

Original Article

The collective accountability through relationships toward wellbeing model: reimagining leadership roles for occupational therapy action against climate change

A responsabilidade coletiva por meio de relacionamentos em direção ao modelo de bem-estar: reimaginando os papéis de liderança para a ação da terapia ocupacional contra as mudanças climáticas

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Abstract

Introduction: Scholars in occupational therapy, specifically, have long recognized the existential threat posed by climate change, and an increasing number urge for occupational therapy's involvement in proposing solutions. With the unique expertise on the multifaceted influences on everyday activities, occupational therapy has a distinct role in addressing climate change and setting an example for other healthcare professions. Existing understanding of leadership demands reimagination that emphasizes interdependency of systems rather than values of predominating Western individualism. **Objective:** To address these concerns, we propose a novel model of leadership that accounts for the demands of the changing climate and can be utilized by occupational therapists. **Methods:** Drawing from leadership theories, systems thinking, and brokering of knowledge, we suggest incorporation of relational and collective perspectives that consider human and non-human life across time. Additionally, we provide several examples of such leadership in uniprofessional, interprofessional, and community-based occupational therapy settings. **Results:** We propose the Collective Accountability through Relationships towards Wellbeing (CAR-WeB) Model that represents interdependent aims: wellbeing of current and future generations, collective action for accountability, egalitarian relationships, and diverse, contextual knowledge of the local cultures and communities. **Conclusion:** Occupational therapists can look

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to the CAR-WeB model to support re-imaginings of leadership across and beyond healthcare settings.

Keywords: Leadership, Occupational Therapy, Climate Change.

Resumo

Introdução: Acadêmicos em terapia ocupacional, especificamente, há muito reconhecem a ameaça existencial representada pelas mudanças climáticas, e um número crescente de profissionais anseia pelo envolvimento da terapia ocupacional na proposição de soluções. Com sua expertise única nas influências multifacetadas nas atividades cotidianas, a terapia ocupacional tem um papel distinto no enfrentamento das mudanças climáticas e serve de exemplo para outras profissões da saúde. A compreensão existente sobre liderança exige uma reimaginação que enfatize a interdependência dos sistemas em vez dos valores do individualismo ocidental predominante. **Objetivo:** Para abordar essas preocupações, propomos um novo modelo de liderança que leve em conta as demandas das mudanças climáticas e que possa ser utilizado por terapeutas ocupacionais. **Métodos:** Com base em teorias de liderança, pensamento sistêmico e intermediação de conhecimento, sugerimos a incorporação de perspectivas relacionais e coletivas que considerem a vida humana e não humana ao longo do tempo. Além disso, fornecemos vários exemplos dessa liderança em ambientes de terapia ocupacional uniprofissionais, interprofissionais e comunitários. **Resultados:** Propomos o Modelo de Responsabilidade Coletiva por meio de Relacionamentos para o Bem-Estar (CAR-WeB), que representa objetivos interdependentes: bem-estar das gerações atuais e futuras, ação coletiva para responsabilização, relacionamentos igualitários e conhecimento diversificado e contextual das culturas e comunidades locais. **Conclusão:** Terapeutas ocupacionais podem recorrer ao modelo CAR-WeB para apoiar reimaginações de liderança em ambientes de saúde e além deles.

Palavras-chave: Liderança, Terapia Ocupacional, Mudanças Climáticas.

Introduction

The unequivocal evidence of irreversible, anthropogenic climate change illuminates the profound threats to humanity across the globe. With atmospheric CO₂ reaching its highest concentration in more than two million years, humans are exposed to increasing extreme heat and weather events, resulting in food and water insecurity (disproportionally in regions least responsible for the climate crisis), compromised infrastructure (including transportation, water sanitation, and energy systems), and loss of life (Intergovernmental Panel on Climate Change, 2023). Fossil fuel dependence (and consequent exposure to fine inhalable particulate matter, or PM) not only contributed to 1.2 million deaths in 2020, but continuously affects social determinants of health through its influence on markets, supply chains, and geopolitical conflicts (Romanello et al., 2022). Every dimension of global health monitored is impacted by climate change, and current policies track the world onto a 2.7°C increase in temperature by 2100 despite the 1.5°C target set in the Paris Agreement (Romanello et al., 2022). These changing climate conditions increase the risk of heat-

related illness, alter patterns of infectious disease transmission, increase health risk from extreme events, put sanitation at risk, and impact food and water security (Romanello et al., 2022).

