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## Profile: Donna Koolmees, occupational therapist

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### Inspiring ability in young Jamaicans with disabilities

When Donna Koolmees introduced the computer to a teenager with speech problems caused by cerebral palsy, a sceptical teacher remarked that it would be futile. 'This boy is very low functioning - he can't do anything with the computer', said the teacher.



Occupational therapist, Donna Koolmees, helps a disabled student use a keyboard.

But as an occupational therapist, Ms Koolmees knew differently. She used an adapted keyboard and positioned the teenager, a wheelchair user, in a way that enabled him to type. Within minutes, the boy had typed his name.

'He had the biggest smile ever', Ms Koolmees recalls. Using assistive devices such as a specially designed computer keyboard with larger keys or mouse, she was able to draw out the potential of the student with disabilities.

For Ms Koolmees, a British national, the incident was one of the high points in her work with the Jamaican Association on Mental Retardation (JAMR) in Kingston. She has been working for JAMR since February 2009 as a CFTC expert in occupational therapy. Her aim is to spread the skills needed to help young people with physical disabilities to flourish, and to 'look at their abilities rather than disabilities - to focus on what they can do rather than what they cannot do', she says.

### What is the CFTC?

The Commonwealth Fund for Technical Co-operation (CFTC) is the principal means by which the Commonwealth Secretariat delivers development assistance to member countries.

One of the ways the Secretariat uses the CFTC is to place experts - from environmental economists to high court judges and law revision experts - in developing countries to help governments enhance public services in a variety of sectors.

### Training teachers

Ms Koolmees was originally recruited by the CFTC in February 2007 to work for the Mico College Child Assessment and Research in Education (CARE) Centre in Jamaica, which aims to help children with special educational needs. Her role was to assess and work with children, and train teachers and clinicians on occupational therapy, which involves using specific, purposeful activities to help those with limitations or impairments, and enabling them to handle ordinary tasks.

Half of Ms Koolmees' time was spent on clinical work, with the remainder on training and development. In her clinical role, she spent her mornings assessing children on their academic performance - looking at specific skills such as motor co-ordination, handwriting, learning ability and daily living skills.

Ms Koolmees would review cases with the CARE Centre team to discuss the needs of each child, then file a daily report on activities. She would also devise programmes involving parents and guardians in activities to help stimulate their child's development, and offered counselling to help them cope with the demands of raising a child with disabilities, and to help them better understand the special needs of their child.

'A child may have complex needs such as learning and behavioural needs, as well as social and physical challenges', explains Ms Koolmees.

### Developing skills

As a trainer, Ms Koolmees worked with teachers to develop their skills - often through remedial classes, helping them to integrate therapeutic activities in the classroom. She conducted workshops to teach new techniques and methods to teachers, at the same time informing them about specific conditions such as dyslexia, dyspraxia and autism, which affect a child's communication, co-ordination and learning abilities.

Staff at the CARE Centre faced a number of challenges, such as dealing with parents who could not afford occupational therapy for their child; those who were themselves poorly educated and had limited abilities to educate their child; and others who were unable to spend time coaching their child at home or to continue with therapy sessions.

'Parents may be busy trying to bring money into the home, so the child is left to entertain him or herself', says Ms Koolmees. 'Social factors can further exacerbate a child's learning disability'.

Ms Koolmees believes she has helped to raise awareness of the importance of occupational therapy to assist young people cope with their disability. Her efforts have been channelled towards building the self-esteem of children and young people with disabilities, and at the same time, encouraging parents to play a more active role in inspiring and supporting their child's development. She has also assisted teachers in improving the quality of the education they provide.



### Introducing new teaching methods

Her work at the CARE Centre was so successful that Ms Koolmees was asked to stay on in Jamaica by JAMR to undertake similar work in the country's five special schools and 21 learning centres. Here, she conducts training workshops for teachers on ways to identify special disorders in students, and introduces new and effective teaching methods. She also coaches them on how to integrate therapeutic activities in their classroom and how to manage behavioural problems. Ms Koolmees is currently working with a pilot group of students to demonstrate the effectiveness of occupational therapy over a period of time.

In her training workshops, Ms Koolmees also focuses on physical education and the need for adaptive devices to help students achieve more.

'Teachers are very active in the learning process ... we use real life experiences of teachers. With limited resources, Ms Koolmees often finds herself having to improvise: 'Many poor parents depend on non-governmental organisations to provide equipment such as wheelchairs or walking frames, which are mainly donated from overseas - but they are often of the wrong size or inappropriate to meet the physical needs of the children and young people with disabilities here in Jamaica. This equipment can cause further disability or deformity if they are not suitable for use', she says.

'So, I have to think how we can make the equipment locally. For instance, I needed to make a wrist brace for a student, and had to find a flexible piece of metal to stitch into the brace to keep the wrist straight. Some workers were in the school making guttering using zinc sheets, so I used their off-cuts to get the metal I needed for the wrist brace. I often have to make assistive devices from items which other people discard'.

Ms Koolmees continues to be challenged by her work to help others lead meaningful lives despite their disability, bringing hope to many who never dreamed they could succeed, because they did not have the encouragement to try.

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