

Editorial

Dear colleagues.

Since the foundation of the MAOT, members made benefit of various activities held regularly, amongst these are the journal, newsletter and study mornings. Together with above seasonal social activities are organised both for members and non-members. Without any doubt these require a lot of hard work from committee members and support from association members.

Concurrence by OT's to these aspects would not only benefit the individual but also serve as a positive reinforcer to committee members in order to continue and improve their beneficial tasks.

Another plea is made for the contribution of articles as well as for an active membership drive.

Editorial Board

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Issued by Malta Association of Occupational Therapists.

Issue No. 6

March 1999

DEVELOPING OCCUPATIONAL THERAPY IN A DEVELOPING COUNTRY (Abstract 15, WFOT, Canada.) MR. J. BUSUTTIL PRINCIPAL O.T.

he island of Malta (population 400,000) has a long history of caring and carers. The presence of the Knights of Malta (1530-1798) greatly enhanced the medical tradition, while the British rule (1800-1964) maintained the island with concurrent developments.

Origins

The development of OT in Malta goes to the introduction of occupation, social and recreational activities which were prescribed for the patients in the local hospital. In 1840, a pioneer Malta psychiatrist. Dr. Tumas Chetcuti, was activities like gardening, promoting domestic work and crafts as part of the treatment programme for patients in the mental hospital. He claimed that such activities were beneficial, resulting in relief, mental stimulation, and a normalising influence on residents.

The psychiatric field continued to expand the activity programme into the industrial occupation of patients when a purpose built hospital was opened in 1861. By the beginning of this century, the hospital was self sufficient in food, clothing and footwear.

Professional Awareness

The first time OT was referred to in a professional manner was 1926. During a visit to the hospital, the island's Governor complained about the lack of indoor occupations for male patients. The medical superintendent stated that difficulties were being encountered to find suitable residents to work with the trade masters and the workshops.

He concluded that " as regards what is known as occupational therapy, we are still far from having a fully organised department," and cited examples from abroad where such therapy was being conducted successfully.

The psychiatric hospital, in a report in 1932, stressed the need for the engagement of Occupations Officer, as occupational therapy had made a significant contribution to the treatment of mental disorder, and had to be introduced on a professional basis. This was the first request in Malta for the recruitment of a qualified occupational therapist. It is significant that around the same time, an official memorandum on occupational therapy for the mental patients published in England, also urged the employment of therapists in psychiatric hospitals.

Action

By the early 1950s, OT had become fairly established as a profession to be found in the major hospitals of developed countries. On an international basis, OT's were organising themselves into a wider platform in order to promote their profession, and the first congress of the World Federation of Occupational Therapists was held in Scotland in 1954 – 44 years ago.

The Maltese medical authorities were now more conscious of this profession, and the lack of OT's in the island was considered officially as a "serious setback". In official correspondence, the absence of OT's was described as detrimental and proving to be a great handicap in the treatment of certain conditions. It was unnecessary prolonging

rendering their hospitalisation unpleasant if not altogether boring. The authorities added that it was a recognised fact that OT was useful and essential to certain patients. To rectify this situation the Ministry of Health in 1955 took steps to start the process of recruiting OT's from the United Kingdom.

The First OT's

Two female therapists arrived in Malta in 1956 to work in the general hospital. The overall plan was for OT to start in a small way, probably with orthopaedic patients, and once established, it would then expand to cover the whole hospital. In those days, many Maltese were not conversant with the English Language, and it was pointed out to the expatriate OT's that as a result, many of the instructions to patients would have to be transmitted visually.

After an initial evaluation the two OT's drafted a short as well as a long term plan for the profession which featured:-

- 1. The setting up of OT at general hospital for orthopaedic and long-term case.
- 2. To obtain and equip a department for mobile in and out patients.
- 3. To expand OT later to the other hospitals i.e. the geriatric and the psychiatric

The plan was approved and put into action.

Evaluation of Services

Within two years, a functional department was set up, servicing both in and out patients. Activities featured printing and crafts like canework and basketry, expanding later to woodwork, as well as a paediatric section. Activities of daily living were also a highlight of the programme. Liaison with other departments, like the Works Department and the Education Department, were also established.

The OT department was expanding, and a plan was drafted to move into bigger premises, envisaging sufficient space for the activities and equipment already in operation, as well as the accommodation of innovations. Besides covering the general hospital, the expatriate OT's also managed to initiate a service and a department at the geriatric hospital.

