


ROLE EMERGING OCCUPATIONAL THERAPY

MAXIMISING
OCCUPATION-FOCUSED
PRACTICE

EDITED BY

MIRANDA THEW | MARY EDWARDS | SUE BAPTISTE | MATTHEW MOLINEUX

 WILEY-BLACKWELL




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This book is dedicated to occupational therapists over the globe who aim to deliver services that might not match what has traditionally been delivered, or what is expected by other professionals, but always match need and promote true occupational therapy.

Role Emerging Occupational Therapy

Maximising Occupation-
Focused Practice

Edited by

Miranda Thew

Mary Edwards

Sue Baptiste

and

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Preface

"We must become the change we want to see in the world"

Mahatma Ghandi

There is an increasing push for all professionals to expand their professional boundaries and scope of practice to meet the ever-changing need within health and social care. This can pay dividends where professional roles are well recognised and where there is an established evidence-based need. In some areas within occupational therapy there has been a shrinking of the profession, in part, due to increasing genericism in the health workforce. These forces coupled with a variable job market has increased the interest in developing practice in areas that have the *potential* for occupational therapy to make a contribution, and often this is in response to changing societal demands (Rodger et al., 2007; Fortune et al., 2006). Further, some contest that unless occupational therapists grasp the move to community and away from institutionalised practice the profession will not survive (Thomas et al., 2005).

Traditional practice placement education provides occupational therapy students with important opportunities to work in settings where many of them may gain employment (Mulholland & Derald, 2004; Rodger et al., 2007). This, in effect, prevents a break away from the medical or other such models to support expansion of the profession for the future. Where student practice placement education has taken in place in non-traditional settings there has been an increase in the awareness of occupational therapy, an occupational perspective of humans and health, and consequent employment opportunities for occupational therapists (Friedland et al., 2001; Rodger et al., 2007; Thew et al., 2008). This is surprising, given that, by definition such

placements are those where there has been no previous occupational therapy role (Bossers et al., 1997) but it appears that the heightened awareness of the benefits of occupation-focused practice seems to open up opportunities for the profession.

This book focuses on the potential areas for developing occupational therapy practice and widening the impact of an occupational perspective of humans and health; it particularly offers experiences and practical examples of how an occupational perspective was introduced to a range of settings and it firmly reinforces the core and key defining skills for occupational therapists. By describing and analysing needs in settings and through addressing those needs with occupational-focused practice interventions, an occupationally focused profession is illustrated.

This book draws on the experiences of university educators, occupational therapists who have supervised or actively work in innovative settings, non-occupational therapy service providers and students who have undertaken role emerging practice placements. It provides experiential evidence underpinned by research in order to inspire and support a future vision for the profession that not only honours the uniqueness of occupational therapy, but also reflects examples of how occupation focussed intervention can address occupational injustice and meet current social and health need.

Miranda Thew, Mary Edwards, Sue Baptiste & Matthew Molineux

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Part I

Background to occupational therapy, and philosophy of occupational therapy and emergence/re-emergence of occupation-focused practice

Part One of this book is designed to open up the discussion about who we have been as occupational therapists, who we are currently and what could be the core strategies and approaches to lead us into the future, building on the essential 'fit' between academic studies and fieldwork education in the preparation of our graduates.

As most practitioners who have graduated from an occupational therapy education programme within the past two decades know, the roots of the profession were laid within the moral treatment era of the nineteenth century. Some may also know that in the mural art of Ancient Egypt were depictions of women helping others to rid themselves of foul humours through the use of activities such as playing a lyre, working on canvas and weaving on wall looms. Wherever we each believe our profession originated, one thing we all know is that somehow somewhere in the middle of the twentieth century we seemed to lose our way. In committed attempts to fit into the medical model and the reductionist thinking of the 1970s, occupational therapy relinquished its hold on occupation, and joined the movement which focused on curing, healing and

ameliorating that stemmed from the perceived importance of impairment as the central construct.

