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SPEAKER:
You are listening to the AOTA podcast. Here is your host, Matt Brandenburg.

MATT BRANDENBURG:
Our presenting sponsor for the aorta podcast is New York University Steinhardt's Department of Occupational Therapy. Alright, today we are joined by Maggie DeForge. Maggie, thank you so much for being on the show for taking time to share your knowledge and your expertise with us.

MAGGIE CONNERS DEFORGE:
(UNKNOWN) Matt. Dr Maggie DeFoege (SPEAKS FOREIGN LANGUAGE) My name is Dr Maggie Connors DeForge. My nation is Kanyenkehaka, which is better known as Mohawk. I actually recently moved back to my ancestral lands to raise my family and start an OT department here in our tribal health clinic. So, I'm really excited to be talking to you from here in New York. (UNKNOWN) for having me and I'm happy to be chatting with you today.

MATT BRANDENBURG:
Thank you so much. I'm excited to have a conversation, to learn about what you're doing in New York, about your involvement in the group Occupational Therapy for Native Americans, which you are actually the chair of. Can you tell us about this organization?

MAGGIE CONNERS DEFORGE:
Yeah, absolutely. Occupational Therapy for Native Americans, or OTNA, was started in, I think, 1994 by Dr LaVonne Fox of the Turtle Mountain Band of Chippewa. I was actually just looking at her bio in preparation for talking to you about this and realized that she's been an OT practitioner pretty much since I was born. So, she's a legend. So, she created the group, and it was originally called the Network of Native American Practitioners and NNAP. Her goal was to advocate for Native Americans with disabilities. So, now we're called OTNA. We're part of the Multicultural Diversity and Inclusion Network or the MDI Network, which is a consortium made up of multiple independent advocacy groups. We're all supporting a specific cultural community. So, the earliest MDI group was the National Black OT Caucus in 1974. They just had a 50-year anniversary. So, then the Network for LGBTQ Concerns started in 1992. And then that was shortly followed by us, TODOS, which is for Hispanic Practitioners.

AAPI OT, which is for Asian American and Pacific Islander OT Practitioners. And NOTPD, which is the Network of OT Practitioners and Students with Disabilities. OJ OTC joined in 2005. So, that's Orthodox. And they just rebranded to Orthodox and All Jewish OT (UKNOWN). And so, anyway, the leaders of all these groups, we meet regularly to amplify each other's causes and, in general, just try to promote equity and justice in the field of OT.

MATT BRANDENBURG:
I love that. Thank you for that introduction as well. MDI is such a wonderful organization, and it sounds like there's a lot of collaboration mutual support and respect within all the advocacy groups. Do you work pretty regularly with people from some of those other advocacy groups within MDI or can you give us a sneak peek into what that looks like?

MAGGIE CONNERS DEFORGE:
Yeah, it can be tricky because we're all volunteer organizations, and we try to meet every month to plan out what the next quarter is going to look like. What events we each have coming up that we can advertise to our different groups or put on our social medias. Plan a collaborative holiday celebration or plan a meetup at the annual conference in person. We're going through a growing pain stage where we're wanting to formalize some of these relationships and hoping to make it more of an effective partnership and get things done. Because, like I said, it's really hard being a volunteer-run organization for anything.

MATT BRANDENBURG:
Yeah, absolutely. Well, thank you for all the work you do in volunteering and being the chair of OTNA. We'll definitely include links to MDI and OTNA in our episode description. So, we invite listeners to check those out, learn more and see what they can do to get involved as well with all these wonderful advocacy groups and causes.

MAGGIE CONNERS DEFORGE:
Definitely.

MATT BRANDENBURG:
Maggie, I wanted to ask, what motivated you to become involved with OTNA?

MAGGIE CONNERS DEFORGE:
I started OT school in 2016, and I learned about OTNA during my first national AOTA conference, the 2017 Centennial in Philadelphia, which is exciting because that's what we're coming back up to another Philadelphia conference. I was a first-year student, and I saw the OTNA meeting listed in the schedule, and I was so excited because I had never heard of it before. And I showed up. Ironically, the scheduled space was actually occupied by another group of people who were like, "Hey, we're already spread out and set up. Is there another room that you guys can use?"