Increasing awareness of climate change and its relation to health in healthcare professions inspired numerous efforts for change in both education and clinical practice. According to Lemery et al. (2020), 15% of medical schools in 112 countries now incorporate climate and health information into their curricula, a small but increasing percentage in professional health education. However, barriers such as lack of staff time, lack of funding and time to support development, and skepticism about climate-health science preclude further expansion (Lemery et al., 2020). For occupational therapy educational programs in the United States (US), there is no evidence available that climate change (as an environmental determinant of health) is present in curricula, and neither the 2018 nor 2023 Accreditation Council for Occupational Therapy Education (Accreditation Council for Occupational Therapy Education, 2018, 2023) Standards include climate change. Once in practice, clinicians can engage with network-based organizations working to incorporate low-carbon, resilient strategies into practice, some of which include Partnerships for Environmental Action by Clinicians and Communities for Healthcare Facilities (PEACH), Alliance of Nurses for Healthy Environments, and the Medical Society Consortium on Climate and Health (Lemery et al., 2020; Sergeant & Hategan, 2023).

Scholars in occupational therapy, specifically, have long recognized the existential threat posed by climate change (Lieb, 2020; Pereira, 2009; Smith et al., 2020; Wilcock, 1993), and a growing number urge for occupational therapy's involvement in solutions (Capon, 2014; Dennis et al., 2015; Garcia Diaz & Richardson, 2021; Taff et al., 2023; Ribeiro & Magalhães, 2024; Whittaker, 2012). In 1999, Ann Wilcock explicitly identified the negative impact of occupational development on natural resources and ecosystems across the globe, calling for an ecological model of health that emphasizes healthy relationships between humans and all other forms of life on earth (Wilcock, 1999). At the heart of this perspective lies the bidirectional relationship between human and non-human life, often captured by indigenous perspectives and ignored by high-income consumerist countries (Taff et al., 2023; Wilcock, 1993). Occupations and occupational desires of these countries thwart the planet's regenerative capacities and disrupt the occupational possibilities of future generations, including basic occupations such as feeding, growing food, and drinking water (Drolet et al., 2020). It is incumbent upon the profession to uphold its values around occupational justice by reframing practice in an occupationally-threatened global society.

With the unique expertise on the multifaceted influences on everyday activities, occupational therapy has a distinct role in addressing climate change. However, current practice is restricted by practitioners' limited knowledge on global issues or how to address them when working with clients (Garcia Diaz & Richardson, 2021). Examples of concrete interventions and educational approaches have emerged in the occupational therapy literature and encourage integrating environmental and sustainable reasoning in occupational therapy clinical reasoning and considering the impact of person-centered care on the climate (Hess & Rihtman, 2023). There have also been efforts to incorporate sustainable development goals (SDGs) in interventions like facilitating gardening projects, encouraging clients to consider reducing red meat and dairy

production consumption, and exploring other transportation methods to position daily activities of living within a bigger environmental context (Wagman et al., 2020). Many scholars also emphasize the importance of interprofessional efforts, such as collaborating with local champions, creating university-based support and training for people to access (Hess & Rihtman, 2023; Taff et al., 2023; Wagman, 2014; Wagman et al., 2020).

