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## Participation in Non-OT Organizations

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### Participation in Non-OT Organizations

Professional and personal rewards

By Rhoda P. Erhardt

Why should occupational therapy practitioners take the time to join professional organizations that are not specifically related to our field? Can we use those opportunities to benefit our own clinical knowledge and to promote OT to others? How can we possibly find the time, when most of us are already challenged to balance our career and family life?

When I reentered the field as a single parent of four children at age 35, my motivation for becoming involved in local groups was survival-based. The Easter Seal Society of North Dakota had offered me the chance to create a mobile occupational therapy program. My initial attempt to advertise the new program—distributing fact sheets to physicians—generated very few referrals. I combed the newspaper looking for ideas, and saw meeting notices for service clubs, PTAs and health organizations. I decided to volunteer as a speaker, tailoring my topics to the needs and interests of each group.

The seeds of networking were planted! The people I met and the information I shared (and learned) led to:

- a few years of freebie lectures that gradually converted to paid workshops;
  - involvement in new organizations that offered leadership opportunities; and, of course,
  - referrals of many new patients, which required hiring of more staff for the Easter Seal Mobile Therapy Unit.
- Because of the implementation of PL 94-142 (The Education for All Handicapped Children Act of 1975), we closed the local Easter Seal program in 1978 and my professional role changed. I started a private practice of consultation to the many school districts and special education cooperatives that were mandated to provide OT services. Word of mouth, an amazing force, brought me contracts from more than 40 agencies (schools, clinics, hospitals, corporations) in the next 28 years!

So, although my decision to participate in non-OT organizations was driven initially from a need to generate referrals, it led to so many other rewards:

- speaking opportunities;
- consultation contracts;
- collaborative research projects; and
- writing and publishing.

While these activities may not be relevant to staff therapists who don't need to be so entrepreneurial in their daily work, there is still a wealth that those outside our profession can teach us. That knowledge and those contacts can increase our own therapeutic skills, benefit our current and future patients, and possibly lead to professional opportunities we haven't even imagined.

So how should therapists go about choosing what organization to start with, especially if they're seeing a very wide range of ages and diagnoses? What are the practical advantages to this type of volunteering? The following examples are meant to stimulate ideas for other practitioners to join and take leadership roles in organizations other than those of our own profession.

## Local Opportunities

I knew that the Lions Club specialized in charities involving vision, so I volunteered to talk about children with visual-perceptual disorders. Several members who were optometrists invited me to speak to their small study group. Through discussion I learned about their concerns, answered questions about the OT's role, and was able to ask my own questions.

Next, I was invited to present at a meeting of the North Dakota Optometric Association. Not only did referrals increase, but the groundwork was set for collaborative treatment. More than 20 years later I would co-treat, co-present and co-author a book chapter with an optometrist (Erhardt & Duckman, 2005).

A group of parents and professionals (optometrists, physicians, teachers, therapists, etc.) were also concerned about children with visual deficits who were not receiving services in the public schools (9 years before PL 94-142). When this group formed the Fargo-Moorhead Learning Disabilities Association, I attended the first meeting, and accepted the position of treasurer. At another meeting I volunteered to present a description of an OT intervention program. Our association was instrumental in establishing a satellite of a national school for students experiencing academic difficulties.

Because of this type of local networking, during the next few years I was asked and agreed to serve on:

- The City of Fargo Health Care Task Force of the United Nations Council on the International Year of Disabled Persons,
- The United Way of Cass-Clay Allocation Review Panel, and
- The Volunteers for Community Service Board of Directors, where I met volunteers eager to build therapy equipment for our program.

## Regional and State Opportunities

As a border community, Fargo-Moorhead offered opportunities to network in both North Dakota and Minnesota. The speaking engagements became more and more interesting, and led to a variety of professional challenges.

Free grand-rounds physician inservices in several Minnesota communities led to a workshop for law enforcement officers titled "The Handicapped Offender."

A free presentation to a nurses' association conference, titled "The Interruption of Normal Development... Causes, Effects & Early Intervention," led to a contract with a multi-county nursing program, the first time in the state that home health aides (working in geriatrics and supervised by nurses) were trained and supervised by OTs to work with pediatric clients.

The workshop "How a Parent Can Be Therapeutic Without Being a Therapist," which I presented to day activity centers and Head Start programs, eventually became part of a new course I taught at a local university: "The Parent-Teacher-Therapist Team Approach to the Handicapped Child."