MATT BRANDENBURG:
No way.

MAGGIE CONNERS DEFORGE:
I'm serious. I can't make this stuff up.

MATT BRANDENBURG:
Wow!

MAGGIE CONNERS DEFORGE:
It's like par for the course.

MATT BRANDENBURG:
Oh, no.

MAGGIE CONNERS DEFORGE:
So, there were only a handful of people at that meeting and it highlighted for me the importance of increasing Native representation in OT. And so, I just connected with LaVonne and asked her how I can help and just stayed connected with her over the years.

MATT BRANDENBURG:
What an experience at your first meeting. Thank you for sticking with it and providing your efforts and time and growing OTNA and really advocating for Native issues and inclusion within the field and within the culture of occupational therapy. What are the aims of OTNA and the goals of the organization?

MAGGIE CONNERS DEFORGE:
Yeah. Right now, our main goal is to provide a safe and supportive community for OT professionals and students who identify as Indigenous. It's really a way for us to connect with others who understand that lived experience. I think most of us have the experience of being the token Native student who has to correct stereotypes and misinformation. That is, of course, if Indigenous cultures are even discussed throughout the program. Being the person who has to remind our classmates or our professors or our colleagues that we're not the spokesperson for all Indigenous Americans and that we don't live in teepees and ride horses and stuff.

MATT BRANDENBURG:
Thank you for being involved in this organization. I think that's something that personally wasn't covered in my OT curriculum, not something I have a lot of experience or exposure with. I've been really looking forward to having this conversation with you and learning about your perspective.

MAGGIE CONNERS DEFORGE:
Yeah, that's why it's so important to have that representation, because most programs don't have a single Native student. If they do, they're usually the only one in their class that can easily devolve into being the spokesperson, like I said. I don't think anyone would ever take their white classmate's story about a holiday tradition of their family in New Jersey and assume that all white people in the U.S. have those same traditions. But surprisingly, a lot of people make those generalizations about a Native classmate's traditions. So, the more people we have that can give different perspectives, the less that is the case. Because people don't understand that there are 574-plus different federally recognized tribes, all with unique languages and customs. And then, on top of that main goal of the safe and supportive community, we also are working on recruiting more Natives to the field for the reasons I just mentioned. Advocating for Indigenous people with disabilities and educating our peers about cultural safety for Indigenous clients.

MATT BRANDENBURG:
Those are such wonderful aims and goals, and actions of the organization. You know I love occupational therapy. I think this profession is wonderful. And I love its approach to working with people as individuals and respecting and advocating for someone's own personal context, whether it be their person factors their environment factors. And I think it's important that anyone who decides to join our profession feel included and feel represented. And not pressured that their own cultural stance and experiences are going to be generalized into defining a whole group of people. So, thank you so much for this work. How have you seen OTNA grow and evolve over the years?

MAGGIE CONNERS DEFORGE:
LaVonne handed me the reins of OTNA. I think in 2020 because she was focusing on developing a master's in education program that was focusing on decolonizing and deconstructing the educational system and also embedding Indigenous values and beliefs into it. Like I'm telling you, I told you she's a legend.

MATT BRANDENBURG:
Yeah, she sounds amazing.

MAGGIE CONNERS DEFORGE:
So, anyway, I had just graduated from OT school the year before. I didn't have any kids yet. And I was full of optimism and ideas for OTNA. She said, "Hey, do you want to take over and be in charge?" So, I started keeping a virtual membership list and tracking who was working with primarily Indigenous clients, who was willing to accept a level two fieldwork student, stuff like that. And then I established an e-board and recruited more people to become leaders. Right now, we now have a mentorship chair, Bianca, who has been matching mentors and providing logistical support to them for the last three years. We have an educational liaison, Tommy, who's always finding and forwarding continuing ed opportunities to the members. He also really wants to make connections with tribal colleges and universities to talk about creating OT programs or at least an intro to OT class or something. And yeah, those two have been helping me with OTNA for a few years now. And they're awesome. Two others we have, Chaya and Carnell.

They're focused on monthly newsletters to keep people connected and engaged and recruiting Native students to apply to OT and OTA programs.

