Life’s a dance
You learn as you go.
Sometimes you lead and sometimes you follow.
(Shamblin & Seskin, 1992)

Over the past 10 years, issues related to culture, multiculturalism, and diversity increasingly have been explored in the occupational therapy literature of the United States and other countries. Increased awareness of the impact of culture on one’s choice of occupational activities has changed the way occupational therapy therapists and occupational therapy assistants work with consumers. Virtually all emerging models of practice that focus on occupational performance address the concept of culture and the importance of evaluating and being sensitive to the patient’s cultural context (Christiansen & Baum, 1997; Dunn, Brown, & McGuigan, 1994; Kielhofner, 1997; Law et al., 1996; Schkade & Schultz, 1992). Practitioners’ cultural competence has been studied over the past 12 years (MacDonald, 1998; Pope-Davis, Prieto, Whitaker, & Pope-Davis, 1993; Wells & Black, 2000) and diversity defined in broad terms that include not only racial and ethnic characteristics, but also gender, age, ability, sexual orientation, and class (Wells & Black, 2000). This increased awareness of and attention to diversity, however, has not followed a straight and linear path; instead, the metaphor of a dance could be applied. Who are the partners in the dance of diversity in occupational therapy in the United States? This article identifies them as (a) the organizational leaders of the American Occupational Therapy Association (AOTA) and (b) the Association’s members.
Dancing skillfully takes much work and practice. Sometimes the dance partners are in synchrony; sometimes who is leading is unclear; and sometimes the partners change or are out of step with one another. It is important to consider the term partner in this discussion. Being partners connotes working together effectively. Dance partners follow prescribed steps with episodes of give and take to complete the dance successfully. In many dances, one partner leads and the other follows, resulting in synchronized and fluid movement. But this synchronization only happens with much effort of both partners. As we review the history of the concept of diversity in occupational therapy in the United States, we will determine which partner was leading, which was following, and who was making an effort across the years of the profession.

Early Assumptions and Concepts: A Historical Perspective

When occupational therapy was in its infancy during the second decade of the 20th century, the first occupational therapists were single, White, highly educated, young women identified as “society girls” (“Thirty-four Society Girls,” 1918) “influenced by values associated with an upper-middle-class and upper-class American cultural tradition” (Litterst, 1992, p. 20). Influenced by the progressive philosophy of the early 20th century, these therapists joined the profession to serve the public and make a difference in the lives of the “sick or injured” (“Helps Minds of the Sick,” 1923). Although the first set of standards for the profession emphasized the importance of directing treatment to each patient as an individual (Standards of the National Society for the Promotion of Occupational Therapy, 1925), little, if any, emphasis went into understanding the sociocultural background of each patient or how that background might influence activity choice. The arts and crafts used as the therapeutic medium at the time may actually have more clearly reflected the interests and values of the therapists than those of the patients (Litterst, 1992). Nevertheless, that early recognition of patient uniqueness in the standards set the foundation for today’s cultural awareness and sensitivity, much as music provides the basis for dance.

Admissions and Recruitment: Who Is Invited to the Dance?

An important aspect to examine when considering diversity issues within an organization is the composition of the membership of that organization. Educational leaders supported and directed by the AOTA led the dance through the years that encompassed World War I and beyond by admitting only young women much like themselves into occupational therapy academic programs and, subsequently, into the profession. It was not until 1943 that records indicate a consideration of admitting persons other than White middle-class or upper-class women into occupational therapy schools. The minutes of the Sub-committee on Schools and Curriculum of the Educational Committee (AOTA, 1943), reported a discussion about whether to admit students with “physical handicaps” and “colored” students. It was decided that “except for the more unusual individuals, occupational therapy was not a satisfactory field for handicapped persons” (p. 4). The reasoning for this decision was that it would cause these students to “follow an unnecessarily difficult road” (p. 4), an idea in line with the thinking of the times but that would be considered paternalistic today. The subcommittee members agreed to accept any “exceptional” handicapped students, although they did not define what constituted an exceptional student.