This tension between within-profession uncertainty and need for collective action demands innovative leadership to construct networks characterized by high levels of buy-in, a variety of expertise, and a mission-centered focus. In this paper, we argue that the conception of leadership, specifically within occupational therapy, must be reimagined to effectively address the complex, urgent, and existential threat of the climate crisis. We propose:

- Existing understanding of leadership demands reimagination that emphasizes interdependency of systems
- A novel model/framework of leadership that accounts for the demands of the changing climate and can be utilized by occupational therapists
- Several examples of such leadership exist in uniprofessional, interprofessional, and community-based occupational therapy settings

What's Missing from Healthcare Leadership

Healthcare leadership discourse often centers around “styles” of leadership, such as authentic, transformational, transactional, and laissez-faire leadership (Perez, 2021), all of which refer to particular patterns of behavior that produce certain desirable or undesirable consequences (Zacher et al., 2024). Such perceptions of leadership have been criticized for conflating leader behaviors with their antecedents and consequences, illustrating the importance of the individual (Wielkiewicz & Stelzner, 2005; Zacher et al., 2024). In occupational therapy specifically, much of the leadership literature focuses on formal, individualistic leadership involving conferred authority and title that highlights power differences in relationships (Heard et al., 2018). In terms of curricular content, one study highlighted programmatic components (five-course sequence teaching leadership concepts) that fostered “leadership skills” to assist in the realization of the American Occupational Therapy Association Centennial Vision, citing such skills as “finding, critiquing, and applying evidence to make insightful clinical judgments” (Copolillo et al., 2009, p. 10). Such investigations indicate a superficial understanding of authentic leadership skills and limited capacity for agency in occupational therapy’s individualistic paradigm, especially within healthcare settings dominated by neoliberal ideologies. Conceptually, leadership in occupational therapy has been more focused on managing in clinical contexts instead of a wider perspective centered on influence and strategic critical consciousness (Freire, 2000) as a means for mobilizing collective action to dismantle systemic barriers, including those sustaining climate change.

In the clinical literature, Fleming-Castaldy & Patro (2012) highlighted five key leadership characteristics of occupational therapy clinical managers (challenging the process, inspiring a shared vision, enabling others to act, modeling the way, encouraging the heart). A more recent study on informal leaders, or those identified as leaders by

peers, found that these individuals served as a valued component of practice through their mentorship, application and influence of policy, and role in shaping organizational culture (Heard et al., 2018). Though not leaders by title, these individuals contribute diversity of knowledge to their setting's leadership. Authors noted the relational nature of these leaders with their co-workers despite no formal titles or authority, aligning with Tempest & Dancza (2019)'s proposed concept of "social leadership", or bringing people together to share and learn from each other for co-creation. Recent studies in other clinical healthcare professions also propose more relational forms of leadership within the individualistic paradigm (Perez, 2021; Ystaas et al., 2023). However, they remain restricted in addressing societal-level issues like climate change due to the reliance on an individualistic lens, which does not consider the wellbeing of the collective, including both present and future generations. Amidst the global climate crisis, the profession centered on human activity is uniquely positioned to lead innovations in healthcare services.

Conceptual and Theoretical Foundations of the CAR-WeB Model

Leadership Reimagined: The Collective Accountability through Relationships towards Wellbeing (CAR-WeB) Model

The current landscape of individualistic, hierarchy-centered leadership demands a shift in focus from title and power to relationships and collective action. Here we propose a reimagined perspective of leadership as illustrated in the Collective Accountability through Relationships through Wellbeing (CAR-WeB) Model, which offers a novel approach to guide occupational therapy in addressing societal-level challenges, such as climate change.

Leaders as ethical agents of accountability

Authentic leadership is an approach assembled from a variety of influences, most notably humanistic and positive psychology (Jansen et al., 2024; Rogers, 1959; Seligman, 2010), social identity theory (Tajfel, 1982), and various ethical/moral frameworks (Velooso, 2019). Authentic leaders have developed (and, in turn, influence others to grow) high levels of self-awareness, accountability, integrity, and a stable moral conscience defined by resilient core values that guide all decisions and actions (Kelly, 2023). George (2010) developed an approach to guide individuals and organizations in discerning and acting upon their core values in the context of mission and vision using a compass analogy.

