Psychosocial Aspects of Occupational Therapy (2004)

Introduction

Psychosocial dimensions of human performance are fundamental to all aspects of occupation and occupational therapy, with every client, and across all practice settings. *Occupation* is defined as "activities of everyday life, named, organized, and given meaning by individuals and a culture" (Law, Polatajko, Baptiste, & Townsend, 1977, p. 34). A key tenet of occupational therapy is that the loss of valued occupations may adversely affect an individual's sense of self and agency in the world. An individual's sense of self is influenced by the social, cultural, personal, psychological, and spiritual contexts in which these occupations occur (Kannenberg & Greene, 2003).

This position paper is intended for occupational therapists and occupational therapy assistants in practice, academic, research, advocacy, and administrative positions. Other audiences for this paper include regulatory boards, provider groups, policymaking bodies, accreditation agencies, professionals who may be seeking clarification about occupational therapy's scope of practice and domain of concern, and the general public.

Definition of Psychosocial

For the purposes of this paper, *psychosocial* is defined as pertaining to intrapersonal, interpersonal, and social experiences and interactions that influence occupational behavior and development (Mosey, 1996). While there is no one uniformly accepted definition of the term *psychosocial,* it is often used in a manner that includes psychological, cognitive, social, cultural, and spiritual aspects of occupation. Some key concepts in the psychosocial area of occupation include meaning, purpose, motivation, symbolic aspects of occupation, relationships, roles, and unconscious dynamics that may influence occupational behavior. Aspects of personality, temperament, energy, and drive also affect how people perform their meaningful daily life activities (AOTA, 2002).

The International Classification of Function and the Occupational Therapy Practice Framework

The *International Classification of Functioning, Disability, and Health* (ICF) was developed by the World Health Organization (WHO) to provide a taxonomic standard language and perspective within which to view functioning, disability, and health. The ICF defines health and health-related domains and defines functioning and disability as a dynamic interaction between health conditions and contexts, including personal and environmental factors (WHO, 2001). The ICF identifies interpersonal interactions, relationships, and social attitudes as factors that may have an impact on the outcome of various interventions and influence function (WHO, 2001). The ICF integrates medical and social models of health into a unified biopsychosocial model, which views health, disability, and function from a holistic perspective.

Similarly, the *Occupational Therapy Practice Framework: Domain and Process* was developed by the American Occupational Therapy Association (AOTA) to provide a unified framework within which to view occupational therapy (AOTA, 2002). The Framework defines domain and process of occupational therapy. The domain of occupational therapy includes the personal, cultural, social, and spiritual contexts of a client's life that influence the meaning and the importance of the client's daily activities.

The process of occupational therapy is collaborative and client centered. An occupational therapist initiates the process by gathering information to develop an understanding of the client's history, experiences, values, interests, and capacities. Psychosocial factors influence how the therapist approaches the client, the nature of the therapeutic relationship, and the direction and the eventual outcomes of intervention.

Historical Perspectives

Psychosocial aspects of occupational therapy are grounded in the historical roots of the profession. Occupational therapy was founded by a diverse group of professionals concerned with the deleterious effects of inactivity on individuals. These founders envisioned occupational therapy as a holistic profession, focusing on the mind–body interrelationship and the importance of activities (or "doing") in helping those with both physical and psychological limitations in maintaining a positive life orientation (Mosey, 1996). They believed that humans brought to their occupations a complex mix of personal, physical, and psychological aspects and also were influenced by cultural, social, environmental, and political variables (Kielhofner, 1997). Today occupational therapy remains a holistic profession, committed to assisting individuals and groups engage in occupation to achieve and maintain full participation in society.

Education, Training, and Competencies

Occupational therapists and occupational therapy assistants are educationally prepared to address the psychosocial concerns of all their clients. The Accreditation Council for Occupational Therapy Education (ACOTE) standards for educational programs require content related to the psychosocial domain, including human development, knowledge, and understanding of normal and abnormal human behavior, as well as knowledge of how sociocultural diversity factors and lifestyle choices influence occupations (AOTA, 1999). Academic occupational therapy education programs typically provide education in the following areas:

- Therapeutic relationships
- Interviewing skills
- Administration of functional assessments
- Interpersonal and group dynamics
- Therapeutic group design and facilitation
- Program interventions in collaboration with clients, caregivers, and families
- Health promotion and wellness through engagement in meaningful occupations.

Occupational therapists and occupational therapy assistants who work in mental health practice settings may have additional knowledge and skills in areas such as psychiatric rehabilitation, supported employment, vocational rehabilitation, expressive therapy, substance abuse, and dual diagnosis treatment and prevention.

Service Provision

Individuals are referred to occupational therapy when they have experienced a disruption in their ability to take part in necessary and valued occupations. This disruption often elicits emotional and psychological responses, including denial, anger, fear, hopelessness, resistance to treatment, loneliness, sadness, grief, anxiety, and other responses. These issues transcend a specific diagnosis or practice setting and may not be the primary reason for the referral but must be understood and addressed if client-centered, meaningful, occupation-based outcomes are to be developed and met. Whether the individual is a teen with a bipolar disorder, a child with cerebral palsy, an adult with a spinal cord injury, or an elder with arthritis, psychosocial factors must be considered.