One of the initiatives that has shown particular growth is the intentional strategy of integrating fieldwork education into the academic mission rather than seeing it as something that stands alone and exists in isolation at the end of study. Some settings have organised fieldwork to occur during discrete time periods such as full semesters or within a full academic year, thus creating an isolated set of experiences rather than an integrated evolution of each student working towards competence at an entry-to-practice level.

There is a distinct commitment within the current climate to create models for occupational therapy practice that are centred around 'occupation' as the core construct, using client-centred and person-centred philosophies to establish partnerships between clients and therapists. There have been steps taken to move away from settings that are formed around a medical model and a few eager pioneers who have chosen to explore new territory and not be constrained by what has been or what is; they seek to uncover what can be.

Chapter 1

Emerging occupational therapy practice: Building on the foundations and seizing the opportunities

Matthew Molineux & Sue Baptiste

Introduction

Several decades ago, Mary Reilly (1962, p. 3) proposed, perhaps quite boldly, that occupational therapy could be one of the great ideas of twentieth-century medicine. Although we might now argue about the way she located occupational therapy *within* medicine, it is probably true that many occupational therapists would agree that the sentiment of her claim was reasonable and achievable. The extent to which her prophecy has come true varies between countries, and perhaps even between different locations and organisations within countries. For example, in some countries where occupational therapy is relatively new, occupational therapists tend to work within health systems dominated by a biomedical view of humans and health, and may in some instances have their interventions directed by a medical practitioner. Even in countries where the profession is well established, some health care systems or organisations are so biomedical in their outlook that occupational therapy practice is narrowly focused and limited. However, there are also a growing number of

examples of occupational therapy practice which are contemporary, innovative and effective at meeting the needs of individuals, groups and communities to achieve and maintain health through occupation, and this book provides a few examples of this work. Nonetheless, there is more work to be done by the occupational therapy profession until we can feel comfortable that Mary Reilly's challenge has been fully met.

This chapter aims to set the scene for occupational therapists and occupational therapy students as they contemplate and engage in practice which is non-traditional and so might be viewed as emerging. The chapter will begin with a brief reminder of the history of occupational therapy, with a particular focus on what constitutes contemporary occupational therapy practice. This will include the suggestion that when contemplating new and emerging practice areas focus should be shifted from a concern with what role can *occupational therapists* play in this area to a concern for what could an occupational perspective of humans and health offer. The chapter will then move on to briefly consider some of the many changes in the world, in order to begin to understand the changing nature of the practice context. The chapter will end with a section that proposes a framework for occupational therapists and occupational therapy students when contemplating developing practice in new areas.

Contemporary occupational therapy

The history of occupational therapy is now very well documented with Kielhofner (2004) providing a particularly useful overview. Briefly, Kielhofner (2004) traced the history of the profession from the moral treatment movement in the

eighteenth and nineteenth centuries to the current time. He showed how the profession has undergone a recurring process of paradigm-crisis-paradigm. For example, in the first 40 decades of the twentieth century the profession's paradigm was one focused on occupation. This was influenced by the core constructs of the Moral Treatment Movement and recognised, for example, that occupation was essential in human life and influenced health, and that occupation could be used to restore function lost due to disease, illness or accident. A crisis occurred when the profession was pressured by medicine to develop a more scientific basis for practice. As a result, the mechanistic paradigm emerged and so practice focused on repairing or compensating for elements of the human system that were dysfunctional or absent. When the mechanistic paradigm was recognised as not meeting the needs of people with chronic conditions or permanent impairments, another crisis ensued and resulted in the emergence of what Kielhofner (2004) has called the contemporary paradigm.

The contemporary paradigm includes a number of core constructs which at face value seem clear to occupational therapists, but which may be difficult to operationalise. The three core constructs of the contemporary paradigm are that humans have an occupational nature, the difficulties humans have in participating in occupations are the focus of occupational therapy and the defining feature of occupational therapy practice is that “engagement in occupation is the basic dynamic and core of therapy” (Kielhofner, 2004, p. 68). Although a cursory comparison of the paradigm of occupation and the contemporary paradigm might lead one to believe that there has not been much change, this would be incorrect. Indeed in some ways, this is the root of many of the problems occupational therapy faces; the “change may appear subtle, but its significance is not to be underestimated” (Molineux, 2004, p. 3).