Occupational therapy's core values have not been clearly identified, but instead have typically been cast as concepts (occupation, client-centeredness), codes of ethics (American Occupational Therapy Association, 2020), aspirational priorities (American Occupational Therapy Association, 2017) and societal statements (World Federation of Occupational Therapists, 2023) that lack depth, direction, and concrete pathways towards praxis. These priorities have shifted over the profession's history as represented by a series of paradigm shifts (Andersen & Reed, 2017; Kielhofner, 2009). Pollard et al. (2025) suggest that occupational therapy and occupational science are currently at a

crossroads, a new paradigm of ‘reckoning and reframing’ that demands innovation, courage, action, and a stronger lens on the social context and inexorable political and ideological complexities of a post-pandemic world. So, in this emerging horizon, what is occupational therapy’s ethical compass? We revisit this question later in our discussion but suggest that discovery begins with an honest reflection on authenticity as aligned with the collective wellbeing of communities and populations.

One path towards discerning the profession’s authentic core values is to explore the experiential aspects of what it means to lead. Souba (2011) offers a lens to examine this question through making a clear distinction between the action of leading (‘doing leadership’) and what it means to ‘be’ a leader. This phenomenology of leadership as lived experience features a focus on people over strategy and a strong commitment to collective wellbeing. Souba’s model of ontological leadership is inherently ethical framework comprised of the pillars of awareness, commitment, integrity, and authenticity. These four foundations of the ‘House of Leadership’ (Souba, 2013) offer a compass for a humanistic view of leadership far removed from the hierarchical, position-based perspectives so often forwarded in business and industry.

The climate crisis calls for a close examination of the values that sustains and permeate practice of OT and their roles and responsibilities towards and within disadvantages communities. An immense body of research clearly shows how communities of color, excluded ethic groups and those living in poverty are, most often unwillingly, at the forefront of the disasters that are fueled by various aspects of the climate crisis (Berberian et al., 2022; Hallegatte et al., 2020). Historically and currently, there has been a concerted effort to disproportionately place the burden for action-based solutions on individuals (Vogt et al., 2021). OTs claim to be uniquely positioned to examine occupations with a climate lens. Occupational therapy scholars, such as Smith et al. (2020) and Laflamme (2024) urge action due to the inevitable impact of interlinked global challenges on occupational participation and performance, while Garcia Diaz & Richardson (2021) and Drolet et al. (2020) make this argument by framing the occupational injustice produced by climate change as an ethical responsibility. In theory, this is an admissible argument: human occupations are at the root of global warming; consumerism and endless growth seem to always supersede climate considerations. In practice, analyses remain focused on local advocacy and limited perspectives of sustainability (Smith et al., 2020). The reluctance of the profession, especially in the US, to fully engage in climate conversations, has the potential to weaken relevant future leadership. However, in accord with the social-environmental-occupational justice perspective, there is a unique opportunity for OTs to engage more deliberately in questions of defending rights of vulnerable persons by strengthening accountability and empowerment of industry that are main contributors to degradation of living conditions as well as of the governments that take insufficient action to protect their rights (Algado & Townsend, 2015). Such action will require professional advocacy, especially by practitioners, which is poorly captured in the occupational therapy literature. According to a scoping review on occupational therapy practitioners’ engagement in professional advocacy, reviewed literature indicates the importance of occupational therapy practitioners in advancing legislative changes, but practical approaches are minimal or not measured (McKinnon et al., 2024). The authors suggest that opportunities to strengthen the role of occupational therapy

practitioners in professional advocacy may exist in educational programs, clinical practice settings, and professional associations. While political climates may influence the palatability of climate-centered occupational therapy advocacy, occupational therapy leaders can take action as agents of accountability for their profession and their clients.

Leaders as mobilizers of collectives

The transformational leadership style is defined by its focus on influencing employees by building relationships, serving as an idealized influence, applying inspirational motivation, and intellectually stimulating employees to improve work-related experiences (Perez, 2021). Existing evidence in the healthcare literature found that transformational leadership is positively associated with job satisfaction and supports growth of positive work culture (i.e. reducing blame, opening discussion of errors for adverse events) as well as patient safety outcomes (i.e. increased compliance with safety measures) (Perez, 2021; Ystaas et al., 2023). Drawing from transformative learning theory, leadership that is truly transformational also mobilizes collectives to “negotiate contested meanings” (Mezirow, 2000, p. 3), confront novel challenges (cast as ‘disorienting dilemmas’) and build processes for initiating and managing change. From indigenous perspectives, this type of leadership emerges from the day-to-day practices of collective decision making among a community; there is no reliance on any one person or type of knowledge (Gram-Hanssen, 2021). It is the community-orientation and diverse knowledge of many individuals that produces the strongest collectivity (Gram-Hanssen, 2021).