Occupational therapy services also may be offered to individuals and populations to support their engagement in meaningful occupation, using wellness and health promotion models. When providing such services, occupational therapists and occupational therapy assistants must consider the psychosocial factors influencing engagement in the occupations. Examples of these services include a parenting group for adolescent mothers, a community living skills group for individuals residing in a homeless shelter, and a job seeking skills program for teenagers.

Many occupational therapists and occupational therapy assistants work with individuals who have primary or significant diagnoses that negatively affect their ability to engage in occupations, including mental illness, substance abuse, traumatic brain injury, developmental disabilities, developmental delay, Alzheimer's disease, or dementia. Occupational therapists and occupational therapy assistants working with these individuals use psychiatric rehabilitation principles and techniques to help them set and achieve personally meaningful occupational goals. Examples include

- Teaching community mobility skills to an individual with a schizophrenic disorder,
- Training an individual with a major depressive disorder in effective strategies to manage stress,
- Collaborating with an individual diagnosed with substance abuse to establish alternative routines and habits that support a substance-free lifestyle,
- Training an individual with cognitive impairments to use simplified strategies to prepare meals, and
- Facilitating interaction skills so that a child with attention deficit disorder may socialize appropriately with peers.

Occupational therapists and occupational therapy assistants work in hospitals, skilled nursing facilities, home health agencies, clinics, day treatment and partial hospitalization programs, schools, prisons, homeless shelters, vocational rehabilitation programs, independent living programs, and the community. In these and other settings, occupational therapy involves the process of evaluation, planning, intervention, and reevaluation to the remediation of occupational dysfunction (Crepeau, Cohn, & Schell, 2003). Occupational therapists and occupational therapy assistants function as program developers, program directors, independent living specialists, case managers, vocational specialists, consultants, and educators, depending on the licensing and regulatory requirements of the state. Referrals to other mental health care professionals are made as needed for issues such as group and individual psychotherapy, medications, family therapy, and vocational training.

Case Vignettes

- A child with a feeding problem is evaluated by an occupational therapist. The teenage mother is insecure about her ability to feed the child and wants a feeding tube inserted. An intervention plan is developed that includes helping the mother to develop confidence in her abilities, identify learning needs, and master the necessary skills to feed her child.
- A child with a developmental disorder has difficulty following school routines, adapting to the changing class schedule, and interacting with peers. The occupational therapist assesses the environment, adapts the child's routines, and consults with the teacher to help the child be more successful. She also meets with the teacher and the aide and identifies strategies for the child to be included in peer group activities. The child attends a weekly therapeutic play group led by an occupational therapy assistant.
- A teenage girl in high school is on probation for minor criminal offenses, has low academic achievement levels, and lacks any work experience or career goals. Additionally, she has a defiant attitude toward authority. The occupational therapist, in collaboration with other service providers, develops an intervention plan with the girl that includes completing high school, attending a life skills training program, seeking a part-time job, and developing community living skills, such as budgeting and money management. The occupational therapy assistant meets regularly with the girl to address the community living skills.
- An adult male with a spinal cord injury is angry and resentful about his disability status, fearful that he will not be able to function sexually, and unsure how he will support himself as a person with a disability. The occupational therapist and client collaborate to identify goals, which include addressing sexuality concerns related to function and initiating a vocational exploration. The occupational therapist also recommends that he seek counseling to help him adjust to his new situation.
- An adult female with a diagnosis of schizophrenia and substance abuse who attends a partial hospitalization program wants to complete her GED and wants to live independently of her family. The occupational therapist completes the occupational profile, collaborates with the client to develop a recovery plan, and facilitates the client's enrollment for degree completion courses at a local adult school. The occupational therapy assistant teaches the client independent living skills, such as cooking and money management, under the supervision of the occupational therapist. The client also is referred to Alcoholics Anonymous and counseling to help her transition to independent living.
- An elderly male with arthritis, depression, and substance abuse is moved from independent living to a skilled nursing facility. In completing the occupational profile, the client identifies loss of valued roles and activities as problems. The occupational therapist collaborates with the client to identify activities of interest that are offered within the facility. The occupational therapist also introduces assistive devices that allow the client to resume a favorite hobby by compensating for his arthritic impairments and organizes a schedule of events that he can attend at the facility. The occupational therapist refers him to a community wellness program led by the occupational therapy assistant and also refers him to the on-site Alcoholics Anonymous meetings.
- An elderly woman with Alzheimer's disease becomes increasingly difficult to care for in her daughter's home. The occupational therapist consults with the daughter to identify adaptive strategies, including making the home safer for the client, developing a structured daily routine, and organizing shared responsibility for caregiving with other siblings. The occupational therapy assistant administers cognitive and functional assessments under the direction of the occupational therapist.
- Residents of a senior assisted-living facility from many different countries experience a sense of social isolation related to cultural and language differences. They also

complain of too much unstructured leisure time. The occupational therapist evaluates the occupational needs of the residents in an initial focus group. Based on this needs assessment, the occupational therapist establishes a walking and light exercise group led by an occupational therapy assistant, organizes a monthly ethnic food potluck event, and develops a program that pairs residents with local high school students to present social events about their native cultures.

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