An inservice teachers' workshop, "Developmental Approach to Balance and Hand Function," led to an ongoing consultation contract with the local public school system.

As a member of the Professional Advisory Board for the Coalition for Disabled Persons of North Dakota, I was privileged to work with the staff in advocating for parents and children with special needs by attending IEP meetings and traveling throughout the state to support parents at due-process meetings. These experiences, and the necessity to learn the laws affecting my families, prepared me for further work testifying as an expert witness at several malpractice trials.

By far, the most exciting contract was with the North Dakota State Department of Human Services, Division of Developmental Disabilities, in the early 1980s when they began to introduce birth-to-three programs in the state. Our professional team of consultants traveled to agencies in eight cities throughout the state that had applied to house regional centers. We evaluated infants to determine eligibility and assisted each agency in organizing its program.

As the OT, I evaluated gross and fine motor function and feeding skills. Fortunately for me, this work occurred during the time I was developing my prehension assessment, and I was able to use it to collect field study data from all these infants (Erhardt, 1982, 1994). Members of our team were subsequently invited to serve on the North Dakota State Advisory Board for Preschool Handicapped. In addition, many of the agencies requested follow-up OT consultation.

## National Opportunities

Probably because of the work done at the state level, my name was given to the National Institute on Disability and Rehabilitation Research (NIDRR). A letter arrived inviting me to become a peer research proposal reviewer. Our group of four or five was mailed copies of research proposals in advance of our meetings in Washington, DC. We met for several hours, discussing each proposal and then scoring each according to a list of specific criteria.

The information learned about government grants was useful when I became a member of the Neuro-Developmental Treatment Association, for which I volunteered to be on the research committee and to act as regional chairperson.

The American Academy for Cerebral Palsy & Developmental Medicine is another interdisciplinary organization of therapists, teachers and physicians. During my membership period, I presented at many international conferences and served on the interprofessional and public affairs committee and the life span care committee.

### **The Rewards**

The choices we make, both personal and professional, may be based on careful thought, or sometimes a momentary whim. The path I followed was a combination of those. I was always open to the possibilities, and tried to educate myself about the needs of the community, my patients, my family and myself. How did I find the right organizations for me, the ones that were practical to join and would be personally and professionally rewarding?

- Certain notices in the local newspaper about new opportunities would appeal to me.
- Networking at OT conferences and local study groups always produced new ideas.
- Reading about peers' activities in our publications (AJOT, OT Practice, *ADVANCE*) stimulated thoughts like "I can do that!"

### **Time Management Issues**

So, how can we possibly find the time to join other organizations, when most of us are already challenged to balance career and family life? As a single parent, I certainly did not always succeed in resolving this dilemma. I remember constantly adjusting my priorities, depending on the needs of the day!

What has worked for me may not be the answer for others, so I challenge our readers to offer tips to working mothers. Email me with your ideas (address below), and I will compile them for a subsequent article.

Today, without the obligations of a family to raise (just grandchildren to enjoy), I have much more time to volunteer; yet I still prioritize, selecting only those organizations that are truly enjoyable because they:

- do what I think is important work,
- give me a chance to interact with interesting people, and
- provide constant learning experiences for my 74-year-old brain.

For example, my current membership on the St. Paul-Ramsey County Community Health Services Advisory Committee fulfills those requirements. Hopefully you, too, will explore volunteer opportunities outside of occupational therapy that will provide you with similar rewards.

### **References available at [www.advancweb.com/OT](http://www.advancweb.com/OT) or upon request.**

*Rhoda P. Erhardt, MS, OTR/L, FAOTA, has a private practice in the Minneapolis/St. Paul area. She consults with health agencies, educational systems and national corporations, and presents workshops throughout the world. Readers may contact her by email at [rperhardtdtdp@att.net](mailto:rperhardtdtdp@att.net) or visit her Web site: [www.ErhardtProducts.com](http://www.ErhardtProducts.com).*

### **Methods of Interaction with Other Professionals**

- Membership and committee work in interdisciplinary organizations
- Presentations at professional meetings and interdisciplinary conferences
- Review of and submission to the literature of other disciplines
- Creation of a dynamic professional Web site, filled with informational materials about occupational therapy, with mutual links to other relevant sites

### **Value of Interaction with Other Professionals**

- Learning and sharing different professional language
- Defining our unique perspective to focus, sharpen, and strengthen our identity
- Promoting teamwork
- Enriching the work of others
- Benefiting our client populations (Sullivan, 2006)

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