The climate fight cannot be framed as an individual endeavor. It will require horizontal (across states, counties, communities) as well as vertical (national, regional and international industry and governments) strategies. OT’s have been trained to work with individuals as well as historically marginalized and disadvantaged communities. The next step will be to think “GloCal”, considering global and local aspects to engage with professionals and leaders across the globe (Bhowmik et al., 2022). Although OTs have engaged in global discussions around global health, the conversations have not been sufficiently focused on the fight of the climate crisis. The 2021 WFOT congress held in Paris showcased the fact that the more interesting conversations were taking place outside the US, sometimes outside the English-speaking spheres (Drolet & Turcotte, 2021).

Leaders as connectors and integrators

Challenging the reductionism of Western thought and the biomedical paradigm, Van Beurden et al. (2013) proposed the Cynefin framework, based on the Complex Adaptive Systems theory, which states that the behavior of a system, a dynamic network of diverse agents, is produced by a myriad of decisions made by individual agents. Separating approaches to problems into quadrants, the authors conceptualize the practical implementation of systems-thinking through collaboration with diverse stakeholders and use of multiple approaches throughout the process. Issues of climate primarily lie within the “complex” quadrant, where no protocol exists for informed

action. Rather, groups must probe to reveal emergent patterns and act upon those, then utilize existing protocol for decided action (Van Beurden et al., 2013). Such complexity thinking allows for action in states of uncertainty, in contrast to reductionism that permits action only when certain (Van Beurden et al., 2013).

The complexity of the challenges that lie ahead will put to test many of the current paradigms and frameworks foundational to the work of OTs. In the climate sector, leadership is increasingly understood beyond individual behavior and more as a dispersed, process-like phenomenon among interacting agents or systems (Meijerink & Stiller, 2013). Most often, health professionals refer to the importance of “transdisciplinary- interdisciplinary” approaches. In practice, this is often reduced to discussions around specific problem solving for individual clients. Engaging with the complexity of climate-related conundrums calls for (i) expanding the professional comfort zones and establishing non-traditional relationships (not just with social workers, health professionals and community leaders, but also with urban planners, botanists, planet scientists, etc.), and more importantly, (ii) applying a systems thinking lens that aims to decipher the feedback loops and dynamic patterns of social phenomena that play out across various political, financial, and geographical systems (Lawrence et al., 2020).

Leaders as knowledge brokers

The role of *knowledge broker* is often misunderstood and rarely defined with precision, but can be described as those who mediate the exchange between knowledge production and utilization, connecting users to relevant knowledge, resources, and experts (Weber & Yanovitzky, 2021). Very often, it is viewed in technical terms to improve project management, more rarely ownership. The climate crisis calls for ethical knowledge brokers that grasp the dynamics between science and politics (Duncan et al., 2020) that speaks to ensuring social and economic justice and is paramount in our current over-informed worlds. Any efficient leadership for the future will need to unpack and understand what this complex role entails. More specifically:

- Knowledge for accountability: Getting communities to engage with climate-based evidence, gain awareness about the rights and duties of various actors, and understand the intricacies of policies will all lead to empowerment (Wentz & Franta, 2022). This impetus can only be sustained through collective initiatives.
- Pushing back against fake news: It is important to truly grasp how the communication landscape is changing. It is also essential to comprehend the massive effort from the fossil fuel and plastic industry to create doubt and fake evidence. This misinformation, paired with AI algorithms have permeated all strata of society; people with low education levels are primary targets (Treen et al., 2020). There is an urgent need from all health professionals, but OTs in particular, to have strategies to address the dangers of misinformation.
- Creating spaces of leadership for indigenous knowledge/perspectives: Indigenous perspectives on leadership are prevalent in academic literature and emphasize the inherently relational co-emergence, codependence, and reciprocity of all phenomena (i.e. involved parties) (Gram-Hanssen, 2021; Rosile et al., 2018). In the CAR-WeB