MATT BRANDENBURG:
That's amazing. It really does take an all-star team to grow any organization. And I'm glad you're able to shout them out and highlight some of the valuable resources that OTNA provides in terms of mentorship, education, establishing community partnerships.

MAGGIE CONNERS DEFORGE:
Yeah, I'm finally starting the paperwork to get us established as a nonprofit. I'm not going to lie. It's been something that I've wanted to do for years, but my own executive dysfunction has gotten in the way. So, I'm crossing my fingers that this is the year for us.

MATT BRANDENBURG:
Yes, absolutely. Thank you for this introduction. What should occupational therapy professionals strive to understand more fully about Native issues?

MAGGIE CONNERS DEFORGE:
I would say mostly that we're not a monolith. That is, we're not a homogenous group. If you have a Native client, reflect internally on what assumptions or stereotypes come up for you. It doesn't make you a bad person to have them, but I see it as an opportunity to relearn the lies that society and subpar education systems have told us because we don't know better until we know better, and then we can do better.

MATT BRANDENBURG:
Yeah, absolutely. That's such a great point. I think every practitioner has implicit bias just ingrained in how we've been raised and the environment we've grown up in, and our own personal lack of knowledge in certain areas. So, I think it's so important to have an open mind and be a true critical thinker in all aspects of care as a practitioner.

MAGGIE CONNERS DEFORGE:
But also, I want to stress that to not make the client be the one to re-educate you. It needs to be said because when I moved back near my reservation this summer, my new PCP asked me to educate them on why Native mascots are harmful because she thought that we were honoring. And I was so mad that she didn't even consider the power dynamics at play with me being her patient. And how uncomfortable and upset it can make someone to have to debate their basic humanity with someone who doesn't really have an equal amount of emotional skin in the game and just probably sees it as an educational debate. Since I'm used to having these conversations in my various advocacy roles, I did end up providing her some education and some resources where she could learn more. But I also told her in no uncertain terms that what she was asking of me was incredibly inappropriate. And it's just painful to think about the fact that she's been practising within 30 minutes of my reservation for years, and who knows how often she's committing microaggressions and decreasing her patient's comfort in accessing care.

MATT BRANDENBURG:
Well, what are some recommendations of resources or approaches that practitioners could take to educate themselves and prepare themselves to avoid that type of assumption and bias?

MAGGIE CONNERS DEFORGE:
I would say check our website. I've got a talk recorded there. I've got links to different resources or even just Google is amazing. If she had this question of, "Hey, I don't understand why some people are bothered by this." You can easily go to Google and see those perspectives. Of course, it runs the risk of finding 100 articles that say it's harmful and then one that says it's not or that it's not that big of a deal and then going with that one. But at least it's the options and the education are there for you if you're engaging with it critically.

MATT BRANDENBURG:
Yeah. That's a wonderful recommendation. Hopefully, our OT practitioners can apply our principles of holistic care of individualized care and also our knowledge of evidence and what makes good evidence to find reliable sources like the OTNA website and really respect and internalize that type of learning.

MAGGIE CONNERS DEFORGE:
Yeah. And the other thing I wanted to say about that is that you can't assume that someone who identifies as indigenous will hold a particular set of values because, as I just said, we're not homogenous, but it's not even possible within one tribe, one generation in one tribe or even one family in one tribe to assume that anyone holds similar views to each other. I have five siblings, and we all have the same parents grew up in the same household, but we all have really different relationships with our native identity. And for most of us, it's changed significantly throughout our lives. It can be hard to know if or how to bring up this aspect of identity with our clients. But I think a starting point is practitioners knowing about the complicated and traumatic history of Indigenous people. Understanding how our health is not just a result of individual choices and how it's been impacted by government policies that are literally intended to kill us or, at the very least, destroy our sense of self.

If you have a client that you found out is native, don't tokenize or fetishize by saying something like, "Oh, that's so cool. I've always had respect for blah, blah, blah." People are well-intentioned when they say that, but you don't know that person's relationship with their identity because it's more complicated than just, are you or aren't you native? There could be any combination of pride or love or fear or shame or anger, rejection, connection, uncertainty, embarrassment. All those reasons people might choose carefully when and where. Or if they discuss that part of their identity.

