupational Therapists Bulletin*, 75(1), 13–26. https://doi.org/ 10.1080/14473828.2018.1529480.

Hammell, K. W. (2022). Securing occupational rights by addressing capabilities: A professional obligation. *Scandinavian journal of occupational therapy*, *29*(1), 1-12. https://doi.org/10.1080/11038128.2021.1895308

Hojjati, A., Beavis, A. S., Kassam, A., Choudhury, D., Fraser, M., Masching, R., & Nixon, S. A. (2018). Educational content related to postcolonialism and indigenous health inequities recommended for all rehabilitation students in Canada: a qualitative study. *Disability and Rehabilitation*, *40*(26), 3206-3216. https://doi.org/10.1080/09638288.2017.1381185

Indigenous Services Canada (ISC). (2020). National overview of the Community Well-Being index, 1981 to 2016. Government of Canada. https://www.sac-isc. gc.ca/eng/1419864229405/1557324163264

Inuit Tapiriit Kanatami (2015). *Social determinants of Inuit health in Canada*. Inuit Tapiriit Kanatami. https://www.itk.ca/wp-content/uploads/2016/07/ITK_Social_Determinants_Report.pdf

Jacek, C. C., Fritz, K. M., Lizon, M. E., & Packham, T. L. (2023a). Knowledge Gaps Regarding Indigenous Health in Occupational Therapy: A Delphi Process. *Canadian Journal of Occupational Therapy*, *90*(1), 4-14. doi: 10.1177/00084174221116638

Jacek, C. C., Fritz, K. M., Lizon, M. E., & Packham, T. L. (2023b). Knowledge Gaps Regarding Indigenous Health in Occupational Therapy: A National Survey. *Canadian Journal of Occupational Therapy*, 1-13. doi: 10.1177/00084174231197622

Jecker, J., (2019). A four-year PhD journey: Two-eyed seeing in community action research. *Occupational Therapy Now*. 21(4). 5-6.

Jewell, E., & Mosby, I. (2021). Calls to action accountability: A 2021 status update on reconciliation. *Yellowhead Institute*: Toronto, ON, Canada.

Johnson, J. L., Adkins, D., & Chauvin, S. (2020). A review of the quality indicators of rigor in qualitative research. *American journal of pharmaceutical education*, *84*(1). doi: 10.5688/ajpe7120

Jull, J. E., & Giles, A. R. (2012). Health equity, Aboriginal peoples and occupational therapy. *Canadian Journal of Occupational Therapy*, *79*(2), 70-76. https://doi.org/10.2182/cjot.2012.79.2.2

Kim, P. J. (2019). Social determinants of health inequities in indigenous Canadians through a life course approach to colonialism and the residential school system. *Health equity*, *3*(1), 378-381. https://doi.org/10.1089/heq.2019.0041

Kitching, G. T., Firestone, M., Schei, B., Wolfe, S., Bourgeois, C., O'Campo, P., ... & Smylie, J. (2020). Unmet health needs and discrimination by healthcare providers among an Indigenous population in Toronto, Canada. *Canadian Journal of Public Health*, *111*(1), 40-49. https://doi.org/10.17269/s41997-019-00242-z

Lafontaine, A. T., & Lafontaine, C. J. (2019). A retrospective on reconciliation by design. In *Healthcare Management Forum*. 32 (1), 15-19. doi: 10.1177/0840470418794702

Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International journal of qualitative methods*, *2*(3), 21-35.

Lencucha, R., & Shikako-Thomas, K. (2019). Examining the intersection of policy and occupational therapy: A scoping review. *Canadian Journal of Occupational Therapy*, *86*(3), 185-195. https://doi.org/10.1177/0008417419833183

Loppie, C., & Wien, F. (2022). Understanding Indigenous health inequalities through a social determinants model. *National Collaborating Centre for Indigenous Health*. https://www.nccih.ca/Publications/Lists/Publications/Attachments/10373/Health_Inequalities_EN_Web_2022-04-26.pdf

Long, R., Heffernan, C., Cardinal-Grant, M., Lynn, A., Sparling, L., Piche, D., Nokohoo, M., & Janvier, D. (2019). Two row Wampum, human rights, and the elimination of tuberculosis from high-incidence Indigenous communities. *Health and Human Rights*, *21*(1), 253.