The subcommittee determined at that same meeting that the schools of occupational therapy could decide their own policies regarding “colored” students. The minutes reported that Columbia University, Boston (School of Occupational Therapy), and Ypsilanti State Teacher’s College expressed a willingness to accept these students “if the applicant’s personal qualifications were high” (AOTA, 1943, p. 4). Although the general consensus was that a need existed to train “colored” students for the profession, the subcommittee immediately resolved to examine separate training for them through government facilities or established “colored” institutions, such as Tuskegee Institute or Hamilton College.

Adding new and different partners to the dance was a bold decision made by this small, but powerful committee in 1943. Yet the decision to keep “colored” students separate clearly reflected the values of segregation that permeated our nation at that time. Additionally, some authors believe that the early leaders were reluctant to move too far from what was familiar. Bolden (1993) suggested that “the earliest entering black women deemed acceptable may have, rather, needed to meet a ‘color’ criterion—be almost white in appearance. They were probably also required to be middle-class” (p. 17). The implication is that even though the profession’s leaders were willing to add diverse students to the rolls, they considered those who fit closely with the dominant White population both in color and class to be more acceptable than others. In 1946, Ruth Denard and Naomi Wright were the first African American women to graduate and be registered as occupational therapists (Bolden, 1993).

After the Sub-committee on Schools and Curriculum meeting in 1943, new questions were added to the AOTA
enrollment data form for educational institutions: “Do you admit male students?” “Do you admit Negro students?” That year, the St. Louis School of Occupational and Recreational Therapy reported admitting male students, and New York University and Ohio State University both reported admitting Negro and male students (AOTA, Enrollment Data Forms, 1943). The next year, eight more schools reported admitting both male and African American students (AOTA, Enrollment Data Forms, 1944). The face of the profession and the partners was slowly beginning to change. But the dance was slow, and as the profession took a few tentative steps toward a diverse membership, many missteps still occurred. Minutes of the Committee on Education (Wade, 1948) indicated that “applicants over 35 years old should not be accepted for the curriculum except in unusual cases” (p. 1). It was also termed advisable that “applicants with marked handicaps should be excluded” (p. 1). Even as some barriers were beginning to fall regarding race and gender, the AOTA and educational leaders continued to hold the line on issues such as age and ability status.

By 1953, the question on the AOTA enrollment data form was changed to read: “What is the number of males and Negroes enrolled?” In the report of the Subcommittee on Schools and Curriculum (AOTA, 1953), statistics indicated that 106 male students and 67 “Negro” students were enrolled in educational programs nationwide. The report suggested that the profession and schools “encourage more men [as they] lend stability to [the] profession because they don’t leave when they marry, etc.” (p. 2). Additionally, schools were encouraged to accept “foreign applicants” (p. 2) when possible. Because of previous training and language difficulties, “foreign” students were sometimes allowed special student status. The report recommended that occupational therapy schools provide a statement listing the course subjects completed by special students during their period of training for those who could not complete the total curriculum. Although the limited training would not give them a degree in occupational therapy, with the help of these statements, “foreign” students could identify and pursue certain limited employment opportunities related to the profession.

After 1955, no more questions about the number of African American students were included on the enrollment data form, and no questions were added regarding any other ethnic or racial group. In 1965, however, the enrollment data form asked: “What is the number of foreign students enrolled?” (AOTA, Enrollment Data Forms, 1943–1965). Why this question was added is unclear. By 1961, the Educational Standards for Occupational Therapy Curricula (AOTA, 1961) stated that “students selected for admission to the curriculum should be mature, intelligent individuals of good emotional balance” (p. 2) who presented evidence of “good character, general fitness, and emotional stability” (p. 4). Applicants with disabilities were to be accepted only after “careful evaluation of their ability to meet the requirements” (p. 4), and those who fell within the ages of 21 and 35 years of age were preferred. Discussions about and efforts to increase the number of men in the profession continued during the 1960s, with the increased need for occupational therapists in the Army Medical Specialist Corps adding more men to the rolls in 1962 (Matthews, 1961).