MATT BRANDENBURG:
Thank you for reiterating that for us and sharing that valuable piece of information. Could you maybe give an example now of how a practitioner could better approach care in that situation? What would be the most appropriate types of questions to ask that really emphasize someone's own identity and personal values?

MAGGIE CONNERS DEFORGE:
Yeah, I'm not gonna give too much away because I have a workshop at the conference coming up based on this topic. I think my best advice when it comes to any identity that's different from what you have experienced firsthand is to approach it in a way that leaves the door open for a respectful discussion but it doesn't force someone to walk through that door to talk about something that either may not actually be relevant to their healthcare needs or might actually be actively painful or uncomfortable. You could say something like, has any part of your identity been a barrier to things you want and need to do in your life? Has any part of your identity been a support? Because we have to emphasize that. Yes, there's a lot of intergenerational trauma. And there's also a lot of intergenerational resilience. Highlighting that too as a valid part of something that could be supporting them in their life. Or if it comes up specifically that they share that they are Native American, you could say, does that part of your identity play any part in the things you want and need to do in your life?

So, like I said, I'm not going to give too much away. I have a conference workshop on Thursday of AOTA conference this coming year.

MATT BRANDENBURG:
Wonderful. Well, I hope all our listeners can attend that workshop. Those two recommendations were wonderful and beautiful and a great way to emphasize someone's identity without forcing them to talk about something that may be offensive or uncomfortable for them. So, thank you for that tip and recommendation. And again, we'll encourage all our listeners to attend that workshop on the Thursday at AOTA conference in Philadelphia. Our presenting sponsor is New York University Steinhardt's top-ranked Department of Occupational Therapy, which now offers an entry-level OTD for aspiring occupational therapists. NYU additionally offers advanced degrees for practising therapists that can be completed in person or online. Study and work with leading educators, researchers, and master clinicians in the vibrant setting of New York City and have access to a diverse patient population and extensive healthcare system. Learn to deliver exceptional patient care or deepen your knowledge and practice as you focus on applied scientific inquiry and clinical areas such as pediatrics, developmental disabilities, mental health, and assistive rehabilitation technologies.

Take the next step by visiting steinhardt.nyu.edu/ot to learn more. Maggie, you've done previous research. Your Doctor of Occupational Therapy research paper was titled Supports and Barriers to Entering the OT Profession, Native American Perspectives. Can you introduce us to this? How was your research designed, and what was your experience in bringing attention to this topic?

MAGGIE CONNERS DEFORGE:
Yeah, so I ended up doing a mixed methods study because I wanted to experience both quantitative and qualitative analysis while I had professors as mentors and to walk me through it. And it was healing in a lot of ways to reach these students and hear that their stories were often pretty similar to mine. I know that it can be frowned upon in Western science to be so close to a topic. There are concerns about objectivity, blah, blah, blah. But I would say Indigenous methodologies are more about honoring self-knowing, which comes from lived experience and believing that knowledge is created in relationships with people and in everything that we interact with in our environment. So, the idea of separating myself entirely from the research wouldn't honor my cultural experience because, after all, I believe that there are no occupations without culture. But my professors were really supportive of my research, which I was grateful for because, based on some of the stories I heard from my participants in this study, their stories about discrimination in their programs, I was definitely lucky with the program and the professors I got.

MATT BRANDENBURG:
Well, I love that quote that there are no occupations without culture. That just really hit me hard. I think that rings so true. Practising in a way that's culturally accepting and sensitive for everyone is really important and definitely should be a priority for our field. What are the supports and barriers to entering the OT profession from a Native American perspective?

MAGGIE CONNERS DEFORGE:
Well, obviously, the people I interviewed were, at that time, students already enrolled in programs. So, my research didn't really capture barriers that fully prevented students from attending. So, a bit of a caveat and area for future research there. But from what I found, the main barriers were financial concerns, lack of mentors and role models, family responsibilities, and the distance that can be required to travel to and attend a program. Some of the supports were having a prior interest in the medical field, having mentors and shadowing opportunities. I think it's notable that seven of the nine people were able to find mentors and shadowing opportunities. And I think that speaks to the fact that, yes, they made it. They were enrolled. And this was a very supportive part of it. Oh, I forgot another barrier. Invisibility within the program and the extra emotional and intellectual labor that Native students must perform as a result. Which calls back to that early conversation we had about being the token student, et cetera.

