



Column Editor: Sandra Bressler

Occupational therapy in the developing world

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Team Canada Healing Hands

Occupational therapists have offered services beyond traditional borders for some time (Kronenberg, Simo Algado, & Pollard, 2005). By demonstrating the value of occupational therapy in unique settings, we grow as a profession, both in Canada and abroad. Since 2002, occupational therapists have joined Team Canada Healing Hands, a group of rehabilitation workers providing services in the developing country of Haiti. Team Canada sends two to three teams a year to Haiti for one to two weeks at a time (www.tchh.org) and is an affiliate of an international agency called Healing Hands for Haiti (<http://www.healinghandsforhaiti.org>). Typically, the rehabilitation team consists of occupational therapists, physicians, physiotherapists, speech language pathologists, psychologists, nurses, and a number of support workers totaling from 11 to 30 volunteers from across Canada. Of the four occupational therapists who are the authors of this article, two had worked with Team Canada several times before, and two were new to the team.

The mission of Team Canada Healing Hands is to provide inter-disciplinary rehabilitation treatment, education and training with the primary goal of developing sustainable rehabilitation resources in identified areas of need. Team Canada also strives to increase awareness and acceptance of disabilities while promoting the importance of rehabilitation in underdeveloped and developing regions.

Haiti

Haiti is a developing country that lies in the western one third of the island of Hispanola, sharing the island with the Dominican Republic. Haiti is the poorest country in the western hemisphere with a population of 9.6 million people. Haitians have a 53% literacy rate with an average life expectancy of 60 years and a per capita income of just over \$1.25 a day. Historically, Haiti was a French colony, and is the only country in the world that has had a successful uprising of a slave population. The people of Haiti are hard working with a colorful culture, combining African and French traditions, with unique religion, music, theatre and arts. The languages are Haitian Creole and French. For most Haitians, living conditions are very basic, living in cramped shacks, built in

the flatlands or on a mountainside, frequently with no access to running water. Their reliance on charcoal for cooking has resulted in extreme deforestation with the inevitable sequelae of soil erosion, reduction of arable land and an increase in devastating mudslides.



The country has had a long history of political insecurity, violence and natural disasters, which have resulted in minimal development of infrastructure, including sanitation, clean water, roads, employment, public education and health care. Team Canada Healing Hands was developed to respond to a need for rehabilitation education identified by Healing Hands for Haiti. Teams make one to two week missions to Haiti to provide focused rehabilitation assessment and training with local health professionals and caregivers. Occupational therapists are an integral part of this team, participating at all stages of the mission including assessment, planning, service provision, re-evaluation, and follow up.

The planning process

Assessment and planning begin well before the team's scheduled visit to Haiti. In order to identify the current rehabilitation needs, the leaders of Team Canada, which normally includes a physician, a nurse, and

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an occupational therapist, make contact with many other involved groups. The team's resources are then assessed and measured against the needs that have been identified. This allows us to work with our Haitian counterparts to develop a plan for the mission. The preplanning stage is crucial as it ensures that our team

'hits the ground running' by being equipped with the resources to meet identified needs so that our limited time and energy can be focused on providing education and services and not entirely on assessment and planning.

Preplanning allows our team to take specific rehabilitation equipment to individuals in Haiti who had previously been assessed. Unfortunately we cannot carry everything we would like to take, so we must, for example, prioritize which children have the greatest need for wheelchairs. The children's previous measurements and functional assessments are coupled with current photographs of the children beside a measuring stick (taken by caregivers). On one mission, the team was able to provide a young boy with hemiplegic cerebral palsy with a one-arm drive wheelchair and proper seating system that was donated by a medical supplier.



Providing services in Haiti is a continuous challenge. The difference in culture, and availability of material, human resources and infrastructure, challenges the team's flexibility, creativity and adaptability. As a result, each member of the team must individually identify the strengths and resources in themselves, prior to leaving and continuously while in Haiti.

Consultation and education

Team Canada Healing Hands works to empower local service providers to take responsibility for their own education by providing recommendations regarding learning objectives, educational resources, and encouragement to continue their independent studies. The goal is to have the local service providers teach each other their knowledge and skills in order to expand the community knowledge base. To assist with achieving this, our team provides education sessions tailored to the service providers' education level and language, the educational environment and the space allotment (clinic, formal teaching space or play room at an

orphanage). Low-tech teaching aids are typically used due to the lack of electricity and technical resources.