However an OT service provided by recruited expatriated, whose number was irregular and whose service was not continuous, was certain to encounter problems. By 1968, both the general and the geriatric hospital were complaining about the quality and quantity of the service: new recruitment ran into problems, and by 1969, both departments had closed down.

Maltese OT's

As far back as 1961, the Health Department invited applications with the aim of "sending two young ladies to the U.K. to undergo a three-year course leading to the OT diploma". In those days OT was deemed as a profession suitable mostly for women. Nothing came out of this call for applications.

The administration found it difficult not only to engage Maltese to study OT, but also to recruit therapists from abroad. This was mainly due to salary conditions which offered no inducement to trained staff to come here, and no encouragement for Maltese to apply for the scholarships.

Another call was made in 1970, when two men were selected to proceed abroad to study for OT qualification. On graduating in 1974 they returned to Malta where they were entrusted with the task of organizing OT on a professional footing locally. One

going into the physical field while the other started looking after mental health. More Maltese were sent to the U.K. to study in 1979.

Local Expansion

Gradually the pioneering Maltese OT's started setting up departments in the main general geriatric and psychiatric hospitals. They were aided by a group of enthusiastic technical staff, who were essential in the implementation of the overall OT strategy.

More OT's were needed however to cover the present and future demands of the services. It was no longer feasible to send Maltese students to study abroad. Plans were drafted for the setting up of a local OT course, a natural progression since similar courses in physiotherapy, podology and speech therapy had also started local education. Also, it was imperative to assess local needs and plan the service and the course accordingly, something which overseas OT colleges do not always take into account because their curriculum is geared towards their respective needs.

The first OT course in Malta took off in 1984. Since then seven other courses have been organized, with about fifty OT's qualifying in the process, and being WFOT recognized.

The Present and Future

With a period of 25 years, OT has become significantly established as a recognised profession in the health care field locally. Departments have been set up in the major facilities : the general hospital, the geriatric hospital, the psychiatric hospital, an elderly rehabilitation complex, a hospice facility, facilities in the sister island of Gozo, as well as in the community.

OT in Malta is not without its problems : we have difficulties with resources, both infrastructural and staffing. But looking back over this quarter century, as well as encompassing the present and future plans, we feel proud of what we have achieved locally, as well as abroad, for both sometimes our expertise in the pioneering field is requested by the other developing countries.

TEACCH – A structured Approach Towards Autism Mr. Vincent Cassar – S.R.O.T. Occupational Therapist

ment was established as the foundation for lated from too many sensory input, structured teaching. handicapped Children).

WHERE?

Producing or modifying the environment where to treat students with autism is very crucial.

isual information is more easily AIn general it must be calming in effect and processed by people with autism conducive to the results expected. As the than verbal information. This state- autistic student tends to become over stimuenvi-For students with ronment must be stripped from all stimuli. autism, by Eric Schoppler in 1966. This All clutter must be removed, walls bar and study was continued further and to the de- sound limited to own voice only. Carpeting velopment of TEACCH (Treatment and the area in one colour which is not bright in Education of Autism and Communication intensity is a good idea. This will insulate sound and echo as well as produce a clear idea of space available. Visual barriers are very important to increase the attention and concentration to the task in question. Areas should be labeled, as they give a clear indication to the student what to do in that area.

WHEN?

The autistic student has poor concept of time and also does not know when to start, what to start and when to stop. Routine is their motto therefore a time table or as better refereed a schedule is necessary. The optimum meaningful communication system needs to be identified. This is done in liaison with the Speech and Language Pathologists. Media used may vary from object, photos, pictures, symbols to writ-The students move left to ten format. right of the schedule. This mode of performing is kept constant at home, work and play giving the student a structure in his life.

HOW?

In dealing with the autistic student, one must build up a relationship based on confidence and calm feelings. The motto to be followed is "Speak softly and work quietly". Instructions given must be direct using only key works and giving little or no notice to grammatical corrections. For example instead of saying "Please, can you bring me that ball ?" one would simply state "Get Ball". Strengths of the students must be assessed and worked upon. These are used in order that the student becomes productive and earns a living using this strength. Negative behavior is never corrected using negative reinforcement. It is rather ignored and modify behavior to reinforce positive behavior.

