

Summary

Online session with Bargot Berry

The session started with the president welcoming everyone in and thanking everyone for coming and especially Margot, which she introduced right after. Margot has worked as an OT all over the world and has some unique experiences she wanted to share with us, as Cassandra stated.

Before Margot's presentation, SPOTEurope was introduced and people were given an insight into our aim which is internationalisation and connecting students all over Europe (and beyond).

Then Margot greeted us all and expressed her admiration for all the work we as SPOT have done with the online sessions and more. She also stated that she is really fascinated by our will and by the whole process since this is something that was not possible when she was a student.

She then proceeded with the presentation of herself and her journey as an OT, which she stated that it is not theory related but her perspective and only that.

Having experienced a lot of different settings, Margot believes that there are two pieces consisting occupational therapy; art and science.

Art is the unique way one can connect with a human being and act in such a relationship. She states that many of the students have this as a natural dexterity but it is something you can learn, since it takes up to 80% of the reason how someone can become a successful therapist. This helps especially when someone experiences different countries/ settings and therefore needs different ways of communication to form a successful therapeutic relationship with different populations, due to different cultures.

Being culturally humble, for her, is the key to success, since you cannot fully understand one's culture because it is something passed down from one generation to another and so on. Asking more and more questions about one's own perspective of their culture is what makes you fully understand them and it boosts your relationship with them since most of them like to talk about it as well.

Another thing she pointed out is that you should not project your own experiences in your therapeutic relationship even though you might think that you understand someone's condition. She then proceeded to give an example about how her being clumsy when she was younger should not be a reason to say "yes I get how it feels to have dyspraxia" because you do not know how one may experience such a condition. She also said that it is great to engage in flexibility, a tip much needed!



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Now as long as the science part of occupational therapy is concerned, she stated that it resembles all the theory, anatomy etc. behind every possible explanation and engagement. Knowledge is indeed power and knowing where to find it makes you even more of a capable OT. Furthermore, Evidence Based Practice helps one to understand a lot of things from one's perspective and understand a client's causation.

Margot then divided the science of OT in 3 fields; education, practice and research and she expressed how often one who is occupied with one field forgets about the other two, a phenomenon seen throughout her 'international' work.

Next on, she narrated her journey. Margot was born in Cape Town, South Africa, raised by German parents and went to a German school. She graduated there and applied for many hand therapist's positions but when this did not work out she applied for any position which too did not go as planned.

Not having any luck with finding a job whatsoever she left Africa in 1997 in hopes of finding a job in Germany. Wanting to be independent and live in her own house she started working at a neurological rehabilitation centre to pay her rent and personal expenses. The rehabilitation centre was for acute incidents who stayed for 6 to 10 weeks and sometimes even more than that.

When in Germany, she felt really homesick and returned to South Africa, in 1998, where she stayed with her parents once more. She started working in a neurological rehabilitation clinic. But being in a country who did not pay enough she was not able to afford not even the lowest rent, so she got a second job at a school for children with learning difficulties who had a chance to return to a typical school. She also had a lot of private practices in the afternoon. She told us that the reason she loved working so much is because she got to meet and work with many different people. After four years of working there and after being a victim of crime, she finally moved to Ireland in 2002, because the situation in Africa was getting out of hand.

In Ireland she got 6 job offers and her qualification was easily validated. She worked there for 12 years in elder care and in a pediatric placement with a range of kids on the disability spectrum.

She then was a lecturer in the year 2014. She was lecturing 4 days and 1 day she was in practice. The lectures were and still are pretty important for her since she still remembers everything she learned.

Then she finally moved to the Netherlands due to her husband's work in 2015. Margot said that she had to learn Dutch in almost a year to teach and she did not want to work as a practitioner anymore but instead she accepted a proposal to work as a researcher and lost part of her OT identity as she stated.

She was chosen in the University of Hogeschool along with 44 students when the applicants were almost a thousand. Even though all of her tutors were recognising her hard work and talent she started having self-doubts. She also had doubts about OT and if it was a valuable profession. She prefers to show the art



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and science of OT and not just say how valuable it is. She had experienced a bad way of promoting OT, by giving away flyers in front of a hospital. That inspired her to promote OT only whenever someone was in need of it or wanted to learn about it.

She also experienced a lot of differences when comparing her work in different countries/ settings. For example, in South Africa the whole interdisciplinary team was taught the same medical terms and language and everyone could understand what the other person was saying when referring to a patient. This was not a compulsory setting in the other countries which made it difficult for her at some point. The african program was also 4 years unlike the german one which was only 3.

Another difference is that in South Africa occupational therapists were also hired by insurance companies to calculate the compensation for a person losing their job. Furthermore they used to take courses like finances and management there as well and they were not paid well compared to european countries.

Margot then highlighted that her studying was led by what she saw, for example if she saw a neurological disease she studied everything she could find for it. And stressed out that she is working as an OT for the people and not for the money.

After that she explained how OTs not only provide interventions but also adapt the occupation and the environment which then concluded with her telling us the 5 aspects of the latter. These would be the physical, social, technological, political and socio economic, with the last two being the most difficult to understand especially when being a student. She noted that different countries have a different socio economic status and therefore different practices are needed.