McGill University. (2020). *Occupational therapy program Indigenous-focused curriculum thread 2020-2021*. https://www.mcgill.ca/spot/files/spot/2020-2021_mcgill_ot_curriculum_indigenous_thread_outline_3.pdf

Menezes, A., Henry, S., & Agarwal, G. (2022). It's high time Canada started collecting race-based performance data on medical training and careers. *Lancet Regional Health Americas*, 14, 100326. https://doi.org/10.1016/j.lana.2022.100326

Mikkonen, J., & Raphael, D. (2010). *Social Determinants of Health: The Canadian Facts.* Toronto, Canada: York University School of Health Policy and Management.

Mohler, E. C., & Rudman, D. L. (2022). Negotiating the insider/outsider researcher position within qualitative disability studies research. *The Qualitative Report*, *27*(6), 1511-1521. doi:10.46743/2160-3715/2022.5047

Muñoz, J. P. (2007). Culturally responsive caring in occupational therapy. *Occupational therapy international*, *14*(4), 256-280. https://doi.org/10.1002/oti.238

Muzyka, K. (2021, November 19). How the legacy of the Royal Commission on Aboriginal Peoples lives on, 25 years later. *CBC Radio*. https://www.cbc.ca/radio/royal-commission-aboriginal-peoples-25-1.6243545

National Aboriginal Health Organization. (2008). *Cultural competency and safety: A guide for health care administrators, providers, and educators*. Ottawa, ON: National Aboriginal Health Organization.

National Collaborating Center for Aboriginal Health (NCCAH). (2011). *Access to health services as a social determinant of First Nations, Inuit, and Metis health*. https://www.ccnsa-nccah.ca

National Collaborating Centre for Indigenous Health. (2019). *Access to health services as a social determinant of First Nations, Inuit and Métis health*. Prince George, BC: Author.

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on medical education*, *8*, 90-97. https://doi.org/10.1007/s40037-019-0509-2

Occupational Therapy Truth and Reconciliation Task Force [OT TRC Task Force]. (2023). *Occupational therapy statement of commitment to Indigenous Peoples in Canada*. Ottawa, ON: CAOT.

Office of the Auditor General of Canada. (2015). *Report 4: Access to Health Services for Remote First Nations Communities*. Spring Reports of the Auditor General of Canada. Office of the Auditor General of Canada. https://www.oag-bvg.gc.ca/internet/English/parl_oag_201504_04_e_40350.html

Papps, E., & Ramsden, I. (1996). Cultural safety in nursing: The New Zealand experience. *International Journal for Quality in Health Care*, *8*(5), 491-497. https://doi.org/10.1093/intqhc/8.5.491

Paradies, Y. (2016). Colonisation, racism and indigenous health. *Journal of Population Research*, *33*(1), 83-96. https://doi.org/10.1007/s12546-016-9159-y

Parker, C., Scott, S., & Geddes, A. (2019). Snowball sampling. *SAGE research methods foundations*.

Phenix, A., & Valavaara, K. (2016). Reflections on the Truth and Reconciliation Commission: Calls to Action in occupational therapy. *Occupational Therapy Now*. 18(6), 17-18.

