

improve his life on earth. In 19th Century in vogue was *The Moral Treatment Movement*, meaning compassion, humanity combined with balanced occupation in a 'normal' environment. The moral treatment and occupation was very used in American Mental hospitals at peak between 1840 and 1860. In Europe, Philippe Pinel (1745-1826) the Bicetre in Paris, and William Tuke (1732-1822) the York Retreat in United Kingdom, used the same approach.

In the 20th century the orientation of occupational therapy moves to the Arts and Crafts, as a reaction to industrialisation and urbanisation. The supported return is to more natural surroundings, craftsmanship, and self reliance. Supported link is between daily activities/life and health. William Morris, English artist and architect and John Ruskin, English philosopher, are the promoters of this new movement. In treatment, the new steps are made in 1904 by Dr. Herbert James Hall (Massachusetts) who graded occupations for neurasthenia, and encouraged craftspeople to assist the patients, and Jane Addams, who opened in Hull House in Chicago, a labour museum and he has developed the program training for immigrants.

Concerning the philosophy of pragmatism, John Dewey and William James set up the holistic integration, person and environment: humans struggle to survive in environment, giving motivation for thinking and action, a valid idea leads to successful adaptive action and people express themselves in reality through action, knowledge flexible, fallible and contingent. The 'Philosophy of OT' was lecture in 1921 by Dr Adolf Meyer, close friend of Dewey.

In 1917 American Occupational Therapy Association (AOTA) was founded. For the first time, the associations draw the guidelines for establishing training programs, recognition of qualified trainees, publication of articles on subjects of interest.

2. Material and methods

Occupational therapy today - realities

World Federation of Occupational Therapists (WFOT, 2004), Australian Association of Occupational Therapists WA define occupational therapy as "a profession concerned with promoting health and well being through occupation" [1, 3, 5]. To enabling people to participate in the activities of thier life is considerate the primary goal of occupational therapy, from WFOT (2004). Occupational therapists achieve this outcome by enabling people to do things that will enhance their ability to participate or by modifying the environment to better support participation [1, 3, 5].

Occupational therapists have a broad education that equips them with skills and knowledge to work collaboratively with individuals or groups of people who have an impairment of body structure or function due to a health condition, and who experience barriers to participation.

Occupational therapists believe that participation can be supported or restricted by physical, social attitudinal and legislative environments. Therefore, occupational therapy practice may be directed "to changing aspects of the

environment to enhance participation” (AAOT WA).

Starting from the experience of most professional associations in the world, the occupational therapy is practiced in a wide range of settings, including hospitals, health centers, homes, workplaces, schools, reform institutions and housing for seniors. According of their observations the clients are ”actively involved in the therapeutic process, and outcomes of occupational therapy are diverse, client-driven and measured in terms of participation or satisfaction derived from participation” [1, 3, 5].

The need for adequate education and training in Romania

During Joint Action Project, we found that National Strategy (Monitorul Oficial Al Romaniei, partea 1, nr.853/26.XI.2002) was introducing a new terminology, conform the ICF (international classification on function, WHO). In the same document the need of specialised personal, like ‘ instructori de ergoterapie and terapeuti ocupationali ‘ and community services providing occupational therapy and rehabilitation is mentioned [3].

In the final report of Joint Action Project [2, 3], we underlie the fact that most of health and psychological studies in the universities from Romania are mainly focused on disorders, defects, cure and corrections. The studies or subjects focusing on functioning, participation and inclusion of persons with a disability in society and adapting the home-, teaching- and work-environment, like in occupational therapy education, are completely missing in the universities. The studies in the social sector have been abstract, theoretical and less practical [2, 3],

The beginning of the OT in Romania starts in May 2002, when about 50 lecturers from 4 Romanian universities, representatives of 5 counties, medical doctors, physiotherapists, social workers, representatives NGO for disabled people, and the European Network of Occupational Therapy in Higher Education (ENOTHE) discussed the need for occupational therapy in Romania and how to start occupational therapy education at a level compatible to the rest of Europe [2, 3].

