



News from the Kazakhstan Ergotherapy Association



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Word of the president

Welcome to our first newsletter for 2023. The new year often brings with it a sense of excitement and anticipation for what the year will bring. This is certainly the case for us at KEA. First, we have welcomed a new member to the team, Lieke who joins us from the Netherlands. See below for her introduction and initial impressions of Kazakhstan.

We have also started the translation of our constitution, code of ethics and WFOT minimum standards in education into Russian & Kazakh. The need to do so marks a significant point in KEA's history and an exciting shift in our priorities. Historically KEA's focus has been on advocacy for the profession and getting it known. While this is still very much a part of what we are doing, we are now starting to look to the next steps of collaboration with educational facilities and creating a network of Kazakhstani ergotherapists. We are hopeful that with the commencement of a master's program in ergotherapy, 2023 will see the first locally trained ergotherapists joining KEA.

As the profession and the Kazakh health care system in general continues to develop, we are also seeing adjustments in concepts such as disability, inclusion, and the client-doctor/therapist relationship. As a new profession for the country, one that champions client-centeredness and occupational justice, ergotherapy and KEA are uniquely placed to make positive contributions in these spheres.

In line with the World Health Organisation (WHO), KEA views disability as the way impairments in body function interacts with a person's physical, social and cultural environment, limiting participation in meaningful activities. Disability is not merely the diagnosis given as result of an illness, injury or disorder.

If this is our concept of disability, then it needs to be reflected in the way we do therapy. One such reflection is our understanding of the role of the family, in all settings, but especially when working with children, the elderly and in mental health. While therapists are trained in the knowledge of body function and dysfunction and what it takes to complete a task, it is the client and their family that know the person best. If we as therapists are to do our job well, we need to know how an illness or injury is impacting on a person and their family, in the activities that are important to them, in the places that they do them, at this point in time. Only the client and their family can provide this information.

But it is not just about information. The family are a significant social and cultural environment that can either support or exacerbate disability. They are also the ones therapists rely on to implement and extend therapy. Without the participation and support of the family, therapy would only happen with the therapist. This is simply not enough.

So we see that the family are an essential part of the therapy team. Without them we as therapists cannot effectively do our job. However, to include them in such a central way can be scary idea. It involves releasing control of therapy. It means spending time training and equipping family members. It requires negotiation and compromise. All things that take precious time. The upshot of the extra investment is that we are working with a more invested, supportive and competent family unit, where goals are reached sooner, and who are better equipped for challenges in the future.

Petra Magerl
President of KEA



First Impressions by Lieke Blom, Occupational Therapist

As the newest member I was asked to shine a light on KEA and the importance of the existence of KEA. I am honored to write about this for this newsletter.

I studied in the Netherlands where Occupational Therapy is still relatively unknown. Because of this, it's important for us to know and to be able to explain to others what an Occupational Therapist can do for someone with a disability. Because it is a new health specialization it's also mostly unknown to Kazakh people, and the government, what we as Occupational Therapists can do for Kazakh people, and how we can help organizations. It's very important to have a shared vision for Occupational Therapy in Kazakhstan. This is what KEA stands for and it's one of the reasons why it exists. It's our jobs as members of KEA to set goals and to evaluate the goals that were set many years ago. To know we are working on something that is recognized as a health specialization by the government is so exciting!

We are also as an association working on being ready to welcome new local members who studied in Kazakhstan to be Occupational Therapists. It's an exciting time to be a part of KEA because this is what we, and the members before us, worked so hard for. With these steps we can see the work the government, the locals who helped and are still helping us, and all the Occupational Therapists before us in Kazakhstan have done, and still are doing for this purpose. I am very excited to see and be a part of the next steps for KEA!

Home based therapy, Nathan Visser, Occupational Therapist

It was 2009 and I was pioneering occupational therapy in the Panfilov region, in the Almaty oblast. I was visiting children in their homes, meeting their family and relatives and seeing how they lived. Some people made great adaptations in the environment for the child with a disability to be able to participate, others really struggled or needed some assistance to progress further.

I remember for example a boy that could hardly walk, but he desperately wanted to go to school. Prolonged therapy in the end did help achieve this goal. Going to the outside toilet was a problem and he couldn't sit above the hole. So his father made extra bars in the toilet that helped him to sit, and made standing up again possible. On days when our bodies felt stiff, these bars are also very helpful for abled bodied people!

Another boy had a mental delay. He could walk and help with a lot of things, which his mother was really happy about, but it was difficult for him to dress himself. He was frustrated that he couldn't put on his jacket by himself. At that time I had two other occupational therapists from the Netherlands visiting me and one of them started working intensely with this boy, Daniar. They decided to start off by putting his jacket on and off. Through a lot of repetition and instructing the mother how to help him better, his ability slowly increased.

It was necessary to explain to his mother that the learning in the beginning will cost extra time. Instead of putting the jacket on quickly, they both needed to take an extra moment in which Daniar finished the final part that he could do. This was the zipper and this he also practiced with a special doll that we made as therapists for him. With the doll he could play and practice doing the zipper. Slowly he was able not only to pull it up, but also to place the zipper in place. By daily repeating this he progressed from not able to put on his jacket, to doing the zipper at the end, to doing it all independently.

At first he still needed assistance with which arm needed to go where. But slowly he learnt to do that himself and finally, he did it all by himself. As a result he was able to put on and take off more clothes independently. This was fantastic progress that made this boy enormously proud and his mother very happy.

A tactic used in this home therapy is what we call bottom-up learning. Daniar was able to pull up the zipper if his mother did all the other parts of putting his jacket on. It is important that he kept doing the part he was able to do as this provided positive feedback. Slowly then, the amount Daniar was able to by himself was increased and through constant repetition he was enabled to do more and more.

The picture is of another doll we made for sensory integration for another child. These are all home made therapy instruments. This is where, for me, the heart of occupational therapy is found: at home.



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Edited by Linda Beadle

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