Although gradual during those years, recruitment for a diverse membership was not an organized effort until the mid- to late-1980s. In 1985, an occupational therapy manpower report (Wells & Whiting, 1998) documented not only a shortage of occupational therapists in the country, but also only 8% of the occupational therapy workforce being from ethnic or minority groups (i.e., African American, Asian American, Hispanic, Native American, Pacific Islander). At a time when sociocultural issues were becoming more and more evident within the U.S. culture, this startling evidence resulted in a flurry of activity within the leadership of the AOTA.

In 1986, AOTA members moved onto the dance floor with the first steps by introducing to the Representative Assembly and passing Resolution 620-86, which called for a 2-year study of minority recruitment and retention. This study was completed by an ad hoc committee of the Executive Board in 1988, and its recommendations led to the creation of the Minority Affairs Program (later renamed the Multicultural Affairs Program [MAP]) in 1991 as part of the Public Relations department. A major goal of the MAP was to recruit minorities, persons with physical disabilities, and men. More is written about the MAP later in this article.

Educational Standards: Who Is Guiding the Dance?

As indicated earlier, admission of diverse students into educational programs was accepted and encouraged by the educational leaders of the profession under the guidance of the AOTA, and during the second half of the 20th century, the student face of occupational therapy educational programs slowly began to change. A small, but gradual increase in the number of men and persons from diverse cultural backgrounds could be seen. How, then, did the curriculum reflect changing trends toward diversity?

As the number of occupational therapy educational programs in the United States began to increase, it became clear that a standard education should be given to ensure adequate and effective training for all students. In 1935, the first Essentials of an Acceptable School of Occupational
were published by the profession's first accrediting body, the American Medical Association (AMA), in collaboration with the AOTA (Hurt, 1948; Jordan, 1955). The AMA became a new dance partner and led the education dance until the 1980s, when AOTA extricated itself from this partnership and stood on its own (AOTA, 1983).

From the earliest reports, part of the philosophy of the occupational therapy curriculum clearly was intended to help therapists learn to treat patients as individuals. Hurt (1948) stated that “the occupational therapist does not treat her patient in a vacuum, but in the total situation and in conjunction with other forces in the over-all rehabilitation program” (p. 96). Although it was not stated clearly at that time that the sociocultural context of individual patients should be considered and examined, the foundation for that thinking already was in place. Ten years later, a document that discussed treatment objectives in psychiatric occupational therapy stated that the therapist needed to “understand fully the social, vocational and economic goals of the patient” (Treatment Objectives in Psychiatric OT, 1958, p. 2). That same document made a distinction between the terms therapy and therapeutic. The unknown author of this piece identified therapy as “procedures consciously planned and geared to specific patient needs” and defined therapeutic as being “of treatment benefit but not so specifically planned” (p. 1). With statements such as these, the profession demonstrated movement toward recognizing the diverse needs of and sociocultural influences on each patient.

In 1965, the AOTA engaged in a major curriculum study to upgrade and revise the standards to meet the changing needs of society. In an article discussing the importance of the curriculum study, Gillette (1965) stated, “learning experiences must be organized to provide [students] with challenges for creative thinking about certain kinds of human needs: biological, psychological and social needs; intellectual, recreational and philosophical needs” (p. 352). Apparent from Gillette’s words, the profession was beginning to examine the need for a much more holistic view of the patients it served.

Following the report of the 1965 curriculum study, eight regional commissions were formed to integrate information from the study. As a result of the work of these commissions, AOTA education objectives were developed and edited, and in April 1968, the new educational objectives were accepted officially at an AOTA mid-year meeting. For the first time, it was stated clearly that students must “acquire knowledge and understanding of…the social, cultural and economic forces affecting the individual’s attitude toward self-care, work and recreation” (Committee on Basic Professional Education, Council on Standards, 1968).

Application of this new emphasis on cultural knowledge was seen not only in revised college curricula, but also in a series of educational forums presented by the Committee on Basic Professional Education. Of particular interest were Forum VIII, “Educational Aspects of the Changing Role of the Occupational Therapist (Community Practice)” in 1969 (Committee on Basic Professional Education, 1969) and Forum X, “Changing Social Patterns” in 1971 (Boles, 1971). Topics for consideration for Forum X included how the education process can become more sensitive to the needs of minority groups and how occupational therapy students can become more informed on life in the ghetto, communal living, drug culture (Boles, 1971).