Model, the collective co-negotiation of leadership is interpersonally enacted in non-linear networks that foster egalitarianism over hierarchical control (Rosile et al., 2018). More simply, leadership is a “communal activity embedded within a particular context” (Gram-Hanssen, 2021, p. 525). Cultural knowledge of these contexts is crucial and contributes to the diversity of thoughts and ideas that improves adaptability (Gram-Hanssen, 2021; Wielkiewicz & Stelzner, 2005). This is important for decolonizing learning spaces, but going further, it is clear that traditional perspectives on collective action as well as age-old principles of land and water use, fire control, and common good constitute the key to reshaping our communities and living spaces.

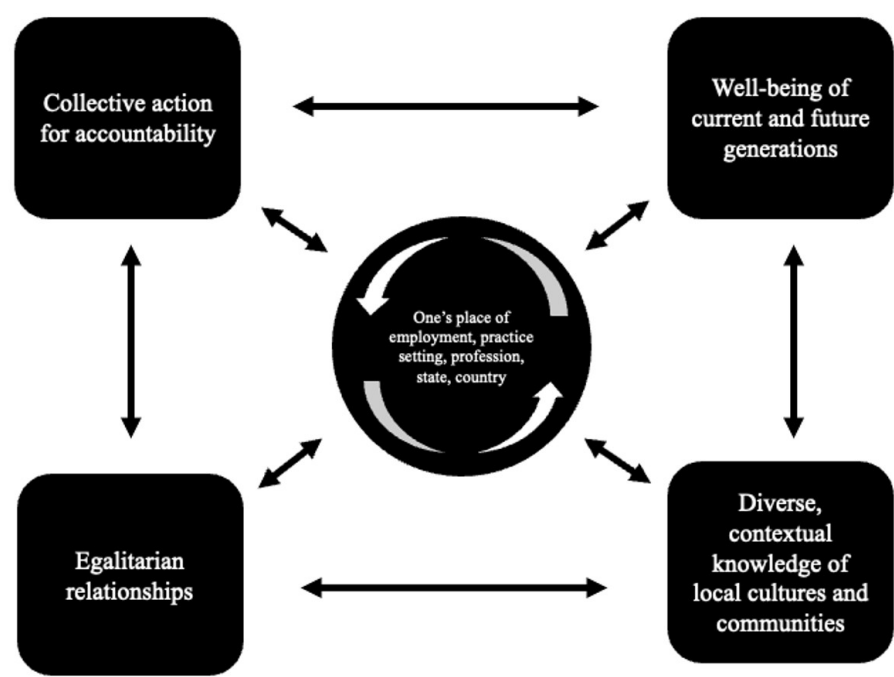


Figure 1. The CAR-WeB Model.

How to Use the CAR-WeB Model

With these theoretical foundations in mind, we propose the CAR-WeB Model (see Figure 1). At the center is a spiral based off of Redvers et al. (2022)’s figure on the interconnectedness of determinants of planetary health (includes places of employment, practice settings, professions, states, and countries). Four elements in each corner of the figure represent the interdependent aims of this redefined leadership: wellbeing of current and future generations, collective action for accountability, egalitarian relationships, and diverse, contextual knowledge of the local cultures and communities. The interdependence of the aims suggests that individual accomplishment of any singular aim is insufficient and reductive. Bidirectional relationships between this spiral and the four aims, as well as between each of the four aims themselves, signify the cascading effects of change. These may reverberate through the web of interconnected systems at the center of the model or support

the realization of other aims (i.e. egalitarian relationships may support more collective action, etc.). Returning to the previous question about occupational therapy's ethical compass, we suggest that this aspirational leadership style is captured by the model itself.