I found that mentors and the access to shadowing may have the ability to make or break someone's journey to becoming an OT practitioner because it was mentioned both in the context of having it was a significant support and then not having it was also a barrier. The people who mentioned not having it they had enough other supports that they could overcome that barrier. But I imagine if you don't have a mentor, you don't have the ability to shadow and you don't have other supports that could really prevent you from getting there.

MATT BRANDENBURG:
Absolutely. Mentorship is so important for students clinicians alike. How would you recommend the profession begin to address some of these barriers to entry for Native Americans?

MAGGIE CONNERS DEFORGE:
I would say put effort into creating scholarships for Native students for doing outreach to local Native communities. To even introduce the profession to students and offer yourself as a mentor whether or not you're Native. I mean, it's great for Native students to see Native professionals, but there's so few of us that we can't, we can't reach everybody. I think at higher levels, effort into creating educational programs in tribal colleges and universities so that people can stay closer to their families and their communities. They don't have that barrier of traveling far away. Also promoting IHS or Indian Health Service and BIE, which is Bureau of Indian Education job openings to expose more Indigenous people to OT professionals. I think there's some people who don't value diversity and may not understand why addressing these barriers for Indigenous students is important. Like I said before, the Native students add non-white perspectives to the classroom learning can demonstrate that there's not one singular Native and, let alone minority perspective.

There's the risk of other minority students being tokenized and having things generalized based on their opinions and experience. Adding complex perspectives of any minoritized group is gonna enhance all the students in that program and all the practitioners that they interact with their ability to treat non-white clients. And then, if we have more of us entering the profession, they might pursue research that addresses Indigenous health disparities from an OT perspective. And then we're always looking for ways to solidify the need for and role of OT. And so that's just broadening our scope and solidifying our position. Increased numbers of practitioners and research might inspire these future generations to pursue OT as a career.

MATT BRANDENBURG:
Absolutely. There's so much that can be done within the profession. And I think you illustrate and explain the value of advocacy. And increasing diversity and increasing accessibility. What it can do for the profession as a whole and for individual practitioners and individual communities. You have also been the lead analyst and co-author on a report that was presented to the National Council on Disability to help inform and create or revise national policies impacting Indigenous people with disabilities. That report is titled Personal Journey Towards Hozo. Am I pronouncing that correctly?

MAGGIE CONNERS DEFORGE:
I looked it upright before this because it's not in my language, but I believe it's Hozho

MATT BRANDENBURG:
Hozho. The Lives of Indigenous Relatives with Disabilities. How did you become involved as a leader in this report?

MAGGIE CONNERS DEFORGE:
Oh gosh, you make me sound so fancy. It was more of a lucky coincidence, I guess. The report was created by this Intertribal Disability Advocacy Council or IDAC. So, it was a project that was supported by the Native American Disability Law Center in New Mexico. They sought out some funding and had a representative that was going to be the elder and the lead advisor on this project. And then, they sought out people who have a lived experience as Indigenous and or disabled. And were active in advocacy for those intersecting communities. So, it's really a grassroots group, again, a volunteer council and all the challenges and joys that that brings. The project that we decided to undertake was over the course of a year, the IDAC. We hosted virtual talking circles, which is the Indigenous equivalent of a focus group. All the participants that we were talking to and actually all the IDAC council members all identified as Indigenous and disabled in some way. So, we got them together and asked them three main questions.