Readers must recognize that this beginning emphasis on sociocultural issues did not happen in a vacuum—it reflected the concerns of American society at the time. As the Vietnam War, the women’s movement, and the civil and disability rights movements were all under way, AOTA’s increased attention to diversity issues was not only timely, but also necessary. For the profession to respond to burgeoning societal needs and pressures, it could not ignore multicultural issues.

Despite this increased activity, it was not until 20 years later that multicultural and diversity components were added to the Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapist (AOTA, 1991). These standards were added to “ensure that all future practitioners will appreciate cultural differences and be aware of the impact of these differences on client–therapist interaction” (Wells & Whiting, 1998, p. 32). The new standards mandated the inclusion of multicultural and diversity issues in every occupational therapy curriculum in the United States.

Practitioners as Leaders: The Black Occupational Therapy Caucus

It is apparent that the organizers and leaders of the profession not only determined the direction of this dance of diversity early on, but also were the dominant partners, selecting the steps and initiating the movement. However, members were not just passive followers during this time. One bold step taken by members was to develop constituent groups to support special diverse interests. In 1974, African American occupational therapists formed the Black Occupational Therapy Caucus to raise the AOTA’s awareness of the concerns of African American practitioners. In a study of African American female leaders in occupational therapy, DeLany (1999) reported that the caucus provided a critical network for uniting these women. Caucus members also used their combined influence to encourage African American students to remain in occupational therapy edu-
cational programs and gave them support and strategies to help deal with racism (DeLany, 1999, p. 154). As courageous and exciting as this new step was, it was almost 20 years before other member groups joined the dance.

Practitioners as Writers: Increasing the Awareness

In a more solitary way, individual members began to increase the tempo and move the dance to a different place by writing about diverse issues in occupational therapy. Interestingly, one of the first articles found in the occupational therapy literature was published in 1947 in The American Journal of Occupational Therapy (AJOT). Nachod (1947) reported on the experience of a specialized amputation and prosthetics team sent to Manila to work with Filipino patients and set up a clinic for persons with amputations. The author commented about how the “slight build” of the men simplified the fitting process and how their excellent coordination skills contributed to the success of their treatment. Nachod’s sensitivity to the unique culture of this group was addressed in her discussion of the language barriers, the scarcity of wood to make projects, and the attitudes of the patients toward the therapists.

The occupational therapy literature did not register another such article until the early 1970s, a time when social strife and the civil rights movement caused a flurry of interest in African Americans and urban life (Paulson, 1975; Utley, 1974). By the latter half of the decade, the term minorities emerged in the language of society and was reflected in occupational therapy titles, such as “The Involvement of Occupational Therapy With Minority Groups” (Pinto, 1978).

The 1980s saw more articles and reports on diversity in the occupational therapy literature. Articles reported studies on African American children’s performance on standardized tests (Martin, 1986), the role of grandparents in Hispanic families (Raphael, 1988), and an increased awareness of the need for cultural sensitivity (Barney, 1989a, 1989b; McCree, 1989).

The increased interest in and awareness of diversity issues by occupational therapy practitioners set the rhythm for the 1990s, moving into a decade where the partners began to move together in a more synchronized and synchronized manner. For a period, the concerted efforts of both partners were evident.

More Recent History: The Decade of the Nineties

During the majority of the 1990s, both partners in the dance of diversity—AOTA’s leadership and members—seemed to be dancing to the same tune. For the most part, they maintained the same rhythm and flow and shared the leading and following in a manner that allowed the dance to proceed fluidly. This was a period when education, theory, and practice began to emphasize the importance of diversity, when the national organization put structures and programs in place to support diverse practitioners, and when the literature on diversity in the field flourished.

Organizational Changes

As was mentioned earlier, the 2-year AOTA study of minority recruitment and retention issues that occurred in 1986 and 1987 resulted in several organizational changes. For the first time, minority issues became an independent goal of the AOTA Strategic Plan (1990–1991). Association policies addressed the recruitment and retention of minority groups, inclusion of ethical and cross-cultural concerns and issues in all appropriate AOTA documents and publications, and the use of gender-neutral language (Wells & Whiting, 1998). In 1995, the theme of the AOTA Annual Conference was “Diversity: Our Journey Together.” All of these events were important in the development of a national examination of diversity, but in my view, the most important and effective structural change was the establishment of the MAP in 1991 as part of the AOTA Public Relations department.