The current paradigm reminds occupational therapists that we see the world differently from others, and therein lies our uniqueness. This is particularly important to recognise, as the world we live in is dominated by the biomedical perspective. In fact, the biomedical perspective has become so dominant, perhaps without some people realising, that it is the folk view of humans and health (Engel, 1977). Of course, the biomedical perspective is extremely useful and has been, and continues to be, of enormous benefit to humans. The advances in the diagnosis, treatment and prevention of many diseases have improved the lives of many throughout history. Wade and Halligan (2004) have usefully summarised the assumptions which are generally characteristic of a biomedical perspective:

Illness/disease is due to an underlying abnormality of the structure or function of the body

Health is the absence of disease

The patient is a passive and ideally cooperative recipient of treatment.

Although the medical field is beginning to recognise some of the problems inherent in this perspective, it continues to dominate health care systems and the professions which work within them. Of concern in the context of discussions about occupational therapy is the extent to which occupational therapists acknowledge the subtle and perhaps unrecognised influence a biomedical view of humans and health has on the development of the profession. After all, it has been recognised for some time now that the biomedical perspective is at odds with the way occupational therapists view humans and health (Rogers, 1982), and that this close alliance with medicine has been detrimental to the development of occupational therapy practice and the knowledge which underpins it (Wilcock, 1998). It is also responsible for the dilemma faced by many occupational therapists in practice, that is, being “torn

between a concern to 'treat the whole person' and a concern to be credible within a medical world" that requires services to be defined within biomedical terms (Mattingly & Fleming, 1994, p. 296). Given that the outward manifestations of paradigms are inherently difficult to explicate and observe, a clear articulation of how practice might be different continues to be difficult, although there are examples in the literature.

Some might suggest that despite working within systems dominated by biomedicine it is possible to superimpose an occupational perspective. For example, Spencer et al. (1996) have provided an example of how one might overlay an occupational perspective onto a biomedical one. They suggest that following the onset of disability or illness "persons must consider which occupations they can continue to perform as they have in the past, those they can continue to perform but in new ways, and those that they may not be able to perform at all" (Spencer et al., 1996, p. 531). Although this is a useful framework and goes some way towards ensuring that an occupational perspective can be operationalised, it is nonetheless problematic. Despite recognition of changing occupational performance and engagement, the proposed framework has as its central organising construct disability and the underlying impairment. As such, it runs the risk of adopting a deficit orientation and may not recognise the way in which challenges such as illness and disability can bring positive benefits for some people and their carers (e.g. Schwartzberg, 1996; Heward et al., 2006). Nonetheless, it is one way that some occupational therapists might find useful, particularly perhaps when working in hospital environments.

The Well Elderly Study conducted by occupational therapy and occupational science researchers at the University of Southern California is an example of how an occupational

perspective might be translated into practice. In this project the intervention group received a nine-month programme of individual and group sessions delivered by an occupational therapist (Clark et al., 1997; Jackson et al., 1998; Mandel et al., 1999). The participants were a group of culturally diverse older adults living in the community, and so from the start the focus was not on people with disability, but on maximising health. Furthermore, the initial modules of the programme focused on facilitating the participants to understand themselves as occupational beings and the relationship between occupational engagement and their health. Although the programme did include some techniques that might be seen as traditional occupational therapy, one of the key reasons proposed for the programme's effectiveness was that it explicitly adopted an occupational perspective (Clark et al., 2004). One simple example of this is that a module within the programme was called 'dining as an occupation'. A more traditional programme might have focused on the nutritional aspects of eating and perhaps the practicalities of cooking, including energy conservation and the use of assistive devices. In the Well Elderly Study, this module, as the title suggests, took a much broader view to include all the associated tasks and also the myriad of meanings that cooking can have for people and how these are expressed during all stages of preparing for, engaging in, finishing and reflecting on a dining experience.

In addition to the return to placing occupation at the centre of occupational therapy practice, occupational therapy and occupational science have introduced new concepts that also provide a guide to developing future practice. Occupational justice is one such concept that broadens the potential scope of occupational therapy practice, but perhaps more importantly shifts the focus away from the need and desire for occupational therapists

per se to have a role, towards a recognition that the ideas inherent in an occupational perspective of humans and health are valuable perhaps without any direct intervention by occupational therapists.

