

Reflections after the 8th European Congress



BY TED BROWN, SEBASTIAN VOIGT-RADLOFF AND TORE BONSAKSEN

Research in Occupational Therapy

The 8th European Congress in Occupational Therapy took place in Hamburg, Germany, in late May, 2008. In addition to lectures and workshops on the diverse fields of practice relevant for the practicing occupational therapist, the congress also provided opportunities to contemplate and reflect about the occupational therapy research agenda in Europe. One such opportunity was provided in a workshop organized by van Nes, Voigt-Radloff, Jonsson, Stamm, Lundgren-Nilsson, and Mayers (van Nes et al., 2008), all of whom members of the European Cooperation in Occupational Therapy Research and Occupational Science (ECOTROS), a group for advancing research in occupational therapy and occupational science throughout Europe. This paper aims to further develop some of the thoughts, ideas, and recommendations generated in this workshop in the form of a reflective dialogue between three of the workshop participants who are from three different countries: Norway, Germany, and Australia.



Ted Brown, PhD, is a Senior Lecturer at the Occupational Therapy Program at Monash University in Australia



Tore Bonsaksen, MSc, works at Ullevål University Hospital in Oslo, Norway



Sebastian Voigt-Radloff has a Master of Science in Occupational Therapy. He works at the University Hospital in Freiburg, Germany

What's on the research agenda in occupational therapy?



Tore: In the workshop already mentioned, Hans Jonsson provided an informal overview of the research being conducted in occupational therapy throughout Europe. His preliminary conclusion was that occupational therapy researchers in this part of the world are

occupied with societal and political issues, illness prevention and health promotion, action oriented research, in addition to the randomized controlled studies used to demonstrate the efficacy of specific types of occupational therapy interventions. If this is a good picture of what is going on in occupational therapy research in Europe; how is this in comparison to what's happening in other parts of the world?



Ted: Occupational therapy research in others parts of the world is vast, complex, diverse, and constantly evolving (Kronenberg, Algado & Pollard, 2005). There are similarities as well as marked differences to the issues mentioned above. Several reasons can account for

this including how recently the occupational therapy profession has been established in the respective country, the level of education that therapists are trained at, the way that the health care system in that respective country is funded, the research culture within the occupational therapy profession in that country, the number of research active occupational therapists within that country, and whether research funding is available.

In China there is currently one World Federation of Occupational Therapists (WFOT) accredited education program whereas in the United States, there are over 150 WFOT accredited programs. As well, all occupational therapy education programs in the United States and Canada are now at the graduate entry masters level (with several in the United States offering graduate entry professional doctorates) whereas in several other countries in Europe, occupational therapy education is still offered at the diploma level. Several countries such as the United Kingdom, Australia, Canada, Germany, Ireland, Japan, and Taiwan have their own peer-reviewed occupational therapy journals that publish occupational therapy research. Occupational therapy research in the Scandinavian countries is first and foremost published in the English-language peer-reviewed *Scandinavian Journal of Occupational Therapy*, but the national journal in Norway (and perhaps in the other Scandinavian countries as well) has plans also to publish peer-reviewed research articles within short time. Finally, several countries such as Canada, United Kingdom, and the United States have established research foundations that are dedicated to advancing occupational therapy research, scholarship, and evidence-based practice. All of these contextual elements impact the level, degree, and quality of occupational therapy research generated within different countries.

However, one common component of all occupational therapy research is considering people as occupational beings. Researching the relationship between the person, environment, and occupation is another primary focus

(Reed & Sanderson, 1999; Law, 2002; Letts, Rigby & Steward, 2003). The impact on occupational therapy services on the health and well-being of clients is also common focus (Molineux, 2004). Occupational therapists are also concerned with research that concerns the activities and participation of clients in naturalistic contexts (Baum, Law & Dunn, 2005).

The traditional approach to research was to utilize a medical, reductionistic model whereas now it is being advocated that a holistic, ecological, client-centred approach to research be used. Practice models that provide reference points for this contemporary research approach are *the Canadian Model of Occupational Performance and Engagement* (COPM-E; Townsend & Polatajko, 2007), *the International Classification of Functioning, Disability and Health* (ICF; World Health Organization, 2001) model, and *the Occupational Therapy Practice Framework* (OTPF; American Occupational Therapy Association, 2002) among others.