She proceeded with an example from Ireland where she had the freedom to order any equipment that seemed appropriate for the person in need but when in South Africa due to lack of money they could only construct the equipment needed, an act almost forbidden in Ireland. She stressed that sometimes it is much easier and helpful to construct equipment for someone especially when you know exactly what he or she needs.

Another difference was the cause of people's injuries. For example in South Africa people were often victims of violent crimes, whereas in Germany people were most likely to get injured from car accidents.

She then narrated her first encounter with a person who was shot in the mouth and how she had vicarious trauma after getting to work with him. She stressed this is a very common phenomenon in acute settings that occurs to OTs and therapists in general that we should not forget about.

When talking about these experiences she wanted to highlight how important it is for a therapist to look out for themselves and their mental health as well. She said that she always consults everyone else regarding their mental health and what they should do to feel prosperous but the things she says to them she never



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does for herself and that sometimes might seem pretentious. That's when she decided to redesign her lifestyle.

Last but not least she shared with us a story about how South Africa wanted to cut on expenses and therefore made a list of non-essential health related services. They included occupational therapy in that list and that made Margot really sad and that's when she decided that she had to prove how useful OT is by creating measurements to evaluate the effectiveness of the intervention by assessing the people in need she was working with. Which proved to be useful when it comes to proving how valuable it was for them.

Her last statement before the questions were to begin was "One is not an expert when he is the only one to declare it. One is an expert when everyone else says so."

Questions and discussion:

Q1. *You've started to re-design your life through occupation. How did you 'OT' your own life.?*

- looked at a number of activities to support mental health: included sensory experiences, less technology, physical exercise, relaxation.
- Tried to applaud herself for managing to do this and took a positive strengths-based approach.
- Used her spare time wisely- even doing these things for 5 mins is effective.
- Felt hypocritical if not doing these things and asking patients to do them.
- Final comment: 'The profession is powerful if practiced in a non-reductional and powerful way'

Q2. *Student added a critical reflection questioning the value of working with refugees, and rethink how to show the value of OT in this setting.*

- Margot said you can show this in a small way, making a difference to one individual is still beneficial, then they will better understand it and share this with others.

Q3. *What advice would you give for new students just starting placement ?*

- Margot recommends to watch, ask questions to understand things.
- Go and show a positive attitude, enjoy it.
- Think you are a guest and you have the opportunity to be of service.

Q4. *Do you have tips on where to begin working in a different country ?*

- Need to find out how it is to obtain a licence and register for that country. Look at immigration for work permit possibilities.
- COTEC can help with this as this helps OT's travel and work around Europe.
- Outside of Europe it can be harder, for example in order to legally work they need to practice under supervision for 2 years, then take an exam.
- Advice to start this process early before you go to this country
- not always easy but certainly exciting



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Q5. Information about qualifications in Canada and Brazil ?

- In Canada the OT programme is a masters degree, you need a bachelors before you can do it.
- Prior to 2001 it was an undergraduate degree, but now it may be harder for international OT's to come to Canada as it requires a master's level.
- We write a national exam to register with the professional body.

Q6. What is home for you?

- When younger, felt she didn't belong anywhere. Decided she wanted to reframe the way she spoke about her nationality, to not appear as a victim.
- Embraced being a global citizen with 3 passports, 3 nationalities.
- Positives of this are that it has made her have less assumptions about what is normal in life.
- This could be good to be more open as a therapist. – she tried to help others to find their own normal, as there are people who think they are not normal.
- Loves diversity, wants to guide students studies in a respectful way

Q7. SPOT board member asked what Margot thinks of SPOT's events such as this? Does SPOT add value to OT education? What are the benefits of these exchanges ?

- She thinks they are positive, if you hear differences between people, you can better reflect on why you do it in a different way and question yourself.
- This reflection gives you more ideas of how to work with different people
- Exchanging helps to challenge the status quo and look over the horizon to new opportunities.
- Not a good idea to have a fixed mindset of how life should be.
- Good to consider what is normal for everyone is different, never assume how people feel about something when you don't have their perspective.

Further discussion

- People that don't speak English at a scientific language level are at a disadvantage with literature and evidence-based practice. They are excluded.

Margot asked: which part is the most difficult for people ?

- Finding the right keywords to search can be difficult
- Feels the same and it is hampering her ability to do a strong research project.
- Realised after bachelor studies that evidence is mostly in English- for her masters had to do more English based research to get up to date evidence.

Margot stated:

- Language can impede the therapist – and if you want to work in different countries
- Talked about how she had to learn dutch in a year.



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Realised you can understand, but to read and speak it is different.

Student added:

-Similar to communicating with people using Makaton. Adapting their language, even if you have the same base language it can be hard. Can have different words.

Margot:

-Language is powerful- small change can make a huge disadvantage
-Communication so important to life

Take home message:

-networking for information – networking is fantastic 21st century skill , she said keep it up, shows we have an interest above the average student
-Applaud yourself for motivation for joining.



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