I was presenting on the West Coast and had to make a connecting flight through Cincinnati. The weather was very bad, which meant the flight home was delayed. Everyone in the gate area was tense and irritable. Finally we loaded onto the last plane out for the night, one of those small regional planes where you can barely squeeze into a seat. First class was not an option. People were scowling at each other and trying to shove large bags into tiny spaces. I was sitting near the front of the plane and, as I was buckling my seat belt, I saw a man coming toward me dressed in a sequined American flag costume. I was sure I recognized him. In fact, I realized it was Little Richard!

He sat down next to me and looked at me, and I looked at him. I immediately forgot his name and said the first thing that popped into my head: “Good Golly Miss Molly.” He laughed, jumped up, and began to sing this song, parading up and down the isle. Everyone started clapping, singing, and dancing in their seats and in the aisle. The flight attendants had a terrible time getting people to sit down so we could take off but, once in flight, as soon as the captain gave the sign we could move around the cabin, Little Richard started singing and dancing all over again. He went through his entire repertoire and rendered a free concert. What seemed like just another travel experience became an extraordinary journey!

This story is an analogy for how I feel about the American Occupational Therapy Association’s (AOTA’s; 2007) 2017 Centennial Vision. It is not just another strategic plan on the shelf, not just another plane ride, but it too will be an extraordinary journey. There will be unexpected surprises and, by the end, we will have flourished because of our strong impact on the health and wellness of society! When we encounter the extraordinary along the Centennial Vision journey, I for one will remember the performance of Little Richard and the way in which his personal dynamism and power were able to ignite enthusiasm and positively affect the experience of everyone.

I am eager about what awaits us in the future, and I want to tell you how I plan to contribute to our progress along this journey. We must thank our immediate past president, Dr. Carolyn Baum, and our past vice-president, Dr. Charles Christiansen, for their foresight in mobilizing our energy to develop this Vision for 2017.

Penelope A. Moyers
President of the American Occupational Therapy Association

This article was taken from Dr. Moyers’s address given at the 2007 Annual Conference & Expo of the American Occupational Therapy Association, held in St. Louis, Missouri, April 20–23, 2007.
AOTA's Centennial Vision

We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society’s occupational needs.

Our Centennial Vision unleashes vital forces that provide fuel for the journey (Nanus & Bennis, 1992). A vision attracts commitment from the membership and unites us toward a common goal, where we are energized by the meaning of these compelling words. There is a standard of excellence as we pursue change to bridge the present into the future.

These forces emanating from the Vision are not assured. The literature on strategic planning indicates how difficult it is to sustain implementation of the plan (Brache & Bodley-Scott, 2006; Bradt, Check, & Pedraza, 2006). There are at least six danger zones lurking to slow us down, to derail us from our goals, or to ensnare us into controversy (Wood & Harbaugh, 1993). These danger zones include tradition, fear, stereotypes, complacency, fatigue, and short-term thinking. Let’s examine each of these traps as a strategy to avoid their hidden risks.

Tradition

Tradition is the most difficult hazard. We benefit when we are willing to examine our customary way of approaching governance, involving members, relating to the public, solving problems, and accessing opportunities. Care is needed to differentiate the traditions important to the core of our organization from those institutionalized processes requiring alteration so that we will reach our goals. Will we have the wherewithal to break the old patterns and create new ones if we need to? Economist John Maynard Keynes (1935) indicated the difficulty lies not in the new ideas but in escaping from the old ones. Through the purging or major revision of our irrelevant or outdated processes, we can facilitate the actions and attitudes of the professional association that will enhance the likelihood that the creative side of occupational therapists and occupational therapy assistants will be developed, motivated, and directed in useful ways.

Fear

Our Vision leads us on a journey where change can be abrupt, unexpected, and fear producing. The temptation is to avoid controversy as people “push back” when feeling threatened. Leaders with courage will have to take calculated risks in challenging the old order of how our processes are enacted. We will make some mistakes, but without risk, we cannot succeed. Failure is not final, and fortunately we can “fail forward toward success” by turning mistakes into achievements (Maxwell, 2002, p. 141).

Stereotypes

When we compel ourselves to challenge common beliefs and stereotypes (e.g., shoulds and should-nots, rules, popular preconceptions, myths, history), we learn to ask critical questions. Is there another way to define the situation or reframe the problem into an opportunity? Are the assumptions underlying the issue the right ones to make? Do we have data that can challenge the boundaries circumscribing our creativity? Do we have the wisdom to know if our preconceptions really fit with the values of our profession?

