



SKILLS FOR A DIVERSE PRACTICE OF OCCUPATIONAL THERAPY

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INFLUENCE OF BIOMEDICAL THEORY

... the development of rehabilitation by occupation could only follow the progress of the sciences which contribute to all forms of medical treatment. Those particularly relevant to occupational therapy are, anatomy, physiology, psychology, and pathology; mathematics and mechanics.

(Haworth & MacDonald 1946)



CONTENTS OF TALK

- The development of occupational therapy in the first half of the 20th century
- Close alliance with medicine during the second half of the 20th century
- Reconsidering our professional role and purpose in the early 21st century
- Personal attributes, knowledge and skills for working in non-traditional settings
- Practice in diverse settings is driving innovation and creativity in occupational therapy





SOCIAL MOVEMENTS IN GREAT BRITAIN AND THE USA

Including the arts and crafts movement and the Settlement House movement

These social experiments sought to improve the lives of people who were marginalised in society, such as: the urban poor, immigrants, women and those with mental illness

THE SETTLEMENT HOUSE MOVEMENT

1884: Samuel and Henrietta Barnett founded Toynbee Hall to offer amenities, education and guidance to people living in impoverished urban areas (Darley 2010)

1889: The Women's University Settlement was established to 'promote the welfare of the poorer districts of London, more especially of the women and children, by devising and advancing schemes which tend to elevate them, and by giving them additional opportunities in education and recreation' (Blackfriars Settlement)

1889: Hull House Settlement established in Chicago 'to integrate new immigrants into American society and to provide a centre for the higher civic and social life, to institute and maintain educational and philanthropic enterprises and to investigate and improve the conditions in the industrial districts of Chicago (Paterson 2010)

HULL HOUSE AND OCCUPATIONAL THERAPY

- Julia Lathrop helped to organise a series of courses for caregivers, which evolved into a social work school: the Chicago School of Civics and Philanthropy
- 1908: Lathrop contributed to setting up a six-week training course at the School: *Occupations for attendants in mental institutions* (Hopkins 1978)
- 1911: Eleanor Clarke Slagle attended this course
- 1915: Slagle organised the first professional school for occupational therapists at Hull House (Friedland 2003)





DRIVERS OF CHANGE IN OCCUPATIONAL THERAPY

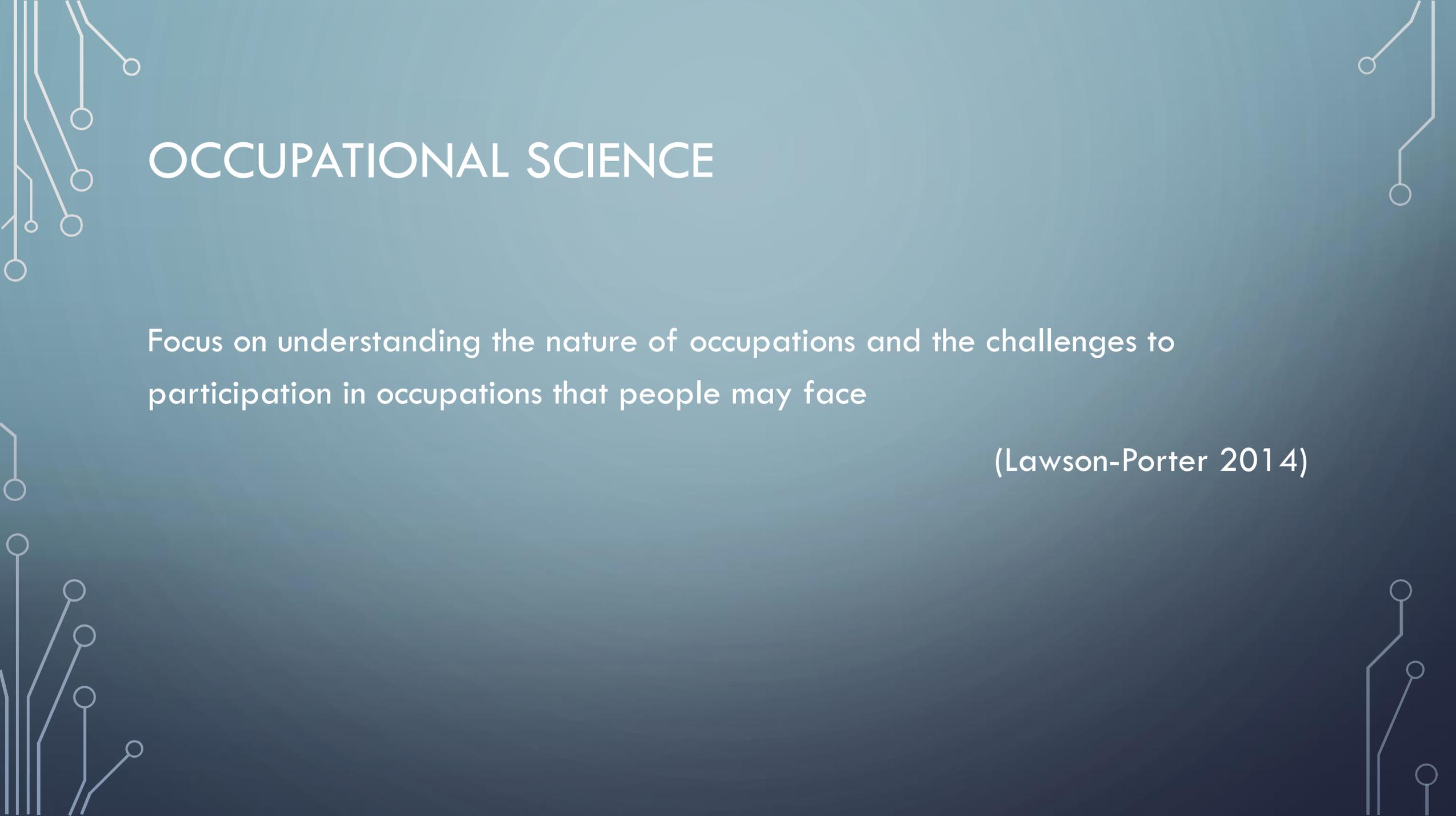
- Austerity economics
- Pressures on health and social care budgets
- Service cuts and rationing
- Impact on the number and grade of posts available for occupational therapists within statutory services
- Insufficient student placements in clinical settings
- Fieldwork placements in non-clinical settings
- Potential to expand our professional role into non-traditional settings