What challenges and barriers do you experience that hinder your quality of life? What supports and solutions have you experienced that have been helpful? And what supports and resources do you think would be helpful for you going forward? It came time to analyze the stories, and for life circumstances. People being unable to have the time to focus on coding and transcribing and stuff. I think I was on maternity leave. So, I just had a little baby attached to me the whole time, but I had the time. So, I ended up being the one to transcribe and code at least 75% of these hours and hours of interview talking circles. Which I'm glad I got the opportunity because I was able to apply my OT lens, actually. It really influenced how I approached the coding of it and just like the thinking about it. I believe that the things that we want and need to do in our lives are inherently linked to our culture. Like we said before, there is no occupations outside of culture. So, when the group was going back and forth, trying to decide if we wanted to pull out themes related to certain resources or tally the amount of times a certain resource came up or certain services.

I said, I think we should ask ourselves, number one, what are participants telling us they don't have sufficient access to or participation in or performance of? And then, number two, what is getting in the way of them accessing that area of life? Because ultimately we wanted to find out the barriers and what supports could be in place to overcome those barriers.

MATT BRANDENBURG:
And absolutely. It's such a well-designed study. And I love those three questions that you included in those talking circles. How would you say the lives of Indigenous people are uniquely influenced by disabilities? And what were some of the themes that were emerging as barriers and potential solutions in these conversations?

MAGGIE CONNERS DEFORGE:
The common factors that really play a part in the fragmentation and the isolation of Indigenous people with disabilities, number one, historical trauma, which led to geographic displacement and isolation. The fact that there is so much cultural and linguistic diversity, external stereotypes and perceptions economic disparities, government policies, limited resources, and lack of infrastructure. We have unique legal issues because we have a political designation as sovereign nations that have government-to-government relations with the U.S. government. In theory, ideally. Obviously, it doesn't always end up that way. We also have service delivery challenges, both for those geographic reasons and also political reasons and incredible underfunding of Indian health services. So, there's a lot of compounding factors, I would say, that make it so important to consider the intersecting identities when designing things because you can't just design something for people with disabilities. You can't just design something for indigenous people.

These factors overlap and intersect, and that's why this group was founded. Because there wasn't really anyone central place for this intersection of identities, and so we wanted to become that. And we're still together. We're still trying to figure out what our next project will be, what our priorities are going to be, what we want to undertake next, who we want to collect and gather together to more centralize these things and be more effective.

MATT BRANDENBURG:
It's such important work, hearing you discuss that a long list of barriers is eye-opening to me. And I think this is something that really needs a lot more attention. What are the recommendations to the National Council on Disability that this report presents?

MAGGIE CONNERS DEFORGE:
Really hard to summarize, but we have a whole list of recommendations related to Indian health services, specifically what that federal organization can do to improve things like training providers on cultural safety and trauma-informed care. And then other things that we hope to disseminate to or reach the types of organizations that deal with these things. Like transportation, employment and financial security, information sharing, so people even know about the services that they could potentially be receiving, education, housing, peer support and advocacy, and collaboration with tribal governments and organizations so that those can be the leaders and really lead from the cultural perspective. So, I'm not sure where the report is housed permanently right now or if it's on the Disability Law Center's website, but I think it might be. But I can get you a copy, and if anybody wants one, can email me. The letters OT the number 4 and then natives. OT4natives@gmail.com. But I will also be posting on the website as soon as the report has a permanent location somewhere, and then it'll be easy to access.

MATT BRANDENBURG:
Wonderful. Thank you so much, Maggie. I know you mentioned that Hozho is not your language, and it is mentioned in the report. I wanted to ask a little bit about Hozho and what is it and what principles of it does this report really emphasize?

MAGGIE CONNERS DEFORGE:
So, from what the fellow council members who are Dine, which is the Dine or Navajo, at least two of the council members were from this nation, and it's in their language, in the Dine language. It's the principle of beauty and seeking, establishing, achieving harmony. The Dine believe that all living things and creatures live in harmony and that achieving harmony begins with internal harmony. In your own self, establishing holistic wellness which encompasses spiritual, emotional, mental, and physical healing and acceptance. I think a barrier that we found- I don't know if I'd say a lot, but at least enough to be noted was some stigma associated with disability and that getting in the way of people seeking out services or seeking out a diagnosis. And so I think it begins with that concept of internal harmony and acceptance and then using that to be a peer support person or advocate for other people in your community, and then just building out from there.

MATT BRANDENBURG:
Yeah, and I love that emphasis on holistic wellness. Thank you for giving us some insight into that approach. What are some recommendations that you would give practitioners to encourage culturally safe practice?