Sebastian: First of all, since statements only from two perspectives, a German and an Australian researcher, would likely provide an incomplete picture and overview of research activities in Europe, I propose that this brief dialogue be viewed as trigger for a general scientific debate on the agenda and long-term strategies of

European research in occupational therapy. This debate can take the form of conference presentations, internet chat room exchanges, student debates, and articles published in association newsletters and peer-reviewed journals.

Within the ECOTROS group, four approaches are used to map research activities within Europe and beyond: (1) compiling abstracts of reviews of controlled trials on the efficacy of occupational therapy, (2) using simple search strategies within the CINAHL database, in order to identify and compile abstracts of current publications in occupational science, (3) asking occupational therapists involved in research in Europe to submit brief profiles of their fields of interest, and (4) identifying current and ongoing research projects by a survey amongst our national contact persons in Europe. The results of our efforts have currently been published in parts (Mayers et al., 2008) and can also be downloaded from the ECOTROS website (www.uniklinik-freiburg.de/ecotros). This is not a complete inventory of all research in the field of occupational therapy, but as an initial overview and especially as an invitation to European occupational therapy researchers to submit updated information of their projects and fields of cooperation interest.

Which principles should guide the directions of occupational therapy research?



Tore: Jonsson also introduced two dimensions in the purpose of structuring the picture of the current research status of European occupational therapy: The «basic versus applied» dimension and the «individual versus society» dimension (van Nes et al, 2008). Most of the occupational therapy research, according to Jonsson, is individu-



ally centered, even though some studies are also conducted on occupational therapy interventions aimed at the society level, as for example in assistive technology studies. Is such an understanding significant, for instance in terms of pointing out directions for the areas for future occupational therapy research? It makes intuitive sense to investigate the areas where there are knowledge gaps, but should we also look for other principles to guide directions for future research?



Ted: Occupational therapy is by its nature and professional history an applied science. The focus of occupational therapy research should be on occupation and its use in the treatment and remediation of clients. As well, occupational therapists need to utilize research approaches that fit the research questions they are asking.

If the effectiveness of an intervention is being assessed, then a quantitative approach is potentially the best approach to utilize whereas if the lived experience of an individual with a specific diagnosis is sought, then a qualitative approach is more appropriate (Kielhofner, 2006). The principles that should guide occupational therapy research are: investigations that consider the person, environment and occupation; investigations that utilize a flexible mixed-methodology approach (e.g., either using quantitative and/or qualitative approach depending on the research question being posed); investigations that focus on health promotion and well-being of individuals and communities; investigations that are conducted in collaboration with the study participants in an ethical manner; and studies that contribute to the knowledge base and evidence-base of occupational therapy (Brown & Rodger, 1999a; Brown & Rodger, 1999b; Greenwood, Brown, & Lysyk, 2000; Kielhofner, 2006).



Sebastian: In my opinion, research is most recognized when it has a positive impact on the social and economical well-being of society. This means that research should preferably lead to innovations that many members of a society may benefit from. At present, the

European Union advocates and fosters strategies for social cohesion, hence research outcomes should benefit not only the many, but especially the disadvantaged members of a society. We can learn from research how occupational therapy can contribute to social cohesion and to participation of all members of society.

Thus, I think we should focus on practical knowledge about how to change unhealthy situations in disadvantaged, vulnerable groups in society. The ECOTROS group is currently discussing ideas around developing a European knowledge transfer network. For example, if there is a good study suggesting evidence for an effective program for individuals with dementia in the Netherlands, this network would assist in knowledge transfer, uptake, and utilization to other users, namely practitioners and clients, in other countries, e.g. Germany (cp. www.implementation-science.com, <http://www.ncddr.org/kt/products/kt-intro/index.html>). The issue of «knowledge transfer» or «implementation of research results» is important in the

European occupational therapy context since the research culture and level of sophistication of research efforts differ from one country to another. Other factors that impact research knowledge transfer, uptake, and use include language as well as cultural differences.

Therefore, in my opinion one of the main directions that occupational therapy research should focus on is implementation research. If all European occupational therapists treated their clients using interventions based on the best knowledge internationally available as well as adapted to the regional cultural context, the status and recognition of our profession would increase all over Europe. It is an issue of harmonising the quality, scope, and relevancy of therapy across Europe while recognizing the unique cultural contexts of the individual European member countries. From my point of view, the important criteria for the direction of research in occupational therapy in Europe are: (1) the needs of our clients as indicated by the prevalence and incidence rates of activity limitations and participation restrictions; (2) the potential of promising occupational therapy programs as indicated by their level of evidence; and (3) the call for proposals of funding agencies. In Germany, we had luck when all three criteria worked together simultaneously and approval was given from the German Health Ministry for funding of a «transfer study» of the dementia programme developed by Graff et al. (2006, 2007, 2008) to Germany.