Multicultural Affairs Program

The MAP initially was developed to increase the recruitment of minority students to the profession. However, as the needs of the profession changed in response to member and societal shifts, the MAP also grew and developed. The name of the program was changed from the Minority Affairs Program to the Multicultural Affairs Program in 1994, and its purpose was expanded.

Over the next several years, the MAP made multiple efforts not only to recruit more diverse members to the organization, but also to “serve as a clearinghouse for information on issues relating to diversity and multiculturalism” (Wells & Whiting, 1998, p. 33). The second director of the program, Shirley Wells, stated that a major goal of MAP was to provide a sounding board for and to help meet the needs of the diverse members of AOTA (S. Wells, personal communication, October 22, 2000). At this time, an effort was made to bring about a more synchronized dance, with both partners moving forward together. The MAP became the vehicle that facilitated this movement.

As an AOTA program that not only advanced the profession in the area of diversity, but also was responsive to and attempted to meet the needs of and educate diverse and majority members, the MAP became the choreographer, developing steps and supporting all partners. For a period,
both AOTA and its diverse members were somewhat in step as they moved forward. Members from diverse groups and those who supported them believed that they had a voice in the organization, and the MAP gave them a place and person where that voice could be heard. Wells and Whiting (1998) summarized the many and varied accomplishments of this program in its 7 years of existence. Unfortunately, because of downsizing as a result of budget and structural changes, the MAP and its director position were terminated in 1998, and some of the tasks of the MAP were disbursed among other AOTA staff members and programs.

Education in the Nineties

As the MAP developed, flourished, and ended, educational interest in diversity and multicultural issues increased. In 1991, the first educational standards focusing on diversity appeared in the Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapist (AOTA, 1991). With the inclusion of these standards, the organizational leaders ensured that all occupational therapy students, at a minimum, would be introduced to issues of diversity as part of their curriculum, assuring that the dance of diversity would continue.

Not only did the education standards change to include diversity, but also newly emerging theoretical models of practice for the profession were being developed that recognized the importance of considering cultural influences on patients and the occupations in which they engaged (Christiansen & Baum, 1997; Dunn et al., 1994; Kielhofner, 1997; Law et al., 1996; Schkade & Schultz, 1992). At the University of Southern California, occupational science began to emerge as a systematic, interdisciplinary study of humans as occupational beings (Clark et al., 1991). One discipline that has provided the foundation for occupational science is anthropology with its focus on peoples and their culture. As a result, many occupational science scholars have considered cultural influences in their own work (Dean, 1996; Jackson, 2000; Parham & Fazio, 1997). The discipline of occupational science is intended “to organize and transmit the interdisciplinary knowledge that supports [the] practice of occupational therapy” (Clark et al., 1991, p. 307). With the confluence of all of the above, the study of culture, diversity, and multiculturalism from an occupational therapy perspective became increasingly “legitimized,” and scholarship in the field was enhanced.

Diversity in the Literature of the Nineties

During the 1990s, members often led the dance through their writings and scholarship. A search through the occupational therapy literature database, OT BibSys (now called OT SEARCH), in February 2000 identified 292 articles, books, and reports related to diversity and multiculturalism published between 1990 and 2000. Many of the articles focused on the interaction between occupational therapy practice and specific groups and populations, including African Americans (David, 1995; Evans & Salim, 1992; Harris, 1997; Maynard, Neal-Smith, & Martin, 1996; Spencer, 1998; Walker, 1992), Hispanics (Dickerson & Fisher, 1995; Redmond, 1999; Thompson & Blaszcz, 1998), Native Americans (Hurtlinger et al., 1992), Asians (Dawson & Tanner-Cohen, 1997), gays and lesbians (Bailey, 1996; Bedell, 2000; Jackson, 1995b, 2000; Okoneski, 1990), and elderly persons (Barney, 1991; Moulton, 1996; Spencer, 1998). Other authors focused on the study of cross-cultural skills (Evans & Salim, 1992; Suske & Swanson, 1997) and cultural competence (MacDonald, 1998; Pope-Davis et al., 1993; Wells & Black, 2000).