Complacency

Complacency plagues many organizations. “Others will get this done.” “If it ain’t broke . . .” “Everything is fine.” “Not my problem.” “I don’t have time.” “What can I really do?” “I’ll be retired in 2017!” We might be lured by the thought there are others who can do the work because we don’t have time. Typically, the hardest working volunteers have the least amount of time available but yet accomplish so much. Perhaps we wonder, What can any one person do? When we read about the endeavors of other AOTA members, we renew our spirit as we realize what is achievable.

In addition, baby boomers are thinking about retirement. I would invite us to retire only from employment but not from the profession, like the group calling themselves “Senior Scholars,” who met during the AOTA 2007 Annual Conference & Expo to discuss how they will continue their contribution to the Centennial Vision.

Fatigue

Fatigue is insidious when few new leaders step forward. There is danger in current leaders losing focus and members becoming tired when we do not develop a self-renewing process where new leaders are identified and mentored and celebrations recognize outstanding contributions. A premature ending to our Vision gambles away future successes.

I was fortunate this past year to work so closely with our outgoing president, Dr. Carolyn Baum. Not only have I received the best training possible for this position, but I know it was renewing for both of us to share the demanding schedule and responsibilities. I have promised Carolyn that I will pass the mentoring forward to our next president. This transition between the two presidencies truly has been seamless, and transitions in leadership always should be so if we are to achieve our goals over this Centennial Vision time period.

Short-Term Thinking

It is easy to become distracted from the long-term Vision because of immediate crises, spending valuable time “putting out fires,” and tinkering with processes that may seem important but contribute little to the journey. We will be success-
ful when we involve leaders who have a strong strategic focus and who reject short-term thinking or escape the tendency to develop “visioning myopia.” Our extraordinary journey is not a sprint or a race to find quick results. The leaders we need will capture important opportunities and will be particularly adept at taking a broad view, one that draws on a multitude of valuable experiences.

**Centennial Vision Implementation Model**

So, we have our Centennial Vision. What is next? I propose a model to guide us along this extraordinary journey (see Figure 1; Cain, 2005; Kouzes & Posner, 2002). As the top orbit indicates, we need endorsement of the vision—to get the message out to the grassroots. The right orbit specifies challenging our normal way of doing business to see if these traditional processes actually will lead us on the most efficient and effective path. The bottom orbit tells us to quit talking and take action, to start the travel experience, to get it done. But, in the achievement of our work, as the left orbit denotes, we build community and mold our collective identity so the important contributions we make to society are clear to the public.

**Endorsing the Vision**

Endorsing the Vision acknowledges the need for revolutionary change, which will result in new services and systems that our clients in the health care, educational, and social systems surprisingly value (Moyers, 2000). The major driver of revolutionary change is the rapid improvement in knowledge-based activities, brought about because of computers, communication innovations, and new business models. Improvement is so rapid and profound that it results in the “exponential economy” (Carlson & Wilmot, 2006). Therefore, accepting the status quo is not staying the same but is moving backward (Tapscott & Williams, 2006).

As a result, the health, social, and economic costs of maintaining the status quo, or moving slowly, are far too great (Collins, Davis, Doty, Kriss, & Holmgren, 2006). It is clear why our health care and social systems are in need of overhaul. Growing numbers of uninsured people will lead to an aggressive health care system reorganization in which chronic disease management, prevention, wellness, and lifestyle change will be instrumental in the development of revolutionary services. Failure to improve the health care system will result in needless mortality and morbidity, excess costs, and unnecessary expenditures (Collins et al., 2006). What the profession of occupational therapy has to offer society is in fact revolutionary, because in 2017 it will be widely known how occupational therapists and occupational therapy assistants, because of their holistic practice and excellent science, enhance participation in daily life through transformation of the dynamics among the person, environment, and occupation.

I ask each occupational therapist, occupational therapy assistant, and student to assume various roles in endorsing the Vision. We need decision makers with the foresight to choose the right path, guides to ensure the journey leads us to our desired result, good communicators to promote the path taken, sustainers and energizers who erase doubt, barrier removers to keep us moving, and conflict analyzers to craft win–win solutions. We have advantages that form a solid base for revolutionary change. These roles are not foreign to us because of our professional value for collaboration and collective action (Tapscott & Williams, 2006).