How can cooperation and networking in occupational therapy research be stimulated?



Tore: I also found the congress in general, and this workshop in particular, stimulating in terms of meeting and making connections with people. Building networks constitutes potential possibilities for cooperation in the research area. For now, the two European

countries with the most advanced development in occupational therapy research, both in terms of quantity and quality, appear to be Sweden and the United Kingdom. This is also reflected by the two existing scientific occupational therapy journals in Europe, the *British Journal of Occupational Therapy* (BJOT) and the *Scandinavian Journal of Occupational Therapy* (SJOT), the latter dominated by Sweden. How can the field of occupational therapy manage and stimulate opportunities for research cooperation even further, so that research in occupational therapy can be more spread out to the potential benefit of more people?



Ted: Given that the number of occupational therapists is relatively small and the number of those who are research active is even smaller, it is essential that researchers, educators, clinicians, managers and students collaborate with each other both nationally and internationally.

By working together on common projects and research agendas, larger scale and higher quality studies can be completed (Brown & Rodger, 1999a; Greenwood, Brown, & Lysyk, 2000; Kielhofner, 2006). Occupation is an international concept and occupational therapy is a world wide

field of study (Christiansen & Townsend, 2004; Townsend & Polatajko, 2007). Cross-cultural aspects of occupation can be researched, the impact of occupation on the health and well-being of specific diagnostic groups (from different countries) can be collated together to obtain desired sample sizes, occupational therapy students can complete postgraduate studies in different countries (the European masters in occupational therapy is an example of this), occupational therapists can become educated consumers of research evidence, and researchers can complete studies that answer empirical questions that make a meaningful contribution to the occupational therapy body of knowledge.

Cooperation and networking can be facilitated by professional associations, special interest groups (such as elderly, physical disabilities, vocational rehabilitation, mental health), and employers of therapists. Conferences and congresses are an excellent opportunity to make contacts and develop networks. Using the internet to establish links and maintain contact is another inexpensive, viable method. Another important means of facilitating networks is to make contributions to newsletter and journal publications both nationally and internationally (Brown, Greenwood, & Lysyk, 1999). Occupational therapists from the European region are encouraged to collaborate with each other as well as other international partners. Organizations like the Council of Occupational Therapists for the European Countries (COTEC), the European Network of Occupational Therapy in Higher Education (ENOTHE), ECOTROS, and the various national professional associations of European countries could play key roles in facilitating this international, cross-cultural research effort.

Another means to foster cooperation and networking in occupational therapy research is to promote collaborative networks between academic researchers and practitioners. Traditionally, there has been a gap or a sense of disconnection between academic researchers and practitioners (Brown, 1994). Both researchers and practitioners have to navigate complex work environment requirements and demands. This naturally at times generates an artificial divide or void between the two parties. However, instead of focussing on the divide, it is more productive and proactive to look at natural links and bridges between the academic and clinical camp. The term «campus-clinic link» has been coined to promote this alliance (Pranger & Brown, 1990). There is a natural alliance between researchers and practitioners in relation to generating high quality, clinically relevant research projects. These investigations can also easily include students. Therefore, my vote is for educators, researchers, practitioners, managers, and students to unite and generate high quality occupation-related research!



Sebastian: The ECOTROS group has started to bring researchers into contact with each other to facilitate communication, collaboration, and cooperation and is carrying out an ongoing survey on the benefits of ECOTROS. Currently, there are 91 responders,

45 of them came into international contact via ECOTROS and 9 out of 47 have started a European cooperative link.

The European Masters program in occupational therapy should be expanded to PhD level, in order to stimulate higher level research projects. One of the main benefits of networking is funding for collaborative research projects. Occupational therapists with an excellent standing within interdisciplinary established universities research teams increase the probability of attracting and obtaining EU-funding for projects on occupation, participation, well-being, and health. When enhancing networking between occupational therapy colleagues, we also should consider the instruments/concepts known from other disciplines such as agreement on a core set of assessments or prospective meta-analyses within a research field.