Phillips-Beck, W., Eni, R., Lavoie, J. G., Avery Kinew, K., Kyoon Achan, G., & Katz, A. (2020). Confronting Racism within the Canadian Healthcare System: Systemic Exclusion of First Nations from Quality and Consistent Care. *International Journal of*

Environmental Research and Public Health, *17*(22), 8343. https://doi.org/10.3390/ijerph17228343

Price, T., & Pride, T. (2023). The Canadian Occupational Performance Measure (COPM): Critiquing its applicability with Indigenous Peoples and communities. *The Open Journal of Occupational Therapy*, 11(3), 1-10. https://doi.org/10.15453/2168-6408.2085

Probst, B. (2015). The eye regards itself: Benefits and challenges of reflexivity in qualitative social work research. *Social Work Research*, *39*(1), 37-48. https://doi.org/10.1093/swr/svu028

Public Health Agency of Canada. (2018). *Key health inequalities in Canada: A national portrait*. https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/science-research/key-health-inequalities-canada-national-portrait-executive-summary/key_health_inequalities_full_report-eng.pdf

Public Health Agency of Canada. (2020). *From risk to resilience: An equity approach to COVID-19*. https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19.html

Reading, C. L., & Wien, F. (2009). *Health inequalities and social determinants of Aboriginal peoples' health.* Prince George, BC: National Collaborating Centre for Aboriginal Health. http://www.nccah-ccnsa.ca/docs/social%20determinates/NCCAHloppie-Wien_report.pdf.

Restall, G., Gerlach, A., Valavaara, K., & Phenix, A. (2016). The truth and reconciliation commission's Calls to Action: How will occupational therapists respond? *Canadian Journal of Occupational Therapy*, 83, 264–268.

https://doi.org/10.1177/0008417416678850

Royal Commission on Aboriginal Peoples. (1996). *Report of the commission on Aboriginal peoples*. http://www.collectionscanada.gc.ca/webarchives/20071115053257

Sheikh, F., Fox-Robichaud, A. E., & Schwartz, L. (2023). Collecting race-based data in health research: A critical analysis of the ongoing challenges and next steps for Canada. *Canadian Journal of Bioethics*, *6*(1), 75-80. doi: https://doi.org/10.7202/1098560ar

Singh, H., Sangrar, R., Wijekoon, S., Nekolaichuk, E., Kokorelias, K. M., Nelson, M. L., ... & Colquhoun, H. (2022). Applying 'cultural humility' to occupational therapy practice: a scoping review protocol. *BMJ Open*, *12*(7), e063655. doi:10.1136/ bmjopen-2022-063655

Smylie, J. & Firestone, M. (2016). The health of Indigenous peoples. In D. Raphael (Ed.), *Social determinants of health: Canadian perspectives* (pp 434-466). Toronto, ON: Canadian Scholar's Press.

Thorne, S. (2008). *Interpretive Description*. Walnut Creek, California: Left Coast Press, Inc.

Tjepkema, M., Bushnik, T., & Bougie, E. (2019). Life expectancy of First Nations, Métis and Inuit household populations in Canada. *Health reports*, *30*(12), 3-10. https://www.doi.org/10.25318/82-003-x201901200001-eng

Teherani, A., Martimianakis, T., Stenfors-Hayes, T., Wadhwa, A., & Varpio, L. (2015). Choosing a qualitative research approach. *Journal of graduate medical education*, *7*(4), 669-670. doi: 10.4300/JGME-D-15-00414.1

Toy-Cronin, B. (2018). Ethical issues in insider-outsider research. In R. Iphofen & M. Tolich (Eds.), The SAGE handbook of qualitative research ethics (pp. 455–468). SAGE. https://doi. org/doi:10.4135/9781526435446.

Trentham, B., Eadie, S., Gerlach, A., & Restall, G. (2018). Occupational therapy Canada 2018: A day of reflection and dialogue. *Occupational Therapy Now*. 20(5). 30-31.

Trentham, B., MacLachlan, J., Langlois, S., Fourt, A., Cockburn, L., Stier, J., ... & Cameron, D. (2019). Responding to the Truth and Reconciliation Commission's report: The University of Toronto experience. *Occupational Therapy Now*. 21(4). 25-27.

Truth, & Reconciliation Commission of Canada. (2015). *Canada's Residential Schools: The Final Report of the Truth and Reconciliation Commission of Canada* (Vol. 1). McGill-Queen's Press-MQUP.