In endorsing the Vision, the AOTA Board of Directors, with input from many members, has decided on these strategic goals:

- Building the profession’s capacity
- Demonstrating our value to persons, organizations, and communities
- Linking education, research, and practice
- Creating an inclusive community of members
- Securing the financial resources needed to fund the Vision

We endorse the Vision when we realize how important it is to build our capacity to lead, not only by directing the organization but also by addressing major societal concerns. However, we cannot escape what Maxwell (2002) referred to as “the law of the lid” (p. 1). Leadership capacity determines an organization’s level of effectiveness. We cannot perform beyond our capacity. To enact our vision, we have to “raise the lid” of our capacity (p. 10). How do we build capacity? We begin by forging a “legacy of leadership.”

Ralph Nader (2007) stated that “the function of leadership is to produce more leaders, not more followers.” A mechanism for our members to submit and regularly update...
leadership profiles makes it possible for committee and commission chairs to proactively identify leadership talent in practice, education, and research. We then offer leadership development opportunities and encourage meaningful involvement within AOTA, state affiliates, and organizational partners. We not only actively mentor students and new practitioners, but we also consistently train our current leaders through team building, educational moments and readings, and crucial experiences in working with our nation's leaders and policymakers. For instance, the AOTA Board of Directors will regularly lobby Congress as part of our meetings and will encourage other leadership groups to do the same. What we won't do in building capacity is leave leadership to chance.

Without champions for our Vision, there will not be a Vision—no exception. Each of you is a Vision champion, as you are passionate, committed, focused, inspirational, and able to persevere. You will be instrumental in seeking influential partnerships. You endorse the Vision each time you tell those members who could not come to the AOTA 2007 Annual Conference & Expo, and when you tell nonmembers about all we are doing, I know you will welcome them along our extraordinary journey because of your own excitement and eagerness about what is possible.

Endorsing the Vision means surrounding ourselves with spirited volunteers; however, when we recruit one member, the organization increases by one. This is great, but this type of recruiting leads to only incremental growth in our capacity (Maxwell, 2002). (I want 60,000 members!) Instead, exponential growth occurs when recruiting leaders into the organization at both the state and national levels. Leaders bring their colleagues into the organization. Inspirational leaders enlist many, many colleagues into the Vision journey. They are the dynamic attractors of a positive impetus for change.

Endorsing the Vision through capacity building also means preparing practitioners, educators, and scientists for 2017. Because many of our faculty and scientists are nearing retirement, we face a distressing shortage. How we educate entering professionals is important because the practice of the future will be very different from today, one that is constantly changing, demanding each of us to be vigilant with continuing competence. We are forming an AOTA/AOTF (American Occupational Therapy Foundation) Research Advisory Panel to help develop our research agenda and advise us on ways to better support the training of new scientists. We cosponsored with AOTF a mentoring program for the development of academic leaders. We also have an ad hoc committee to make recommendations for a model curriculum, one that will address emerging practice in the areas of mental health; rehabilitation, disability, and participation; productive aging; children and youth; work and industry; and health and wellness. Here are some ways for each of us to endorse the vision through capacity building:

- Determining the knowledge and skills you need for your own continuing competence, competency, and professional development
- Seeking advanced training, certification, and higher education
- Sharing the knowledge and skills gained with others
- Mentoring new therapists, students, educators, and scientists
- Recruiting diversity into the profession
- Contributing to scholarships
- Identifying talent for academic and research careers

**Challenging the Profession and Ourselves**

As we endorse the Vision, we start moving into the challenge orbit, which requires us to demonstrate our value to society. Professionals that refuse to challenge themselves are at risk of becoming obsolete in the future. Our distinct purpose of enabling the participation of everyone in daily life gives us the boost to become an extraordinary profession as the result of the positive impact of our work on society. We have long-established beliefs about and experiences with the power of meaningful occupations. We have ideas and evidence about how health and quality of life result from the interaction among a person's capabilities, the selected activities, and the environment. An extraordinary purpose, according to Maxwell (2002), brings us together to plan more so that we can take more risks that then allow us to meet our challenges. With such a strong purpose, we expect more from ourselves and each other.