MAGGIE CONNERS DEFORGE:
I'm so glad you used the phrase culturally safe. I see a lot more people now using that phrase as it has evolved from cultural competence, which assumes that there's a set amount of things that you can learn to reach a point of competence and et cetera, and then it has shifted to cultural humility, which is self-reflecting, and you learn about other people's culture, but you also start with an examination of your own beliefs and identities. But what I love about the concept of cultural safety is that it moves beyond this sensitivity to beyond this awareness of just a cultural difference. And it analyzes power imbalances, analyzes discrimination, and it analyzes the lasting effects of colonization on social, economic, political, and health inequities. So it can be intimidating. It's funny. It's making me think of a meeting I was just in with that was brought together by AOTA, asking us to share what priorities for the field of OT and for AOTA moving forward to inform the next strategic plan.

And I remember somebody saying, we have to be able to have these hard conversations. We have to be able to engage with people and have the hard conversations. And I said I want to go a little bit further and say these conversations shouldn't be hard. They should be treating everyone with respect and understanding the context that people come from and not bringing any shame or defensiveness into it. I think that's what makes it hard. And I think until the conversations become less, quote-unquote, hard, that we're gonna be struggling. It moves beyond this more concrete or surface level idea of, OK, so I'm reflecting on the fact that I grew up with this set of religious beliefs and you grew up with that set and both are OK and just moving on. And it really asks you to think about, did one of those religions historically oppress the other religion? Or if in your geographic area, one of those religions tends to be protected while the other is persecuted. Or whether one of those religions makes it easier or harder to obtain housing or employment, et cetera.

So, obviously I'm using religion as just one aspect of a culture. But I would say that this idea of the lasting effects of colonization on inequities is really central to the safety. And it was actually highlighted for me last month. An OT practitioner was using the word 'Tribe' in her business and marketing materials. And I reached out to her on behalf of OTNA and asked her to stop using the word. She initially declined, stating that the definition of tribe she was using was, quote, a close-knit group of people with shared interest and goals. And so, I replied and said that you can justify and claim to be using whatever definition you want, but using the word 'Tribe' in this country, outside of Indigenous context, is disrespectful. And it contributes to the erasure of Indigenous people, our sovereignty and identity because tribe is a political identity that was forced upon us by a government that wanted us dead. Full stop. I shared an article with her that explained it in depth. And again, explicitly asked her to stop using a term that could cause psychological harm to the children.

She said she wanted to help. She doubled down and wrote a five-paragraph essay on why she should be allowed to use it. And like I was referencing before, if you can find a hundred articles that say one thing and then one that says the opposite, and you latch onto that one, it seems that's what she was doing. But prioritizing the sunk cost of business and marketing materials and the challenge of changing those things to become more culturally safe just wasn't what she was going to choose. And so, I was heated, very heated. And I put it all over social media. And I was like, can you believe this? And everybody that responded was like, this is ridiculous. I can't fathom how somebody could continue even after the education you gave them could double down et cetera. So, eventually she did change the name, not for the right reasons, but at least it's changed. I remember when I was posting about it, I said, honestly, I just hope for the day that OTNA is obsolete, that we're not necessary. Because that would mean that our members, the students and practitioners and researchers, that we feel safe in every setting that we're in, that every table that we're at, we feel like our clients are safe.

And until that's the case, OTNA is needed and is really important.

MATT BRANDENBURG:
Yeah, absolutely. Feeling safe, feeling valued, feeling understood and appreciated is important for everyone within our profession. And I'm sorry to hear about that experience. And I just have so much respect for you and for OTNA for taking the steps to educate and to help and uplift. Unfortunately, not everyone is going to be open to that type of education unless they see how it's tied to their own personal value and personal gain and...

MAGGIE CONNERS DEFORGE:
Exactly, unless there's pressure, unless there's pressure and it's really publicized. And I didn't want to take it to that point. If she had changed it, even after the second email, I think I would have left it as is and just said thank you. But the doubling down twice is what really sent me over the edge.