WHY?

The answer of this question comes automatically. Structure decreases confusion and aggression, makes students more productive as activities are given their meaning. This holds given that one bears in mind the above. Autism cannot be fought as one will loose. In planning out one must always allow self stimulation. It should be modified to a more socially acceptable state.

CONCLUSION:

This approach has given satisfactory results both international as well as locally. At present this approach is being applied by the Eden Foundation with students with autism. Should you need more information write to:-

> STEP PROGRAMME, THE EDEN FOUNDATION, BULEBELL, ZEJTUN.

Dr.A.Al-Ansari Chairman of Psychiatric Hospitral P.O. Box 5128 State of Bahrain These are adverts for OT Posts for MJOT

> DR. OMAR AL-CUIDAH Medical Dector - Residence Rahaliditation Ains Dialo Rahabilitation Centro Control & Al Jezzaara Hangitai

Tel. : 322989 - 311500 Fex : 322789 P. O. Box : 27744 ABU DRAR - U.A.C.

Il-Quddiem

ANGLU MIZZI Staff Tekniku fl-Isptar Monte Karmeli

X'inhi l-O.T.?

L-Occupational Therapy hija kull attivita' fizika jew mentali li tinghata lill-klijent bi skop ta' kura. Ghal-dagstant, 1-O.T. hija parti importanti fir-rijabilitazzjoni tal-klijent fejn persuna tigl meghuna tilhag l-oghla livell taghha, fiziku, mentali u socjali fl-isptar jew lura d-dar. Kulhadd jaf li fl-O.T. hemm 1- Occupational Therapist li flimkien ma team ta' nies ohra huma nvoluti u ghandhom responsabilta' kbira f'dik li hija kura tal-klijent. Grupp li flimkien ifassal programm u pjan ta' hidma sabiex iteijeb l-kundiż u l-kwalita ta' haija żioni ghall-klijent. Grupp ifassalhom u iehor iwettaqhom.

Min huma dawn in-nies 1- ohra? Hawnhekk nidhlu ahna, l-istaff

tekniku. L-O.T. Technicał Staff huma nies ġejjin minn kull qasam tal-hajja u b'kapacitajiet diversi. Jinstabu nistghu nghidu f'kull sptar f'Malta u f'Ghawdex. Huma nies flessibli li kapaći jaddattaw skond il-bżonn u ċ-ċirkostanżi, wahda f'postijiet differenti tax-xoghol u t-tieni, l-aktar importanti, jaqdu l-bżonnijiet tal-klijent kif mehtieġ.

Din mhix xi hidma fid-dipartiment ta'

1-0.T. Dan gieghed nghidu min-habba, li minkejja uhud minn dawn 1-O.T. Technical Staff illom jahdmu fi hdan id-dipartiment ghal haina snin, uhud ghal 15 u anke 20 sena u minkejja li saru diversi talbiet u attentati, dawn it-Technical Staff, ghad ma gh andhomx l-gharfien mehtieg sabiex jiggustifikhom bhala tali. Jigifieri bhala O.T. Technical Staff jew O.T. Technical Instructors. Gharfien gustifikat u mportanti hafna ghas-servizz relatata ma' l-O.T. f'pajjizi barra minn Malta.

Saru diversi "In Service Training Courses " u tahrig kontinwu ghal dan l-istaff. Talbiet ghal staff gdid minhabba li s-servizz jikber u jinfirex. U propju ghalhekk nahseb li wasal iż-żmien li jsir xi haga sabiex anna bhala O.T. Technical Staff nigu mgharrfa kif suppost. Jekk is-servizz tat-technical staff bżonnjuz u ilu ikun huwa utilizzat ghal dawn is-snin kollha, nahseb li n ghandu jigl wkoll ġustifikat u rikonoxxut.

Ġieli nsemmu l-kelma 'Burn Out'. Dan jiġri hafna drabi fejn ma hemmx heġġa, inċentiv u stimulaż żjoni, biss tafux kulhadd uman u jekk irridu ntejjbu s-servizz irridu niehdu hsieb l-aspettattivi kollha, li jaghmlu dan ix-xoghol wiehed possibli. Ma nistghux nimxu wah edna, biss flimkien u ndaqs bil-kapacitajiet kollha taghna u ghal skop wiehed... il-klijent.