We challenge ourselves to create revolutionary change in systems so that we can practice authentic occupational therapy, in which the focus is on using occupation to promote health and wellness and daily life participation. What are the competencies needed for facilitating revolutionary change in the systems within which we work? We have to recognize opportunities that facilitate our Vision and add immense value to our services. This means we learn how to use breakthrough innovations in technology, communications, and new business models as the basic tools for expediting our Vision journey (Carlson & Wilmot, 2006; Taylor & LaBarre, 2006; Tapscott & Williams, 2006). We cannot approach complex challenges with typical linear problem-solving methods and expect to devise pioneering solutions that truly make a difference to society.

The challenge orbit leads us to demonstrate value by developing innovative or revolutionary services that meet societal need for inclusive participation in daily life. These
services are evidence-based and are more likely to produce the occupational performance and health and wellness outcomes attributable to occupation-based practice. Successful outcomes that are relevant to communities and organizations garner support through policy, funding, and public demand.

AOTA and its state affiliates are accomplishing so much in all areas of practice. I have time to highlight only two of our Vision focus areas, one of which is productive aging. Our nation’s 80 million baby boomers who by the year 2011 will begin turning 65 (L’Allier & Kolosh, 2005) do not plan to live in conventional retirement communities but desire to stay in homes built or retrofitted to meet their needs (August, 2005). Because occupational therapy already plays an important role in home and environmental modifications, I am pleased to share the news that AOTA is embarking on a creative new collaboration that holds the potential to help us better meet these important areas of need as our society ages. This collaboration will partner us with AARP and the National Association of Home Builders in an exciting new initiative in which we will jointly work on issues related to livable communities, aging-in-place, and home modifications. Our objectives are to build capacity within our profession and within the home builder and remodeler community and promote accessibility to aging-in-place services, especially to AARP’s 37.8 million members. We will be unveiling more about this unique and exciting relationship in the near future.

My platform in running for AOTA president included the commitment to increase our effectiveness in meeting the mental health needs of society. In fact, our lobbying agenda, our evidence-based practice efforts, the development of the model curriculum, and continuing competence all are being infused with this important focus. We’ve made progress on the lobbying front through our support of mental health parity legislation and education of Congress about the role of occupational therapy in mental health, as well as opposing a change to Medicaid that would adversely affect people with mental illness. We’ve also affirmed occupational therapy’s commitment to addressing psychosocial issues in schools through our lobbying efforts on the reauthorization of No Child Left Behind legislation. AOTA worked with the House Subcommittee on Early Childhood, Elementary, and Secondary Education to support the use of and incorporating the role of occupational therapy in schoolwide models, including response to intervention and positive behavioral supports.

We’ve completed an evidence-based literature review on autism spectrum disorders and are in progress on two others related to adults with serious mental illness and mental health recovery principles. We are developing materials to help occupational therapists obtain their Board Certification in Mental Health through AOTA, which may be helpful for those seeking to become qualified mental health providers. We are working through the model curriculum committee to determine the appropriate mental health content in entry-level curricula.

Even though I spoke of two areas of focus (really three, as the mental health covered issues of children and youth), I want all of us to think about how we will challenge ourselves and each other to create value of the profession to society. Creating value requires us to highlight occupational therapy in each of our communities by

- Working with the media to describe the important work and effects of occupational therapy
- Facilitating change in the systems in which we work to enable authentic practice of occupational therapy in addressing the daily life participation needs of clients
- Sharing success stories of occupational therapy practitioners leading innovation in systems change in which occupational therapy is delivered through revolutionary business models
- Collaborating with community leaders to create livable, accessible, and healthy communities
- Serving on boards of related organizations so that occupational therapy services are properly funded in community agencies

**Taking Action**

The taking action orbit links education, research, and practice. Respect from clients and colleagues occur not by accident but depend on generating the science to support our practice and educating our practitioners to use this science. The Law of Respect (Maxwell, 2002) tells us that overly simplified information without benefit of deep reflection misrepresents the real experience of our clients. Shortcuts in thinking lead to major mistakes, professional irrelevance, and disrespect. Instead, we must allocate resources to connect science and education as part of the strategies to obtain high-quality practice outcomes. Evidence-based decision making is additionally an element of leadership. This year the AOTA Board of Directors will conduct routine evaluations of its own effectiveness as we implement our Centennial Vision.