Another idea that might promote occupational therapy research in a European context is the development of a European section of the International Society of Occupational Science (ISOS) or a similar European Society of Occupational Therapy Research, which should be linked with COTEC and ENOTHE. Another related idea is the development of a «semi-open» access journal via an online portal for members of the European Society of Occupational Therapy Research. Established journals could contribute also to this «online body of knowledge». More occupational therapists might be interested in becoming a member of the European Society of Occupational Therapy Research, and knowledge transfer will go faster with the availability of such a «semi-open» access online portal. With the use of a «semi-open» access online portal, all established occupational therapy journals could stay with their current publisher and concurrently might find such a portal useful for a global European knowledge market in the field occupational therapy.

A few months ago I was involved in a working group discussing the idea establishing a *European Journal of Occupational Therapy* (EJOT). EJOT could provide a venue where European occupational therapy research could be published in a peer-reviewed journal and could also be shared with a European occupational therapy audience. From my viewpoint, one barrier that inhibits being able to «speak with one European occupational therapy voice», is that decisions-makers in university departments and editors of established journals have still more advantages from following their national and individual interests than from recognizing the benefits of cooperation and collaboration spanned all over Europe.

Conceptualizing health and disability: Taking a stand against the medical model?



Tore: Based on many impressions from this congress, it appears to me that there is a trend of taking a stand against the medical paradigm. Processes involving health, disability, occupation, and participation in everyday life, all being key concepts of occupational therapy, seem for most part to be approached in ways that call for a contextual or holistic model: Illness or disability is not vie-

wed as a property of the individual, but rather as a complex situation where the individual is unable to perform daily living tasks. Still, as the medical model is the predominant model used in health research today; how will diverging from mainstream philosophy of science affect the future of occupational therapy research, for better or worse?



Ted: Traditionally occupational therapy practice and research was based on the medical model which was reductionistic, diagnostic, basic science and de-contextualized in its focus. Today, occupational therapy practice and research is moving towards a holistic, ecological, client-centred view of health and well-being.

Occupation is being considered from the client's perspective (Law, 1998). The emergence of occupational science as well as the influence of the ICF are also examples of this.

The medical model still dominates much of the funded research within health care arenas and this is a challenge for occupational therapy researchers. Often occupational therapy researchers have to be members of research teams in order to be competitive for larger research grants.

Despite the inherent challenges, research that is community-based, health promotion focused, client/family-centred and occupation-based is emerging slowly. Occupational therapists are generating a body of knowledge that promotes health and well-being with occupation at its centre.



Sebastian: Although occupational therapy is sometimes struggling with taking a stand against the medical model, we can also find several partners in the medical field relating their work to the bio-psycho-social model of health of the World Health Organization (Cp.

ICF). Geriatricians and physicians in the field of rehabilitation and social medicine have, for example, a much broader understanding of health. If occupational therapists intend to influence the medical community, it can be helpful to use a common language and not to introduce too many specific terms such as occupational justice instead of just social justice. It is also important that research is embedded in a bigger research context, this is possible when a single PhD study on occupation is part of a big funded research programme with contributions of different disciplines. In the scope of such a collaborative effort, the knowledge about occupation will spread to other disciplines.

My experience when lecturing to medical students and my conversations with physicians at congresses, is that they are open to the concept of «health through meaningful occupation», but (1) they never refer it in that way or use occupation-oriented terminology and (2) they still need to be convinced by ground breaking studies such as the ones of Graff et al. (2006, 2007, 2008) and Clark et al. (1997, 2001; Hay et al. 2002). Therefore occupational therapy in Europe needs to be much more proactive and timely in relation to research knowledge transfer, update, utilization and implementation in practice. Clark et al. published the significant results about the effectiveness of occupational therapy in the «Well-Elderly Study» in 1997

and the programme transfer to Europe started in 2006. To day at least one RCT is ongoing in Europe (i.e. in Norway) inspired by the Well-elderly intervention of Lifestyle Redesign. Still, what I view as major challenge in research in occupational therapy in Europe at present is the implementation of high quality research findings from other parts of the world into best practice within the daily routine of occupational therapists in European countries.

Where do we take it from here: A preliminary conclusion



Tore: This paper is probably best viewed, as Sebastian already has stated, as a potential initial trigger for generating a debate concerning the agenda and longer term strategies for research in European occupational therapy. We have explored a bit further what is on the

agenda in international research in our field. Also, we have discussed briefly some theoretical concerns, like the scientific paradigm on which a large extent of recent occupational therapy research is based, as well as more practical concerns, like how to build and stimulate networks of cooperation for collaborative research in our profession.