Occupational justice was developed by Wilcock and Townsend (e.g. Wilcock & Townsend, 2000; Townsend & Wilcock, 2004) and has received much attention in the literature. Grounded on a recognition of humans as occupational beings, occupational justice is “the promotion of social and economic change to increase individual, community, and political awareness, resources, and equitable opportunities which enable people to meet their potential and experience well-being” through occupational engagement (Wilcock, 1998, p. 257). Put simply, occupational justice is concerned with creating a world in which all people have the opportunities they need to meet their needs to achieve and maintain health through occupation. Importantly, it is not about all people having the same occupational experiences. It is rather a “justice of difference that enables the prerequisites of life to be obtained according to needs, matches meaning with competence, and value with capacity and opportunity” (Wilcock, 2006, p. 247). Although this may seem a significant shift of focus for many occupational therapists, it is worth remembering that in fact the early profession was concerned with broader social issues and so this is a returning to our roots (Wood et al., 2005). Although the precise ways in which occupational justice can be translated/incorporated into practice are still being explored there are some examples (Townsend & Wilcock, 2004; Nilsson & Townsend, 2010). It is the case, however, that working in this way requires therapists to engage in broader dialogues and consider working at different levels of social systems.

In summary, currently occupational therapy finds itself within the contemporary paradigm with a growing recognition of the importance of occupational justice, and therefore must reflect on what this means for practice. A review of the underlying assumptions hint at a subtle yet significant change that brings occupation back as the central concern of occupational therapists and therefore as the organising concept for all aspects of practice. As such, it is not just a tool to be used in practice, but a whole new way of seeing the world. Indeed, it may require “a re-education into the new world view” so that occupational therapists “come to see the world with a ‘new gestalt’” (Kuhn, 1970, p. 112).

The current world of health and social care

Being an occupational therapist in the twenty-first century is a challenge for a range of reasons. Although not the focus here, the pressures of daily practice are just one example of what occupational therapists must contend with, and unfortunately these may mask the bigger picture. To be an occupational therapist, and indeed any type of professional, requires a recognition of the complexity of the world within which practice occurs (Whiteford et al., 2005). More than merely recognising this complexity, however, it is necessary for occupational therapists individually and collectively to scan the practice horizon regularly to identify emerging issues that may impact on practice. This may reveal signs that a particular approach to practice might become less appropriate, as was the case when, for example, the trend in acute health care systems was for shorter hospital admissions. This required occupational therapists to review practice, as it was no longer realistic to rely on an extended period of inpatient intervention with clients before they were

discharged into the community. What is more exciting are the new opportunities that might present themselves as society changes.

In order to be responsive to the changing context of practice, it is necessary to be aware of trends and developments within society. There are numerous sources of this information with each having a particular focus or perspective, and so depending on your particular interest some may be more relevant than others. Given the complexity of the issues and diversity of views, it is inappropriate to attempt to provide a comprehensive overview here. Rather, a taste of different views will be presented in an attempt to raise awareness about how important it is for occupational therapists to remain abreast of socio-cultural developments and trends.

Reporting on the most recent McKinsey global survey, Beinhocker et al. (2009) highlight a number of trends and how the recent global financial crisis has impacted on them. Although many have recognised for a long time that globalisation is a driving force in many aspects of human experience, the McKinsey survey suggests that this may not be as clear cut as previously thought. For example, it is thought that although the globalisation of goods and services will continue it is likely to stall due to the reduction in international trade, and this will also be the case for the previously mobile workforce if governments tighten immigration (Beinhocker et al., 2009). It is almost certain that boundaries will be placed on financial globalisation, given the vulnerabilities highlighted during the global financial crisis (Beinhocker et al., 2009). Related trends identified include a reducing trust in big corporations resulting in greater control and loss of flexibility of businesses, thus demanding increased government involvement in business (Beinhocker et al., 2009). Others have identified other trends to include the rise of the power