The action orbit indicates that it takes leadership to create stronger linkages among education, practice, and research. We have an ad hoc committee studying ways to create these linkages and an outcomes committee examining how to ensure occupational therapy outcomes are measured properly and data collected and communicated for policy development. We are determining how to promote these linkages at our national conferences and other AOTA pro-
gramming and encourage our state affiliates to do the same. We are exploring the concept of learning communities where students, practitioners, scientists, and educators regularly come together via technology to study particularly vexing problems of participation in daily life. There is a role for all of us to reach out and create linkages. Here are some ideas:

• Monitor changes in the profession, the local community, the nation, and the world, particularly focusing on the way technology affects these changes.
  – Read professional literature.
  – Study trend information.
  – Scan major newspapers, Web sites, or other types of news outlets.
• Review evidence and organize practice knowledge.
  – Form journal clubs.
  – Form learning communities with universities and relevant organizations.
  – Use evidence-based-practice products.
  – Analyze the authenticity of information from Web sites.
  – Access library databases.
• Be involved in quality improvement and outcome measurement processes within your systems.
  – Ensure outcomes measures assess occupational performance, health and quality of life, and daily life participation.
  – Incorporate continuing competence and competency programming as a part of quality improvement, and study the effects on client outcomes.

Building Community and Collective Identity

The last orbit, building an inclusive community of members, relies on the Law of Connection (Maxwell, 2002), which means that, as an organization, AOTA must touch the heart of society and the hearts of its members by connecting with those whom we serve and with those who are effectively serving. To build an inclusive community of members we have to encourage the heart by celebrating performance, recognizing success, and appreciating the contributions of those who have made a difference. Celebrations re-energize. But we also re-energize when we listen closely to the grassroots and continuously readjust our journey when needed. Each readjustment, though, must remain carefully aligned with our values of occupation-based practice and its contribution to health, wellness, and daily life participation.

We know from the literature on professional organizational membership that joining depends highly on the ability to participate and contribute in a meaningful way (Junker, 2007). We have a lot to learn from the phenomenon of open-source innovation where many people all over the world in a wide variety of disciplines work together or competitively through the Internet to solve key problems (Taylor & LaBarre, 2006). The idea is that community effort leads to better solutions than any appointed task force could singularly produce. There is a collective genius that is tapped that is not dependent on having the smartest people in the room but takes advantage of the concept that “nobody is as smart as everyone” (p. 63). People are motivated to work on these problems because of the opportunity to interact through the Internet with some of the best minds in the field.

Building a collective community also requires that we understand the phenomenon of open-source communication to capture broader participation from members and like-minded scientists and organizational groups, learn to be effective users of technology and communications. Take advantage of the opportunities to get involved as they come along. Have fun in offering and pursuing ideas that can become a part of the Centennial Vision journey. Add to the excitement, because wisdom is not in the particulars of our work, but takes advantage of the concept that “nobody is as smart as everyone” (p. 63). People are motivated to work on these problems because of the opportunity to interact through the Internet with some of the best minds in the field.

There is a role for everyone in building community, which starts with joining AOTA and your state association and contributing to American Occupational Therapy Political Action Committee and AOTF. Help us create this architecture of participation in the association. As we consider feasible ideas from open-source communication to capture broader participation from members and like-minded scientists and organizational groups, learn to be effective users of technology and communications. Take advantage of the opportunities to get involved as they come along. Have fun in offering and pursuing ideas that can become a part of the Centennial Vision journey. Add to the excitement, because wisdom is not in the particulars of our work, but takes advantage of the concept that “nobody is as smart as everyone” (p. 63). People are motivated to work on these problems because of the opportunity to interact through the Internet with some of the best minds in the field.

Final Thought

Now, if I were to ask a celebrity to reinterpret the essence of our Centennial Vision, Little Richard would say, as he did in the recent GEICO television commercial, “Mashed potatoes, gravy, and cranberry sauce! Oooohhhhhhhhooaaaaahh!” I look forward to our journey together toward 2017! ▲
References


Defines occupational therapy, describes the scope of practice, and explains its contributions in enabling people to participate in their chosen occupations; designing environments to support participation in occupations; improving the quality, enhancing consumer satisfaction, and reducing the costs of health care and social services; preventing disability; promoting health and wellness; and facilitating the development of children. Also defines program planning, evaluation, and intervention occurring within the boundaries of acceptable practice and the decision making of occupational therapy professionals.

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