As more occupational therapists sought doctoral degrees during the 1990s, several chose to examine various topics related to multiculturalism or diversity in their dissertations (Bedell, 2000; Bennett, 1998; Bolden, 1993; DeLany, 1999; Jackson, 1995a; Kim, 1999; Taagher, 1996). Additionally, special issues of AJOT on multiculturalism (Evans & Salim, 1992) and feminism (Froehlich, Hamlin, Loukas, & MacRae, 1992) provided an important forum for additional scholarship and articles around these issues. Merrill (1992) edited a monograph titled Occupational Therapy Across Cultural Boundaries: Theory, Practice and Professional Development, in which several authors contributed articles and helped to build the occupational therapy literature on diversity. Not only were practitioners contributing to the literature, but also diverse members were beginning to organize and strengthen their own groups.

Diverse Networks and Caucuses

Almost 20 years after the inception of the Black Occupational Therapy Caucus, other diverse groups began to join the dance by developing their own networks. The first to develop was The Network for Lesbian, Gay, and Bisexual Concerns in Occupational Therapy (known colloquially as The Network) in 1992. The Network began during the AOTA Annual Conference in Houston, Texas, when a few therapists met to discuss common concerns. Network membership since has grown to about 350, and includes members from the United States and four other countries (The Network, 2001). The formation of other groups quickly followed, including the Association of Asian/Pacific Occupational Therapists in America; Terapia Ocupacional para la Diversidad, Oportunidad y Solidaridad (TODOS), the Network of Hispanic Practitioners; the Network of Native American Practitioners; and the Network of
Practitioners With Disabilities. The goals of these groups vary, but all have in common increasing their voices and visibility within the profession and supporting the members of their groups.

These networking caucuses have remained as independent groups recognized by but not officially affiliated with the AOTA. When it was in place, the MAP provided the vehicle through which these groups could have a direct voice to AOTA leaders, creating a synchronized partnership. With the termination of the MAP in 1998, many diverse members believed that they had lost that collaborative role, even though others at AOTA had been designated to support them (S. Wells, personal communication, October 22, 2000).

In an effort to replace this loss, members brought two resolutions to the 1999 Representative Assembly: (a) reinstate the MAP and (b) provide a vehicle to address diversity issues for the profession. Although the resolution to reestablish the MAP was not passed, in October 1999 the Executive Board passed the following charge: “Move to charge the President to appoint an ongoing ad hoc committee [of varied Association members] to address multicultural/diversity/inclusion issues” (P. Kyler, personal communication, November 4, 1999). By the end of 1999, the new ad hoc committee was in place, although no budget was available to support its work.

Waltzing Into the 21st Century

The dance of diversity in the occupational therapy profession could be seen as faltering. Members continue to offer multiple contributions on diversity through research and other scholarship and to work within their own constituency groups, and education partners well with them by increasing inclusion of multicultural content to curricula. It is unclear, however, who is choreographing the dance—determining the rhythm and planning and overseeing the steps.

Demographic changes in our country indicate ongoing and continued growth of diversity in our population (Wells & Black, 2000). Recognizing this growth, the U.S. Department of Health and Human Services Office of Minority Health (2000) has produced new recommended standards for cultural competence in health care. The AOTA was not involved in the development of these standards (although many other health professions were). Additionally, other health professions have organizational structures in place to address diversity issues within their professions as well as have mechanisms to recognize and reward those who are involved in multicultural work (Kyler, 1999; Monahan, 1997). AOTA does not.

At the time of the final revision of this article, the AOTA leadership has changed, a new ad hoc committee for diversity has been formed, and an outside consultant has been hired to evaluate the place of diversity in the profession. In April 2000, the executive director, past president, and current president discussed the importance of diversity for the profession in their presentations during the Annual Business Meeting in Philadelphia. Perhaps AOTA is making a concerted effort once again to move the dance forward. I encourage and invite this movement to happen.

…when you get the chance to sit it out or dance, I hope you dance…

(Sanders & Sillers, 2000)

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