Semmeit li bhala O.T. Technical Staff naghtu servizz u ghandna responsabilta'. X'inhi din? X'insibu fid-Dipartiment taghna? Lattivitajiet li wiehed isib huma hafna. Hemm l-arti, lfuhhar, xoghol tal-kitba, ganċ, tisjir, xoghol tal-gnien, xoghol tal-injam, personali u hafna ohrajn. igiene Insibu xoghol industrijali fejn hemm hafna attivita' ghalkemm il-produżzjoni m'hi gatt emfasiż zata. Attivitajiet socjali u rikreattivi, bhal gym, hrug kulturali, wiri ta' films, hikes, bahar, roti, teatru, exhibitions, u partecipazzioni fil-karnival. Isiru laqghat fuq bazi personali u anke fi gruppi. Dawn l-attivitajiet ma jsirux ghallmoghdija taż-żmien, isiru bi skop spećifiku. Bhala parti mill-kura tal-klijent, u jekk tigi rifjutata, tkun aieghed

tirrifjuta l-kura. Isiru sabiex b'hekk wiehed jghin iwarrab l-apatija, nuqqas ta' inizjattiva u responsabbilta'. Id-dipendenza fuq l-isptar. Hawnhekk irridu noqghodu attenti, ghaliex aktar milli wiehed jimmudella individwu mill-ġdid, naħseb li rridu nirrispettaw u ma nitilfux il-kwalitajiet tajba tal-klijent li nkunu qegħdin naħdmu miegħu. Dan hafna drabi nagħmluh mingħajr ma nndunaw. Il-post innifsu jdaħhal lill-klijent taħt kundiżżjoni jew titlu. Niddettaw kull ma rriduh jagħmel u jsir.

Insakkruh ghaliex nghidu li sejjer jahrab.Irridu naraw u niżnu t-tajjeb tal-klijent u nibnu fuqu. Inkunu aktar ottimisti u positivi. Ma nassessjawx biss il-hazin, il-permanenza, ghal-inqas jekk dan hemm bzonn li jsir, inpoggu it-tajjeb quddiem,..... l-ewwel fil-lista. Ilkura tal-klijent mhix izolament aktar jaqa' f'apatija. Bizzejjed jinfired mill-familia u 1-hbieb. Ghandha tkun attivita', stimulażżioni, partecipazzjoni posittiva, mhegga minn diversi nies u minn kull Is-sehem tat-Technical impjegat. Staff huwa mportanti f'dawn l-attivitajiet. Ghalhekk ghandhom ikunu differenti, u nteressanti. sabiex izommu lill-klijent ghaddej jigifieri attiv fizikament u mentalment okkupat, sabiex meta imur lura fis-socjeta jkun jista' ikompli dags l-ohrajn. Dawn isiru mid-dipartiment tal-O.T., biss ma jistghux jieqfu hawn. Dak li jinbeda minna jrid jitkompla kullimkien. Fl-isptar, fil-familja u fuq il-post

l-tax-xoghol. Il-ftit sieghat tat-therapy ma humiex biżżejjed. Iridu jitkomplew. Il-klijent ikun gh ad fadallu hafna hin ghad- dispoziżżjoni tieghu u jekk jahlieh u ma juzahx jiswieh ta' hsara. Kulhadd irid ikun jaf u jifhem il-bżonn ta' dawn ezerciżżji li jaghtuh skop u sodisfażżjon.

Attivitajiet fejn wiehed jista' jesprimi t-talenti u l-kapacitajiet tieghu. Ezerciżżji fejn ahna bhala staff inkunu nistghu nindunaw u nsiru nafu aktar lill-individwu. Dak li naghmlu huwa dak li nhossu. Dak li Mix-xoghol nindunaw aħna. bil-kwalitajiet tal-klijent. Taibin jew hżiena. Insiru nafu l-kundiżżioni tieghu u kif jahsibha. Insiru nafu lilu, lill familja tieghu, lill-hbiebu. X'hemm fi hsiebu. Insiru nafu xi jrid isir u xi jrid minna l-klijent. Insiru h bieb u nahdmu flimkien. Nafdaw lil Il-klijent jinghata xulxin. ċ-ċans jitkellem u jesprimi ruhu. Jigi mgh eijun jikseb kunfidenza fih innifsu u jafda l-ohrajn. Ma jibqax wahdu u ghalih. Hafna mix-xoghol irid jagħmlu hu, u mhux aħna. Jitgħallem jiehu decizzjonijiet u jaghzel wahdu. Ikun independenti. Minbarra s-servizz li jinghata gewwa isptar. 1-O.T. Technical Staff huwa anke nvolut f'affarijiet ohra. Illum insibu per eżempju xoghol fil-kommunita' bhalma huma d-'Day Centre'.