Based on the statements presented in this paper, cooperation and networking appear to me to be key concepts. Occupational therapists are relatively few in numbers and, in Ted's words, the number of occupational therapists who are research active is even smaller. Hence, to stimulate, develop, and improve research in our field we need to be proactive in building strategic and productive alliances. Alliances should be developed within interdisciplinary research groups with which we share important interests, and also within the group of occupational therapists; that is, between occupational therapy researchers and between the practice- and academic segments of the profession.

The latter aspect has not been much discussed in this paper, but the potential dilemmas (concerning this) are well known. A «gap» between research and practice, and conversely, between academics and practitioners, has been widely discussed within our field (Pranger & Brown, 1990; Brown, 1994) as well as within other health disciplines (see for instance Mulhall, 2001), and the implementation of evidence based practice (EBP) in occupational therapy strongly actualizes this issue for our profession as well. How can we find ways to utilize research findings to inform and guide clinical practice, without it leading to a sense of «research dictatorship» over practice? How can the field of occupational therapy, involving practitioners and researchers, contribute to a more research-friendly practice, as well as to a more practice-friendly research?

At a broad level, there is a continuous need for a strong research and evidence-based practice culture to be promoted and instilled in occupational therapy students and practitioners (Brown & Rodger, 1999b; McCleary & Brown, 2002). As well, more practitioners need to complete postgraduate education at the masters and doctoral level to provide a critical mass of occupational therapy educators, scientists, academicians, and researchers (Rodger & Brown, 2000; Lall, Greenwood-Klein, & Brown, 2003). As mentioned above, occupational therapy

needs to continue research efforts within its own arena, but also needs to continue to form strategic alliances with other research partners. Similarly, occupational therapy researchers need to also form collaborative research relationships with the clients and service users they work with in a professional capacity. This will help to ensure that research activities are clinically relevant and meaningful to the clients we serve.

On the practical side of this, Sebastian has written about the ECOTROS group. This group may play an important role in helping researchers in European occupational therapy to find each other, and they may enhance the implementation of research into practice models. Such efforts should benefit both research cooperation across diverse boundaries and obstacles, but it should also benefit practice, and thereby, our clients. Still, organization and structure will always need the personal input to make sense; a framework makes little impact without contents. We hope that this dialogue will evoke (and provoke?) creative ideas concerning research development in our field, and we welcome a debate on this issue in a not so distant future. □