Turcotte, P. L., & Holmes, D. (2023). From domestication to imperial patronage: Deconstructing the biomedicalisation of occupational therapy. *Health*, *27*(5), 719-737. https://doi.org/10.1177/13634593211067891

United Nations. (2008). *United Nations declaration on the rights of Indigenous Peoples*. https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html#:~:text=The%20United%20Nations%20Declaration%20on,%2C%20Bangladesh%2C%20Bhutan%2C%20Burundi%2C

Valavaara, K., Schmitz, C., Brown, C., Esmail, S, Moon, M., Mulholland, S., & Werther, K. (2019). *The Indigenous focus: co-creating curriculum to cultivate culturally safe practice with entry level occupational therapists* [PowerPoint slides]. Faculty of Rehabilitation

Medicine. University of Alberta. https://rehabscience.usask.ca/research/srs-conference/valavaara.pdf

Valavaara, K., Phenix, A., & Lizon, M. (2022). Occupational Therapy Truth and Reconciliation Task Force – Report on activities from CAOT Conference 2022: Hybrid and invitation for feedback. *Occupational Therapy Now, 25*(5), 24-26.

Viengkone M. (2019). Five things I learned from working with indigenous peoples in Canada. *Occupational Therapy Now,* 21(4), 7–8. https://www.caot.ca/document/6761/July_OTNow_2019_test.pdf

Viscogliosi, C., Asselin, H., Basile, S., Borwick, K., Couturier, Y., Drolet, M., Gagnon, D., Obradovic, N., Torrie, J., Zhou, D., & Levasseur, M. (2020). Importance of Indigenous elders' contributions to individual and community wellness: Results from a scoping review on social participation and intergenerational solidarity. *Canadian Journal of Public Health*, 111(5), 667-681. https://doi.org/10.17269/s41997-019-00292-3

White, T., & Beagan, B. L. (2020). Occupational therapy roles in an Indigenous context: An integrative review. *Canadian Journal of Occupational Therapy*, *87*(3), 200-210. https://doi.org/10.1177/0008417420924933

Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Halifax, Canada: Fernwood.