We envision the CAR-WeB Model as a reference for practitioner-led, clinic-wide changes that simultaneously support client needs and environmental sustainability, a macro-level occupational performance barrier. Occupational therapy educators may use the model to frame innovative intervention development for different clinical settings. The model can also support occupational therapy students conducting climate-related projects as part of their clinical fieldwork rotations or doctoral capstones. Our ultimate goal is for the translation of the CAR-WeB model into clinical practice to promote practical, lasting, and climate-conscious change, making climate-consciousness a core value of the occupational therapy profession. This is possible through multiple avenues: uniprofessional action, interprofessional action, and community-based partnerships. We provide examples of potential and existing work that aligns with the proposed model below.

Uniprofessional

In the United Kingdom, acute care occupational therapists took initiative to imagine and implement a new type of intervention in their practice setting. The low carbon intervention for people with renal failure and aggressive behaviors involved walking with patients on an outdoor footpath recently constructed by city council, which led to positive outcomes in mood and communication skills (Taff et al., 2023). These OT leaders considered a diverse set of factors (patient abilities, benefits of time outside, emissions reduction, city council efforts, etc.) that informed their innovative practice in their institution. Engaging with each other and encouraging mobilization of sustainable practices within the hospital, these therapists embodied the egalitarianism of the model while demonstrating effective use of a collectively-oriented, sustainable intervention.

Beyond client and community interactions, OT leadership can be highlighted in organizational engagement and collaboration. For example, the Occupational Therapists for Environmental Action - OTEA are a network of OTs worldwide who spread awareness on how to incorporate sustainable changes in OT practice, advocacy, and education (Occupational Therapists for Environmental Action, 2024). Without any hierarchical structure of leadership, the group relies on each other's contributions and support to promote the wellbeing of current and future generations. OTEA draws upon a variety of knowledge bases that inform their collective action efforts, such as collaborating with the Coalition of Occupational Therapy Advocates for Diversity - COTAD to highlight the inextricable connection between climate change and occupational injustices (Santos, 2024). Within the profession, occupational therapists can engage in clinical and organizational efforts that buoy conversations on climate change and occupational justice in the occupational therapy discourse, pressing the professional community to consider the wide-reaching effects of innovative leadership.

Interprofessional

Two interprofessional examples are pertinent to the CAR-WeB Model: a primary care occupational therapist in Te Whanganui-a-Tara Wellington, Aotearoa New

Zealand and an occupational therapist working as a climate policy fellow in Florida. Ryan Osal, OTD, is an occupational therapist in Te Whanganui-a-Tara Wellington, Aotearoa New Zealand. He works in a primary care clinic that prioritizes wellbeing by utilizing the Te Whare Tapa Wha model of health (Osal, 2023), which is based on Māori indigenous values. This model emphasizes the balance of four components of wellbeing: spiritual, physical, mental/emotional, and family/social, with a foundation of connection with the land (Mental Health Foundation of New Zealand, 2024). Osal's interventions include gender-affirming care, cognitive behavioral therapy, acceptance and commitment therapy, and lifestyle medicine, as well as collaboration with other healthcare professionals and connections with outside agencies such as food banks and community gardens (Osal, 2023). The clinic also focuses on reducing carbon emissions through education on whole food plant-based eating and active transport, virtual communications with clients, and minimizing medical supply waste (wellbeing of current and future generations). By integrating Indigenous perspectives, promoting collaboration between professionals and the community, and incorporating climate action efforts, this health clinic embraces the components of the CAR-WeB Model.