Reference List

- American Occupational Therapy Association. (2002). Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*, 56, 609-639.
- Brown, G.T. (1994) Collaborative Research Between Clinicians and Academics: Necessary Conditions, Advantages and Potential Difficulties. *Australian Occupational Therapy Journal*, 41, 19-26.
- Brown, G.T. & Rodger, S. (1999a). Research utilization models: Frameworks for implementing evidence-based occupational therapy practice. *Occupational Therapy International*, 6, 1-23.
- Brown, G.T. & Rodger, S. (1999b). Research utilization strategies for occupational therapy practitioners. *Israel Journal of Occupational Therapy*, 8(4), 105-128.
- Brown, G.T., Greenwood, J., & Lysyk, M. (1999). Writing for publication: The professional imperative. *The British Journal of Occupational Therapy*, 62, 327-330.
- Canadian Association of Occupational Therapists (2002). *Profile of Occupational Therapy in Canada, Second Edition*, 2002. Ottawa, ON: CAOT Publications.
- Clark, F., Azen, S.P., Zemke, R., Jackson, J., Carlson, M., Mandel, D., Hay, J., Josephson, K., Cherry, B., Hessel, C., Palmer, J., Lipson, L. (1997). Occupational therapy for independent-living older adults. A randomized controlled trial. *JAMA*, 278(16), 1321-6
- Clark, F., Azen, S.P., Carlson, M., Mandel, D., LaBree, L., Hay, J., Zemke, R., Jackson, J., Lipson, L. (2001). Embedding health-promoting changes into the daily lives of independent-living older adults: Long-term follow-up of Occupational therapy Intervention. *Journal of Gerontology*, 56(1), 60-3
- Christiansen, C.H. & Townsend, E.A. (2004). Introduction to occupation: The art and science of living. Upper Saddle River, NJ: Prentice Hall
- Greenwood, J., Brown, G.T. & Lysyk, M. (2000). Replication research: A purposeful occupation worth repeating. *Canadian Journal of Occupational Therapy*, 76(3), 155-161.
- Graff, M.J., Vernooij-Dassen, M.J., Thijssen, M., Dekker, J., Hoefnagels, W.H., Rikkert, M.G. (2006). Community based occupational therapy for patients with dementia and their care givers: randomised controlled trial. *British Medical Journal*, 333(7580), 1196. Full text open access at <http://www.bmj.com/cgi/content/full/333/7580/1196>
- Graff, M.J., Vernooij-Dassen, M.J., Thijssen, M., Dekker, J., Hoefnagels, W.H., Olerikkert, M.G. (2007). Effects of community occupational therapy on quality of life, mood, and health status in dementia patients and their caregivers: a randomized controlled trial. *J Gerontol A Biol Sci Med Sc*, 62(9), 1002-9.
- Graff, M.J., Adang, E.M., Vernooij-Dassen, M.J., Dekker, J., Jönsson, L., Thijssen, M., Hoefnagels, W.H., Rikkert, M.G. (2008). Community occupational therapy for older patients with dementia and their care givers: cost effectiveness study. *British Medical Journal*, 2; [Epub ahead of print] Full text open access at <http://www.bmj.com/cgi/content/full/bmj.39408.-481898.BEv1>
- Hay, J., LaBree, L., Luo, R., Clark, F., Carlson, M., Mandel, D., Zemke, R., Jackson, J., Azen, S.P. (2002). Cost-effectiveness of preventive occupational therapy for independent-living older adults. *Journal of the American Geriatric Society*, 50(8), 1381-8
- Kielhofner, G. (2006). *Research in occupational therapy: Methods of inquiry for enhancing practice*. Philadelphia, PE: F. A. Davis Company.
- Kronenberg, F., Algado, S.S. & Pollard, N. (2005). *Occupational therapy without borders: Learning from the spirit of survivors*. Philadelphia: Elsevier, Churchill Livingstone.
- Lall, A., Greenwood-Klein, J. & Brown, G.T. (2003). Changing Times: Trials and Tribulations of the Move to Masters Entry-Level Education in Canada. *Canadian Journal of Occupational Therapy*, 70, 152-162.
- Law, M. (1998). *Client-centred occupational therapy*. Thorofare, NJ: Slack.
- Law, M. (2002). Participation in the occupations of everyday life. *American Journal of Occupational Therapy*, 56, 640-649.
- Law, M., Baum, C., & Dunn, W. (2005). Measuring occupational performance: Supporting best practice in occupational therapy. Thorofare, NJ: Slack Incorporated.
- Letts, L., Rigby, P. & Stewart, D. (2003). *Using environments to enable occupational performance*. Thorofare, NJ: Slack Incorporated.
- Mayers, C.A., Lundgren Nilsson, Å., Stamm, T., van Nes, F., Voigt-Radloff, S. (2008) Survey of occupational therapy/occupational science research being undertaken within the European Community. *British Journal of Occupational Therapy*, 71(1), 17-22.
- McCleary, L. & Brown, G.T. (2002). Research utilization among pediatric health care professionals. *Nursing and Health Sciences*, 4, 171-179.
- Molineux, M. (2004). *Occupation for occupational therapists*. Oxford, UK: Blackwell Publishing.
- Mulhall, A. (2001). Bridging the research-practice gap: breaking new ground in health care. *International Journal of Palliative Nursing* 7[8], 389-394.
- Pranger, T. & Brown, G.T. (1990) Collaborative Research: Campus and Clinic Working Together. *Canadian Journal of Occupational Therapy*, 57, 268-272.
- Reed, K.L. & Sanderson, S.N. (1999). *Concepts of occupational therapy*. Philadelphia, PE: Lippincott Williams & Wilkins.
- Rodger, S. & Brown, G.T. (2000). Enhancing supervision and learning in long-distance postgraduate occupational therapy education. *Occupational Therapy International*, 7(3), 163-172.
- Townsend, E. A. & Polatajko, H. J. (2007). *Enabling occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation*. Ottawa, ON: CAOT Publications.
- van Nes, F., Voigt-Radloff, S., Jonsson, H., Stamm, T., Lundgren-Nilsson, Å., & Mayers, C. (2008). Exploring a potential European Research Agenda. Presentation held May 24th, at the 8th European Congress in Occupational Therapy in Hamburg, Germany.
- World Health Organization (WHO) (2001). International classification of functioning, disability and health. Geneva: WHO.