PRESSURES ON HEALTH SERVICES WORLDWIDE

- Rising costs of health care
- Increasing numbers of people with long-term, complex health conditions
- Changing patterns of disease and disability
- Necessary to provide funding for health promotion and disease prevention as well as acute health services (NMHCS 2009)
- Balancing the cost of routine interventions to promote and maintain health in the general population against demands for expensive treatments to prolong the lives of individuals with serious illness
- Focus on universal provision of basic services: maternal and child health; health education, and vaccination (UNDP 2014)

EMERGING AREAS OF PRACTICE

- Disability prevention (Byrne-Fraser 2014)
- Accident prevention (Hawthornthwaite 2014)
- Promotion of physical and mental health (Howard 2017, McNulty et al 2017)
- Occupational health (Cookson 2014)
- Services to keep people out of hospital (McLachlan 2017, Ward 2014)



OCCUPATIONAL SCIENCE

Focus on understanding the nature of occupations and the challenges to participation in occupations that people may face

(Lawson-Porter 2014)

OCCUPATIONAL THERAPY ON THE MARGINS

- Margins exist at a social and/ or physical distance from the centre or mainstream and are characterised by inability to access the support and resources of the centre
- Occupational therapists practising on the margins share a number of attitudes, knowledge and skills that enable them to work effectively in resource-poor settings

VISION AND ACTION

- **Vision** of what occupational therapy can contribute towards addressing unmet occupational needs that have an adverse effect on health and are neglected by existing services
- **Translation of vision into action** with and on behalf of people in need
- **Professional action** shaped by the attributes, knowledge and skills that occupational therapists bring to their practice

PERSONAL ATTRIBUTES

- The therapist's individual characteristics, motivations, attitudes and interpretations
- These include initiative, perseverance, cognitive flexibility and self-awareness
- Influence how practitioners perceive and react to situations and circumstances
- Cognitive flexibility the ability to move quickly between different modes of thinking and different points of view

ATTITUDES AND INTERPRETATIONS

- Attitudes are the therapist's habitual modes of thinking and feeling
- Interpretations are the constructions or meanings the therapist puts on what she sees or experiences
- Therapists tend to frame difficulties in positive ways that leave open possibilities for action
- They see difficulties as problems or challenges rather than barriers to action



KNOWLEDGE

Professional knowledge is gained from preregistration education, work experience and continuing professional development

Personal knowledge comes from school education, family, friends, personal interests and other life experiences

Knowledge of local conditions and norms is often accumulated during the course of working