Nattendu wkollis-'Psychiatric Unit' fejn isir xoghol ma klijenti gewwa lisptar u anke, minn barra l-isptar. Servizz iehor li dan l-ahhar qeghdin noffru huwa dak fejn nghinu lillklijent (deijem skond il-bżonn u sa fein jippermettu 1-mezzi) iirristabilixxi ruhu id-dar. Nipprovdu ghajnuna materjali u manwali sabiex nirrangaw id-dar ta' min ikun lest imur lura fihom. Diar li ghal diversi ragunijiet ma jkunux attrezati biżżejjed, jew negsin minn affarijiet bażići. Dan huwa possibli bl-ghainuna ta' ghaqdiet ohra u anke nies li dejjem taw hafna, u dak kollu li setghu ghal dan il-ghan. Meta wieh ed jittratta klijent ma jistax jhares lejn haga wahda biss, il-marda, u iinsa l-hafna bżonniuzi li mingh arjhom hafna drabi ma nghaddux.

Qeghdin nghixu f'dinja mghaggla u ta' konsum sfrenat, fejn jekk ma tkunx b'sahhtek fiżikament, mentalment u anke mill-att finan żjarju jkun diffičli tghix minghajr ma tiffacja problemi. Problemi gh all- bniedem hekk imsejjah normali, ahseb u ara l-klijent li diga ghandu l-mard.

Irridu nkunu realistici u umani. Irridu nahdmu u nahsbu fuq dak li naghmlu. Irridu nippjanaw bis-serjeta' u naghzlu dak li veru ghandna bzonn u jservi fil-hajja. Irridu nahdmu bil-qalb. Possibilment ank bi tbissima.

	The Second Asin-Pacific
The Second Asia-Pacific	Occupational Therapy Congress
	f September 11-14, 1999, Taipei, Taiwan
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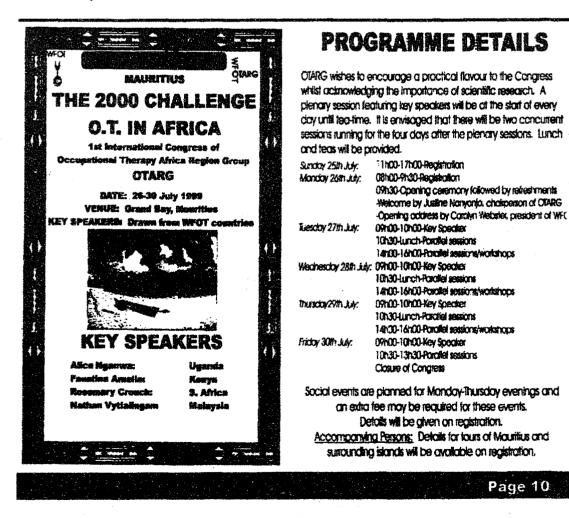
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Assessment and Treatment of Children

Two workshops, specially designed for Occupational Therapists who work with children are being planned for Occtober 1999. These workshops will be led by Sydney Chu Msc SROT, OTR; a leading specialist in this field who will come from the UK. These workshops will deal with assessment and treatment of children with developmental, perceptual dysfunction and handwriting difficulties. Both courses will run for five days. The courses are suitable for therapists who are new in the field and also for therapists who want to further expand and experienced consolidate their knowledge. A half-day introductory workshop on sensory integration therapy will also be offered. Cost for all three courses will be around LM40. For further information contact Natalie Buhagiar on 25951804 or 25951512 (preferably on Thursdays)



Would you be interested to become a memeber in the M.A.O.T. ? If yes, fill in the form below and to:

Mrs. Marisa Camilleri Occupational Therapy Department, St. Vincent DePauleResidence. Luqa

Name :
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Tel. No. : Year of Graduation:
Work Place:
Fee: Qualified staff, Lm 4.00c
Student ; Lm 1.50c
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