The outcome of the meeting was a support letter signed by all, and asking to Ministry of Education to take in consideration the developing of occupational therapy practice and education in Romania, in the benefit of the disabled as a way for their inclusion in the society. This agreed letter, stating the importance of occupational therapy in Romania was sent to all relevant ministries on the 11th of May 2002 [2, 3].

It was proposed ”to start a postgraduate course: ‘specialisation in occupational therapy ‘for lecturers and supervisors of the universities of Bacau, Oradea and Timisoara, where already some knowledge was developed about this new profession. The first group of fully trained occupational therapists should become afterwards the lecturers in occupational therapy in the three universities and clinical supervisors in practice” [2, 3].

The first international postgraduate programme in the field of occupational therapy, set up by ENOTHE and other participants in Joint Action project, was decided to start in the University of Timisoara, starting from June 2003. In this

program, 18 students, with other professional background, from all over the country, have been selected for the academic year 2003/2004 [2, 3].

Occupational therapy is in the rest of Europe a regulated profession within the terms of the General Directive (89/48/EEC). Within the European Union the purpose of the General Directive (89/48/EEC) is to facilitate the recognition of regulated professions in other European member states.

Occupational Therapy is one of the fastest growing professions (a growth of 50% over the last 5 years) the number of OTs in Europe is now 70.000. This shows that the profession has a very valuable and distinctive contribution to make to society.

ENOTHE, supported by the European Commission, has developed European curriculum guidelines, providing learning outcomes and a basis of principles on which this joint postgraduate programme is structured. A group of ENOTHE members (partners in this project) will develop and implement in close co-operation with the local universities, clinical and social institutions and users' associations the detailed content of the modules.

Within the JOINT ACTION project, funded by the European Commission, it was planning " to contribute to the reform of (higher) education as well as to the reform of the social sector in an enlarged Europe through the introduction and implementation of:

- A modular bachelor - curriculum in Occupational Therapy with a flexible structure
- ECTS credits and guide
- Innovative teaching and training methods (like active problem and project-directed learning and distance learning)
- New services and projects focusing on the participation of (young) persons with disabilities in society
- The (new) policies concerning persons with disabilities
- The recognition of Occupational Therapy (practice and education) in Romania" [2, 3].

In March 2005, 16 potential lecturers for the universities and supervisors in the field have been fully trained at an equal level of education as in the rest of Europe. During the project, the meetings with national authorities such as Ministry of Education, Ministry of Labor, Ministry of Health, National Authority for Handicapped People, had lead to recognition of this new specialization in Romania and the need to introduce it in the list of higher education specialization and to introduce the new profession in the Romanian Classification of Occupation (COR) [1].

In 2009, only the University "Vasile Alecsandri" from Bacău, had applied the evaluation documents to the Romanian Agency for Quality in Higher Education (ARACIS) in order to start OT education, which gave the approval to start. In October 2009, the first 28 students are officialy OT students in Romania.

Observation about the specific competencies of occupational therapy profession in the world and Romania

Occupational therapy programmes had in the beginning (1935) a one-year full-time course including technical training at an art college, in weaving, basketry, bookbinding, cardboard construction, leatherwork, sewing, embroidery, and design. The recommendations for training included 9 – 12 months devoted to learning crafts in a craft school, and three months training in recreational activities, including outdoor games, dancing, drill, music and dramatics. After the Second World War, the profession took a greater role in the treatment of physical conditions (ENOTHE, 2003).

In the 1950's and 1960's, the programmes started in Canada, Australia and South Africa, continued to have many practical skills hours in the curricula.

The practice began to change especially in United State of America, Australia and United Kingdom, during the 1970's, when the use of arts and crafts was replaced by exercises based on biomechanical principles (Lohss, 2002, p7). In this new context, patients were encouraged to play games which were specially designed to encourage particular movements (e.g. shoulder movement, or wrist movement etc).