Local knowledge includes: legal and policy context; organizational structures and systems; location of power; what resources are available and how to access them, and how to adapt to the local context without compromising the purpose and effectiveness of occupational therapy



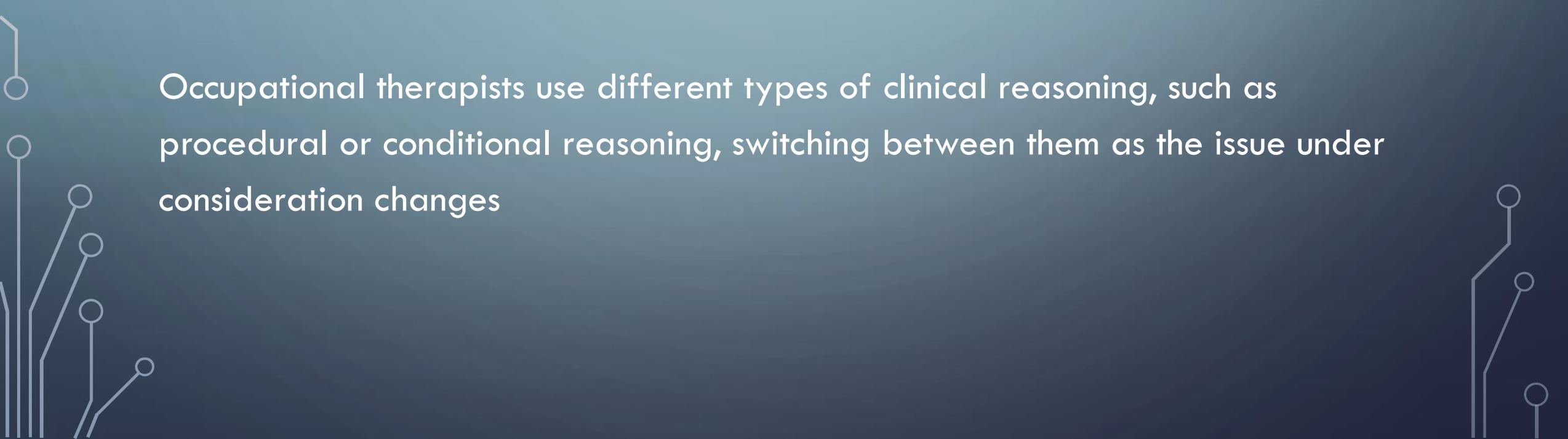
OCCUPATIONAL THERAPY SKILLS

- Acquired through learning and experience
- Professional learning begins with pre-registration training and continues throughout the therapist's working life
- Life experience includes all the learning associated with growing up and living in particular social groups, cultures, geographical locations and political and economic contexts
- Skills can be categorised as:
 - Professional
 - Practical
 - Interpersonal
 - Entrepreneurial
 - Thinking



CLINICAL REASONING

The thinking process that the therapist engages in when working out the best way to engage or support a particular participant or group



Occupational therapists use different types of clinical reasoning, such as procedural or conditional reasoning, switching between them as the issue under consideration changes



TOM PENNINGTON/GETTY IMAGES

REFLECTION

- On the therapist's place in the intervention
- On the quality of the therapist's own performance
- On the impact of the therapist's own actions
- Enables the occupational therapist to identify:
 - What she is doing well
 - What could be improved
 - What further action is needed
 - How to modify what she is already doing
- Reflection underpins all professional development



PROFESSIONAL REASONING

Includes the types of thinking used when:

- Working with clients
- Teaching students
- Establishing new services
- Developing existing services
- Negotiating with funders
- Managing staff
- and so on

SUMMARY

- Influences on the development of occupational therapy in the 20th century
- Changing social and health needs in the early 21st century
- Personal attributes, knowledge and skills needed to support practice in non-traditional settings
- Range and depth of thinking skills necessary
- Working with people who have complex and sometimes intractable problems, intersecting with poverty, substance abuse, lack of education, homelessness and other factors
- Occupational therapy expertise in thinking skills and professional judgement

CONCLUSION

- The occupational therapy practitioner in non-traditional settings is not constrained or driven by the need to demonstrate what she knows or what she can do, but makes continual judgements about what would be most useful
- The practitioner does not impose a theoretical model or predetermined process, but looks for ways of using her knowledge and skills to support working with what is there
- The therapist sometimes has to tolerate not having a clear idea of what to do
- The striving by mainstream occupational therapy services in developed countries to standardise assessments tools, processes and models has narrowed the scope for developing alternative modes of thinking and practice
- Innovation and creativity thrive in non-traditional, diverse settings