Perhaps less common, but still crucial to the occupational therapy profession and its service populations, is work in the climate policy sector. Chelsea Rivera, OTD, an occupational therapist, works as a climate policy fellow at Central Florida Jobs with Justice, a coalition of labor unions and organizations centered on empowerment for worker rights (Central Florida Jobs with Justice, 2024). Working on a team of individuals with varying identities, educational backgrounds, and professional experiences, Dr. Rivera most recently contributed to a project on heat stress in the workplace, an increasing threat amidst the projected rise to 125 extreme heat days per year (up from 25 days in 1971-2000) (Harmon, 2023). While conducting such work, Central Florida Jobs with Justice operates on a flatter organizational model, deviating from the typical hierarchy of leadership, and draws upon lived experiences of workers as well as the professional skills of team members like Dr. Rivera, who utilizes an occupational perspective to frame workers' barriers to performance, both personal (i.e. biomechanical strain on one side of body from carrying bags of picked produce) and environmental (i.e. lack of access to shade and water)¹. Egalitarian relationships, diverse knowledge bases, consideration of current and future worker wellbeing, and collaborative decision-making exemplified by Central Florida Jobs with Justice embody our proposed model of reimagined leadership and the possibilities for occupational therapy in policy. Though these examples center on individuals, the interprofessional nature of the work demonstrates the rich opportunity for CAR-WeB leadership that is well-suited to the occupational therapy perspective and focuses on the collective beyond service providers and recipients.

Partnerships in the Community

One example of community partnerships utilizing the CAR-WeB model is the Metuia projects in Brazil, which were started by the Metuia group, a collective of

¹ Dr. Rivera (personal communication over Zoom, May 2024) discussed their work with the Central Florida Jobs with Justice that emphasizes importance of incorporating workers' experiences.

occupational therapy professors and students across three universities in São Paulo (Malfitano et al., 2014). One project that was started in 2007 (titled Social Networking, Public Spaces, and Citizenship: Policies and Actions to Youth project), aimed to promote professional mediation on individual life projects among low-income youth by holding activity workshops and educational discussion groups that underscore the relevance of solutions to the collective conditions of all involved (Malfitano et al., 2014). Program components are intentionally nonjudgmental and create space for youth input, all while employing a territorial strategy that critically appraises the interactions of local services such as schools, healthcare, and leisure activities (Malfitano et al., 2014). Occupational therapists on this project were invited by municipal leaders to serve as consultants for youth policies design as informed by their experiences at the nexus of varying youth services and understanding of community needs (Malfitano et al., 2014). Fostering relationships based on egalitarian, nonjudgmental engagement allows the project members and youth to collaboratively address collective occupational problems with each of their respective knowledge bases. Policy consulting then provides a more macro-level avenue for sustained change in the community.

Synthesizing community efforts with occupational therapy services is a familiar practice, but the involvement of local youth and municipal leadership for long-term improvements in occupational wellbeing embody the innovative perspective of the CAR-WeB model.

Conclusion

With growing awareness of the complex webs of non-linear cause-effect relationships across sectors impacting health, approaches to leadership require innovation to ensure adaptability and sustainability of organizations and the planet at large, including human and non-human life (Van Beurden et al., 2013). Situating systems thinking, process orientation, and adaptability goals in leadership discourse is well-suited for the occupational therapy profession, which emphasizes holistic, sustained changes for improved health and wellbeing. While climate awareness and environmental sustainability cannot supersede the immediate needs of our clients, we call upon occupational therapy practitioners to lead the profession by collaboratively innovating uniprofessional, interprofessional, and community-engaged interventions that reduce reliance on fossil fuels. Occupational therapists looking to embody the Collective Accountability through Relationships toward Wellbeing (CAR-WeB) Model and its components, exemplified by the aforementioned work, can draw on their healthcare background and holistic perspective of their clients, environments, and meaningful occupations to continue to broaden the application of occupational therapy in the healthcare and public sectors to make these re-imaginings a reality.

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Madelyn Grace Yoo, Steven David Taff, Parul Bakhshi, and Yewon Lee contributed to the conception and writing of the text and development of the model in the following breakdown: abstract (Madelyn Grace Yoo), introduction (Madelyn Grace Yoo), what's missing in healthcare leadership (Madelyn Grace Yoo & Steven David Taff), conceptual and theoretical foundations (Madelyn Grace Yoo, Steven David Taff, Parul Bakhshi), how to use the CAR-WeB model (Madelyn Grace Yoo & Yewon Lee), conclusion (Madelyn Grace Yoo). All authors approved the final version of the text.

Data Availability

The data that support the findings of this study are available from the corresponding author, upon reasonable request.

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