During the 1990's the programmes in Europe were facing challenges, as requirement for upgrade to bachelor degree level. At present, practical skills are still „considerably more integrated in current education and practice in Germany” (Lhoss, 2002, p6). Is not the same case in UK, where around 100 hours, 4 or 5 weeks full time, might be seen as the more average time devoted to the study of practical skills. Australia and USA do similar reduction in practical skills time.

The total hours within any occupational therapy programme throughout Europe is a factor which should be taken in account. Courses can be 3, 3.5 or 4 years, around 30 weeks and 1000 hours. The World Federation of Occupational Therapists (2002) set these conditions as the minimum requirement for practice placements in occupational therapy. Also, an important issue for practical skills is that activity daily living activities (ADL) might be learnt better and realistic during student's practice placements if the patients are real and not the peers.

Occupational therapy has been strongly influenced by the medical model in France, from the beginning. The biomechanical model and the analytical model are now changing towards more humanistic occupational therapy models. French education has also been based on separated disciplines, which is strongly subject – based.

Education does reflect practice and many therapists wants programs to reflect trends there is an emphasis on functional activities of daily living in many settings, especially in physical acute and rehabilitation situation, and in Community settings, designing adaptations to the environment.

The ENOTHE curriculum framework 2000 suggests that the design of the curriculum must “ensure the development of practitioners fit for practice and fit for Europe, with transferable knowledge, attitudes and skill”.

Developing the practical skills that an OT requires to perform professional

activities, developing skills in professional judgments and decision making, developing resource investigation skills in support of research and evidence based practice, developing personal and professional management skills, and self reflection skills, are considerate at this moment, the minimum competences for every OT graduate [2].

The process of Occupational therapy studies implementation in Romania it's still difficult because of the lack of communication between different factors involved in higher education system in Romania, including authorities, especially ARACIS, Ministry of Education, Ministry of Labor and universities.

Even the need of this profession was identified in Romania since 2002, when the European Commission strongly recommended to the Ministry of Health and to Romanian authorities for disabled people to include it in the multidisciplinary team of health services, and 22 Centers for integration trough Occupational Therapy (CITO) started the activities without specialists, the process of higher education grows slowly [1].

Many of psychological specialists considers that occupational therapy could be only a master degree study program for psychology graduates, instead in the rest of Europe and the world, this profession is described with specific competences, different from psychologist profession. In the psychiatric hospitals, in rehabilitation centers, the ergotherapy is still practiced on the level of the 1935's. The patients are encouraged to work, to develop skills in art or crafts, in order to "be kipped" busy. The relationship between the person – environment – occupations is less evaluated and less considerate important in therapy.

In our opinion the difficulties of acceptance started in Romania from the interdisciplinary approach of occupational therapy philosophy, which is closed to approach of social assistance, medicine and psychology. The vision of facilitation of disabled people participation in the society, the vision of inclusive society, the well being and quality of life are the common core of all this profession.

The different it's the way of problem solving: in occupational therapy all this desiderates of the society are considerate *trough occupation*, which means, independent daily life activities, meaning and purposeful activities, which contribute to the health of the person trough the satisfaction of *participation* in the real life according to his/her potential, abilities and skills.

To attend this aim, occupational therapy focused on the person-environment-occupation fit and starting the intervention process from this evaluation. Through the top-down approach, which means from the purpose and meaning of the activities, to the present potential, abilities, skills of the person to the disease/dysfunction/deficiency, occupational therapy strongly affirms that a handicap is the situation of the person excluded by the society because of the lack of participation trough his/her occupations, including communication, indoor and outdoor mobility, social interaction, productive activities, house activities etc.

Starting from this point, the ways of OT intervention could be: ergonomic adaptation of physical environment (tools, building adaptation etc.), adaptation of social environment (trough facilitation of communication from different factors) or

intervention on person, always in a multidisciplinary team [4].

3. Conclusions

The start's need of OT education in Romania could be better accepted if the specialists became more open for the new information concerning the good practice in Europe for increasing the quality of life, meaning the real satisfaction of individuals through independent life. The longer process will affect the chance of many people to have an independent life, if they don't have or have lost the chance to be physically, mentally or psychologically able to perform their daily living activities.

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