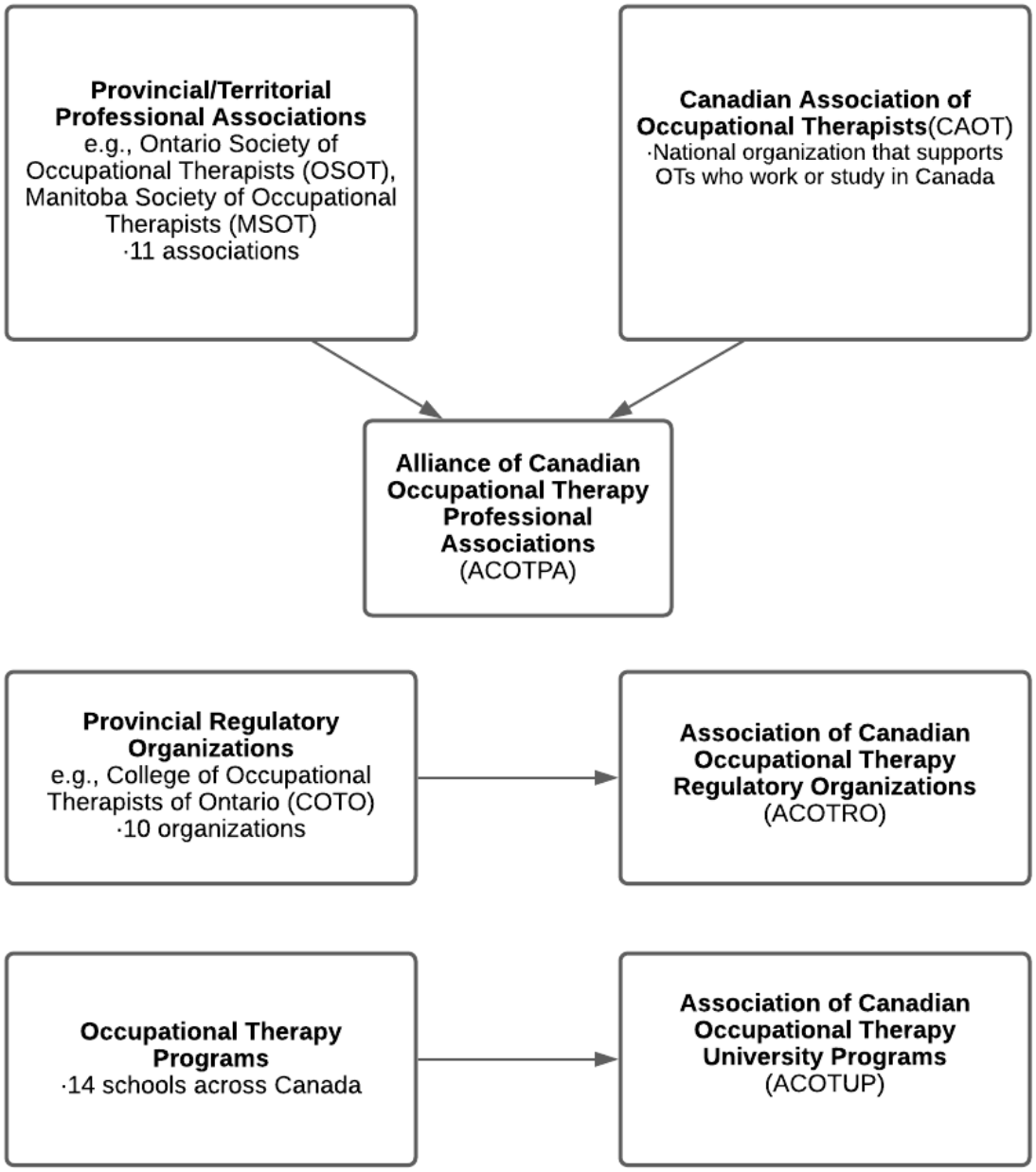
World Health Organization (WHO). (2010). *Key concepts*. http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/index.html

Yin, R. K. (2015). Qualitative research from start to finish (2nd ed.). Guilford Press