Occupational therapists on this team have had diverse roles that allow us to provide successful transfer of knowledge in a variety of areas. Examples of our roles included:

- Facilitating education regarding relaxation techniques. A client who presented to a rehabilitation clinic with a "tremor", was assessed by the team to actually have issues with anxiety. The client was taught relaxation techniques by the occupational therapist and the local rehabilitation technician. The local treating technician was then provided with ideas on how to teach relaxation techniques to the other rehabilitation technicians.
- Providing education to orphanage workers on how to position, safely feed, stimulate, and promote interactive play among children with disabilities.
- Teaching caregivers how to take measurements for wheelchairs to streamline planning for equipment in the future.
- Teaching a therapy technician how to complete ROM to the hand, and how to modify pencils and utensils to promote fine motor skills and self-feeding.
- Along with a speech language pathologist and physical therapist, providing education to a group of 23 rehab technicians on dysphasia, basic positioning, burn management and taping for orthopedic injuries.
- Observing therapy technicians working in a clinic with their patients, answering questions when asked, and providing clinical education to further develop the technician's skills. For example, while working with a local rehabilitation technician and a young woman with a spinal injury, the occupational therapist was able to clarify the client's long term prognosis so that realistic therapy goals could be set and appropriate therapeutic activities were chosen to work towards the client's goals (e.g. improving sitting balance prior to addressing leg strength).
- Encouraging the therapy technicians to utilize textbook resources such as "Disabled Village Children" (Werner 1987), to assist with developing knowledge on areas such as building wheelchairs and other eating/cooking equipment.

Team Canada Healing Hands tries to teach the rehabilitation technicians and clients to use the materials they have on hand rather than provide them with pre-fabricated equipment that cannot easily be repaired and could end up discarded on the street, due

to the lack of infrastructure. Modifying tasks with local materials allows us to demonstrate to rehabilitation technicians how simple adaptations can make daily activities easier. This challenges us to return to the roots of occupational therapy and explore our creative side. For instance, a local carpenter was taught how to make adapted spoons and a cutting board with the available wood and cardboard. The staff at an orphanage was taught how to better position children for

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feeding by using their bodies, the sides of the bed and other readily accessible supports. This same group was encouraged to better utilize their current resources (three wheelchairs) by placing one wheelchair in each room and rotating the children sitting in the chair to allow for more children to have benefit from an upright position. Even if more chairs had been provided, there may not have been the staffing resources or the space to allow for every child to be placed in a chair at same time.

We also provide hands-on assessment of clients when there is not a rehabilitation service provider available to educate and assist with the process. In these circumstances, we provide suggestions and recommendations to other caregivers, for example teachers and parents, to better aid the clients in improving their function. The occupational therapists on this team were able to support ongoing rehabilitation in the following ways:

- In a school for children with disabilities, children with behavioral or sensory issues, developmental delays and neurological/physical impairments were assessed and their teachers were provided with written recommendations and environmental modifications.
- An administrator was encouraged to allocate resources for therapy by setting up an appropriate space for a therapy technician to work.
- A school program facilitator was provided with a simplified developmental scale for use by teachers and caregivers.
- Clients in a community stroke clinic were coached in order to increase their knowledge of their disability/condition and educate them on management and prevention.
- Consultation was provided regarding physical accessibility for wheelchair users.

The whole team is involved with ongoing assessment and follow-up to evaluate outcomes. This is continual and concurrent with our work while we are in Haiti. We make frequent contact with other NGOs, for example, Mediciens Sans Frontiers (<http://www.msf.org>), and with potential new service recipients such as orphanages or schools. We also receive feedback from the people we serve in order to find out about new agencies and programs that may have rehabilitation needs.

Making a difference

Occupational therapy services can easily be adapted to help meet the needs of people with physical disabilities in Haiti. With every mission, the team notices the difference that the education provided to the therapy technicians, caregivers, parents, and individuals, makes over time. Just as in any occupational therapy program we work with our “clients” to continually reassess and build on their strengths, using creativity and flexibility in the use of resources. The flexibility and creativity practiced in Haiti by the occupational therapists with Team Canada Healing Hands helps each of us to build skills that are transferred back to our work in Canada. In this way, our experiences in Haiti are not only helping the Haitian people, but also our clients at home.

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