MATT BRANDENBURG:
Yeah, understandably so. How can practitioners contribute to the mission of OTNA and helping to raise more awareness and education and to promote culturally safe practice?

MAGGIE CONNERS DEFORGE:
I would say join our membership list. There's on our website, there's a tab that says membership, and it's just basically a Google form that asks for your contact list your contact information. And if you work with primarily indigenous clients or if you would be willing to take a level two fieldwork student. And then we also recently came up with a member resources survey. We wanted to tap into the skills and knowledge that our members have already and can share with each other. Not necessarily with an ongoing one-on-one mentorship program where you're checking in on regular intervals, et cetera, because there's a place for that. But there's also a place for somebody reaching out to us to say, I want to start a business in New Mexico. Do you know anybody who could answer some questions for me? And so, then we'd go to our survey results and reach out to somebody who might have said that they have knowledge of starting a business and say, hey, would you be willing to chat with this person?

And just really connecting people, whether that's starting a business, creating a CEU course, writing a curriculum, managing a rehab department, et cetera. Even if you're not Indigenous and you don't work with Indigenous clients, if you have time and skills that could help our members, definitely reach out and fill out our membership form so that we can send the member resources survey.

MATT BRANDENBURG:
I love that. I love that. And I love how it's used to connect people. And those connections are so important in all careers, just in life and being able to have a community to help each other out and connect in that way. Maggie, you've shared so much wonderful information and some wonderful examples and personal experiences as well. Is there any other experience or example you'd like to highlight of how OTNA has helped you or someone else really achieve a positive outcome?

MAGGIE CONNERS DEFORGE:
I guess I mean, I would have to say myself. I've been able to connect with so many people who have positively influenced my life and career trajectory, starting with, of course, LaVonne and then currently the awesome members of the board who helped me keep the group afloat and pick up the slack when I'm executively dysfunctioning.

MATT BRANDENBURG:
Thank you so much. Are there additional resources or actions related to OTNA and Native issues that you'd like to recommend to our listeners?

MAGGIE CONNERS DEFORGE:
I think I mentioned most of them, but just to summarize, there's the report we talked about earlier. There's a video on our website about cultural safety. And then there's the workshop at AOTA Conference 2025 in Philadelphia, which is Thursday, 8 to 11 a.m. So, it's one of the first.

MATT BRANDENBURG:
Nice, kicking off the conference. I love it. Maggie, we end each episode with the golden nugget segment. And it's just one final question. Maggie, if you could share one piece of advice or one recommendation with practitioners, what would you say?

MAGGIE CONNERS DEFORGE:
I would say personal questions based off of curiosity alone are inappropriate before you have a relationship and trust with someone. So, in the things that I advocate for, the example would be if you're helping someone get back to an occupation that has cultural significance to them, and maybe it's something that is less public, it's important to explain why you need to know a particular piece of information. And then, of course, if you don't have a reason, you need to know a particular piece of information, and you're just curious, or then maybe don't ask that one. But you may need to know, or you could say, I'm curious, if your limited arm movement or limited endurance or balance is going to impact your ability to blank. Let's say jingle dance. Is it OK if I ask you some specifics about the movements you usually do when you are blank? So, jingle dancing, and, of course, reassure them that if they aren't comfortable answering a question, they don't have to.

MATT BRANDENBURG:
I love that. That's such a wonderful recommendation, Maggie. And I think that ties back to the importance of establishing a relationship and trust with someone and how that can make those seemingly hard conversations, as you mentioned previously, not be hard anymore. So, practising culturally safe, really emphasizing the importance of relationship and trust in all clinical and educational settings, I think can really contribute to that.

MAGGIE CONNERS DEFORGE:
Absolutely.

MATT BRANDENBURG:
Maggie, it's been wonderful speaking with you today. Thank you for everything that you've shared. And I really appreciate you taking the time to come on the show.

MAGGIE CONNERS DEFORGE:
Yeah, thank you.

MATT BRANDENBURG:
Thank you, listener, for tuning in. Thank you to NYU Steinhardt Program in Occupational Therapy for sponsoring this episode.

SPEAKER:
Thanks for listening to the AOTA podcast. Tune in again next time. (MUSIC PLAYS)