



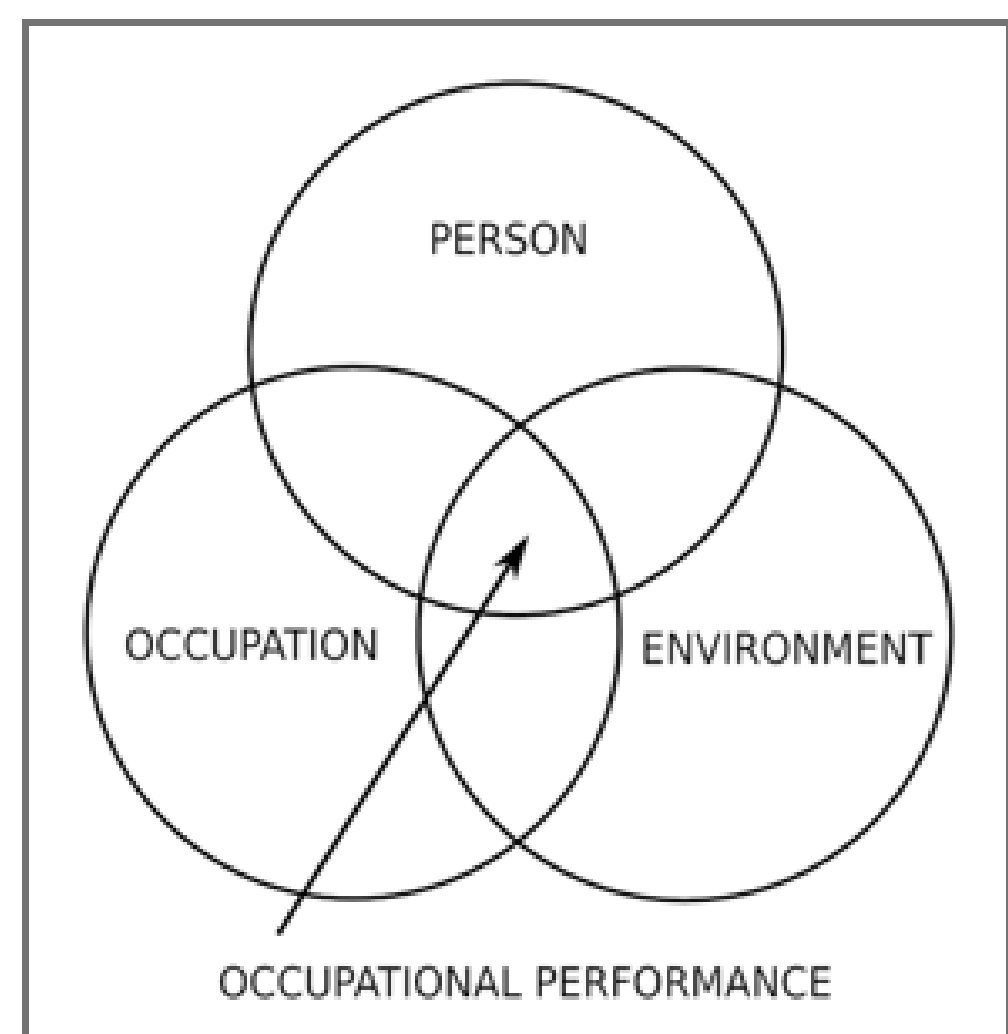
## Word of the President

We are made for connection. To care for one another, to feel that we are valued and that we belong. Intrinsically we know this and research shows we are healthier and happier when we are connected to others in community. This is why exclusion, isolation and 'otherness' can be so damaging. When we can do things that are important to us, with people who are important to us, in an environment that is supportive, we find a sense of 'being together', of belonging and acceptance. In this kind of environment we flourish, irrespective of the impairments that we may have. October 27th is World Occupational Therapy day, and the theme this year is 'community through unity'. We want to celebrate and advocate the ways in which 'do' that brings us together and units us.

'Doing' is always done somewhere. It sounds obvious but when it comes to disabilities we can fall into the trap of believing problems are related purely to the persons impairments. We don't stop to consider the physical, social, cultural, political or institutional environment the 'doing' is done in. Yet the environment has a huge impact on what people can or can't do, whether it supports or creates barriers to participation, belonging and unity.