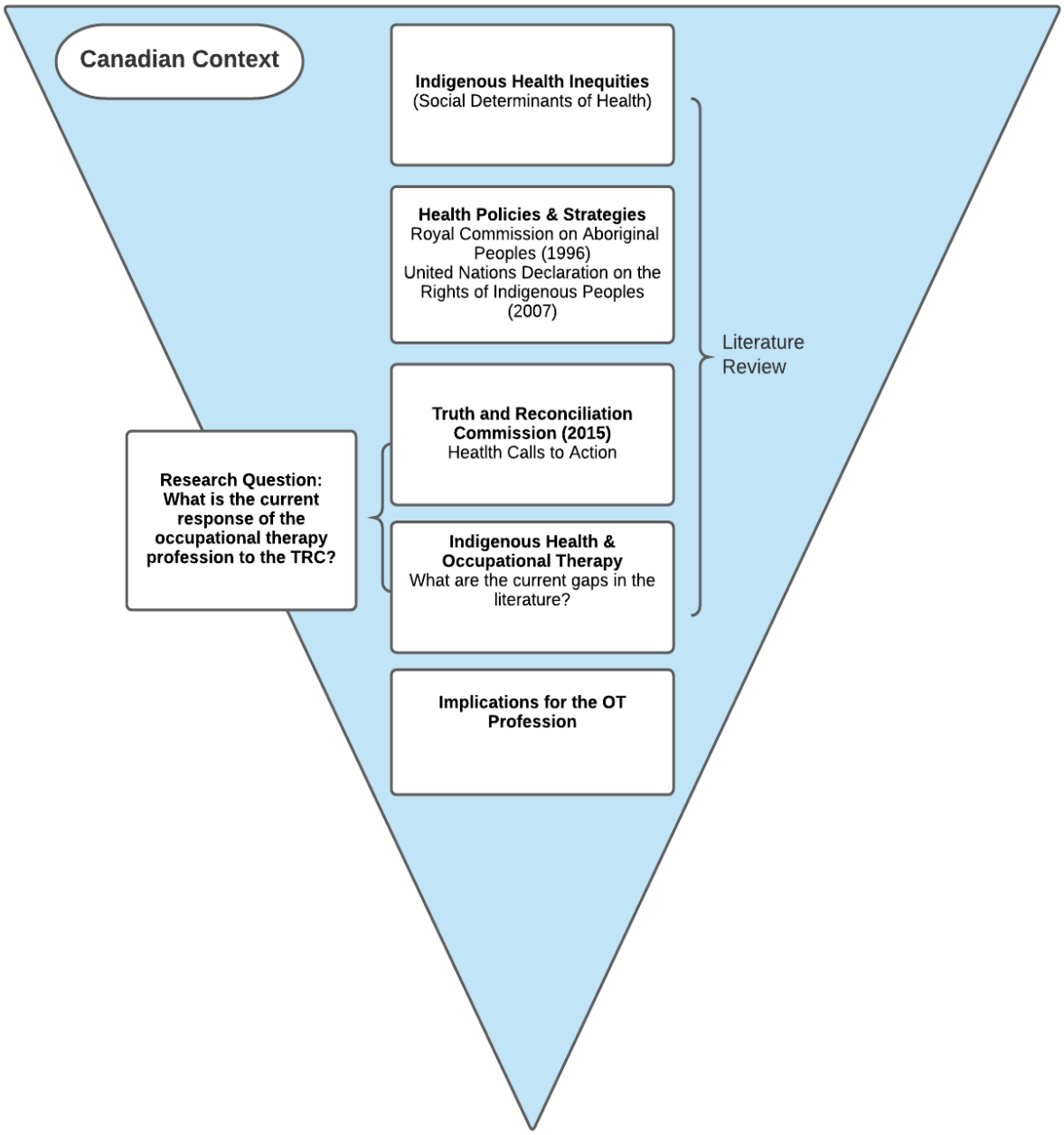
Yvonne Bulk, L., & Collins, B. (2023). Blurry Lines: Reflections on “Insider” Research. *Qualitative Inquiry*, 1-9. https://doi.org/10.1177/10778004231188048

Zafran, H., Barudin, J., Saunders, S., & Kasperski, J. (2019). An occupational therapy program lays a foundation for Indigenous partnerships and topics. *Occupational Therapy Now*. 21(4), 28-30.

Appendix A: *Occupational Therapy in the Canadian Context*



Appendix B: *Thesis Overview*



Appendix C: *Interview Guide*

Time of Interview:
Date:
Format:
Interviewee:
Position of Interviewee:

Questions:
1. Can you tell me about your position and role within [*professional association or regulatory organization*]?

2. Can you tell me what the role of your *[professional association or regulatory organization]* is or could be in supporting and responding to the Truth and Reconciliation Commission's Calls to Actions?

3. Can you tell me about any barriers or challenges that your *[professional association or regulatory organization]* has experienced, may be experiencing, or may experience related to responding to or implementing the Calls to Action?

4. Can you tell me how *[professional association or regulatory organization]* is or could be working towards recognizing and/or prioritizing the health care rights of Indigenous peoples?

5. Can you tell me how *[professional association or regulatory organization]* is supporting or could be supporting the occupational therapy profession to work towards closing the gaps in Indigenous health outcomes? If so, how is *[professional association or regulatory organization]* monitoring and reporting progress or action?

6. Can you tell me how *[insert professional association or regulatory organization]* is working towards or could work towards recognizing, respecting, and addressing the distinct health needs of Indigenous peoples in Canada?