Awareness of the environment is a unique contribution of occupational therapy. We see 'occupational performance' i.e. 'the ability to do things', as the result of how the person, environment and occupation interact with and impact on each other. As therapists, when we meet with a family, certainly we want to know their strengths, impairments, motivations and goals; and how these impact on their ability to 'do'. At the same time, we identify what aspects of the environment promote participation, and what aspects are barriers to it. This may well be barriers in the physical environment such as stairs or lack of pathway that make it difficult to access buildings. The more difficult and often more impactful environmental barriers are those relating to the sociocultural environment such as the way neighbours, friends and even family perceive someone with a disability or what culture says about disability. Political and institutional environment should also be considered, such as the way government systems/processes are set up, or laws that determine inclusion and access. It is often these external factors that will determine if a person with an impairment feels like they are disabled or not.

As occupational therapists looking support a persons ability to participate in their communities, we must not forget about the environments they live in - all of them! To help us with this, we can use models, such as the PEO (Person-Environment-Occupation) model developed by Mary Law and colleagues (1996). It reminds us to think about those three different components; how they depend on and interact with each other, and how they influence occupational performance and participation.





Bouwine has provided a case study to help us understand how we can use a model like this to assist our thinking. Thank you Bouwine!

As we look towards celebrating ergotherapy we are excited about our plans to further develop the profession and support our therapists, especially during October and November. We have plans for meeting with therapists/associations in the region to hear their stories that we might learn from and partner with other; welcoming new members into the association; and the first of our learning modules to support your practice. Be on the lookout for more details to come!

**Petra Magerl,**  
**Occupational Therapist**  
**President of KEA**

## **Case Study of Aida** **by Bouwine Van Eeden Petersman, Occupational Therapist**

In the word from the president, you have been reading about the PEO model. As occupational therapists we see 'occupational performance' i.e. 'the ability to do things', as the result of how the person, environment and occupation interact with and impact on each other. In this case study we will break that down a bit more and give an example of how this model shapes our therapy.

### **Person**

Aida\* is a 9-year-old girl with a severe form of quadriplegic spastic cerebral palsy, one of her hips is dislocated. Aida is at GMFCS level 5, which means she can't move independently, and she is transported by a wheelchair. Aida has some level of cognitive impairment and can't talk. However, she is able to communicate nonverbally and has a very joyful personality. Aida loves to be around people and to go outside.

### **Environment**

Together with her older brother and mother, Aida is living in the outskirts of the city. Aida's parents divorced some years ago and the financial situation of the family is difficult. Aida's mother can't work because she needs to take care of Aida and with the little support from the government, they can't afford an apartment in the city. The family is now living in small building on the property of relatives, without a toilet or shower inside or a proper heating system to heat the place during the winters. The government provided Aida with a wheelchair, but the wheelchair is not the right size and doesn't give her the support Aida needs to be able to sit in the

wheelchair properly, which makes it hard for her to sit in the wheelchair for an extended amount of time.

One of the strengths of the family is Aida's relationship with her older brother. He helps her mother to take care of Aida, he plays with her and makes her laugh.

### Occupation

When we visited Aida for the first time, she was lying down on the ground for most of the day, watching TV. Without a chair that supports her well, she isn't able to sit. For some periods Aida is able to go to a rehabilitation center to get different kind of local therapies, but she doesn't get consistent therapy. Aida loves to go out of the house and ride around in her neighborhood in her wheelchair.

### Occupational performance

Aida's story shows us how much all the areas: person, environment and occupation, influence each other and how they result in Aida being able to do things. One example is that Aida's physical abilities, her family circumstances, economic and institutional environment, result in her lying on the floor most of the day. One of our interventions has been to get Aida a specialized chair that can be adapted and adjusted to her size. This doesn't only provide a good sitting position for Aida in which she can play or eat, but she is also able to see the world from a different angle and can communicate with others at eye-level. While Aida sits independently in the chair, it also gives her mother more opportunity to do other things like cooking, while at the same Aida being able to sit close to her and communicate with her. In this example we can see that changing one component, the physical environment in this case, is influencing the other components in a positive way.

As Occupational Therapist we don't only use the PEO model to analyze occupational performance, but also to determine what intervention we can use to increase the congruence of these components to improve the quality of a client's occupational performance and quality of life.

\*Name changed for privacy reasons



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**Edited by Linda Beadle**

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