7. Can you tell me how *[professional association or regulatory organization]* is advocating for or could advocate for funding or support for the occupational therapy profession to work with Indigenous populations and to address specific health concerns?

8. Can you tell me how *[professional association or regulatory organization]* is engaging or collaborating or planning to engage or collaborate with Indigenous stakeholders and/or community members?

9. Can you tell me how *[professional association or regulatory organization]* is supporting or planning to support the occupational therapy profession to acknowledge and include Indigenous healing practices within current standards of practice?

10. Can you tell me how *[professional association or regulatory organization]* may play a role in supporting Indigenous peoples to explore and/or apply to occupational therapy programs?

11. Can you tell me how *[professional association or regulatory organization]* is supporting or is planning to support the recruitment of Indigenous peoples within the profession of occupational therapy?

12. Can you tell me how *[professional association or regulatory organization]* is supporting or planning to support registered occupational therapists that self-identify as Indigenous?

13. Can you tell me how *[professional association or regulatory organization]* is supporting or is working towards supporting professional development related to cultural safety within the occupational therapy profession?

14. Can you tell me what practice resources are available to occupational therapists that have identified cultural safety as a learning need or as part of a professional development plan? If resources are not available, is your *[professional association or regulatory organization]* in the process of supporting the development of resources?

15. Can you tell me how *[professional association or regulatory organization]* is advocating for or supporting the inclusion of Indigenous health issues and Indigenous teachings and practices within the occupational therapy curriculum?

16. Is there anything else that you would like to add related to how *[professional association or regulatory organization]* is supporting the profession's response to the Truth and Reconciliation Commission?

Appendix D: *Interview Questions and connection to the TRC Health Calls to Action*

Health Calls to Action #18-24	Interview Questions
18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.	Can you tell me how *[professional association or regulatory organization]* is or could be working towards recognizing and/or prioritizing the health care rights of Indigenous peoples?
19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess longterm trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.	Can you tell me how *[professional association or regulatory organization]* is supporting or could be supporting the occupational therapy profession to work towards closing the gaps in Indigenous health outcomes? If so, how is *[professional association or regulatory organization]* monitoring and reporting progress or action?
20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.	Can you tell me how *[insert professional association or regulatory organization]* is working towards or could work towards recognizing, respecting, and addressing the distinct health needs of Indigenous peoples in Canada?
21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.	Can you tell me how *[professional association or regulatory organization]* is advocating for or could advocate for funding or support for the occupational therapy profession to work with Indigenous populations and to address specific health concerns?
22. We call upon those who can effect change within the Canadian health-care system to	Can you tell me how *[professional association or regulatory organization]* is

recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.	engaging or collaborating or planning to engage or collaborate with Indigenous stakeholders and/or community members? Can you tell me how *[professional association or regulatory organization]* is supporting or planning to support the occupational therapy profession to acknowledge and include Indigenous healing practices within current standards of practice?
23. We call upon all levels of government to: i. Increase the number of Aboriginal professionals working in the health-care field. ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities. iii. Provide cultural competency training for all healthcare professionals.	Can you tell me how *[professional association or regulatory organization]* may play a role in supporting Indigenous peoples to explore and/or apply to occupational therapy programs? Can you tell me how *[professional association or regulatory organization]* is supporting or is planning to support the recruitment of Indigenous peoples within the profession of occupational therapy? Can you tell me how *[professional association or regulatory organization]* is supporting or planning to support registered occupational therapists that self-identify as Indigenous? Can you tell me how *[professional association or regulatory organization]* is supporting or is working towards supporting professional development related to cultural safety within the occupational therapy profession? Can you tell me what practice resources are available to occupational therapists that have identified cultural safety as a learning need or as part of a professional development plan? If resources are not available, is your *[professional association or regulatory organization]* in the process of supporting the development of resources?

24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.	Can you tell me how *[professional association or regulatory organization]* is advocating for or supporting the inclusion of Indigenous health issues and Indigenous teachings and practices within the occupational therapy curriculum?