A Natural Approach in Mental Health Practice:

Occupational Adaptation Revealed

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ABSTRACT.

A single case study of the stories told by one occupational therapist about her clients in mental health settings is presented. Qualitative analysis revealed key concepts of the role of the occupational therapist as defined by occupational adaptation theory, along with unique perspectives of occupational therapy in mental health settings. The outcome of this study is a demonstration of the unique insight occupational therapy brings to addressing client recovery in mental health settings, specifically from an occupational adaptation perspective. This insight should enlighten others as to the necessity of skilled occupational therapy in mental health settings.

KEYWORDS. Task performance and analysis, mental processes, mental capacity, occupational therapy

Virtually every gathering of occupational therapists will, given time and opportunity, include story telling about therapist-client interactions and outcomes. This oral tradition of relating case histories is part of the mentoring process that endures and enriches new therapists over time. The purpose of this single case study was to examine stories told by an occupational therapist about her clients in mental health regarding the role of the occupational therapist as viewed through occupational adaptation theory.

Though occupational therapy was founded in mental health settings, the number of practitioners in mental health settings has been declining for at least the past decade (Peloquin, 2000; Powell, Kanny & Coil, 2008). With the recent passage of the Mental Health Parity and Addiction Equity Act of 2008 and the American Occupational Therapy Association's renewed emphasis on practice in mental health settings (AOTA, 2010), it is hoped that occupational therapists will find their way back into the practice arena of mental health. This study has value in demonstrating the unique insight occupational therapy brings to addressing client recovery in mental health settings. It is also conjectured that this insight will enlighten others as to the necessity of skilled occupational therapy in mental health settings.

Literature Review

The World Health Organization has identified mental illness as a significant cause of disability and predicts that it will be the one of the leading causes of disability in the near future (Herrman, Saxena, & Moodie, 2005). The American Occupational Therapy Association (AOTA) has also noted this trend. In response, AOTA has named mental health as one of six practice areas for occupational therapy in the 21st century (AOTA, 2008). Yet, the number of occupational therapists working in mental health settings continues to decline. In a 1990 survey conducted by AOTA of its members, it was revealed that 16% of occupational therapists worked

in mental health settings (as referenced in Peloquin, 2000). A recent study, however, of 275 occupational therapists surveyed across the nation, only 2% reported working in mental health settings (Powell et al., 2008).

It is suggested that occupational therapists offer skilled service in mental health settings that uniquely addresses occupational function in daily living. Peloquin (2000) reported that occupational therapists in mental health settings address physical and psychological daily living skills and situational coping. Occupational therapists who work in mental health settings must continually clarify and assert their skill set within the mental health care team. Evidence of unique contributions to the rehabilitation of clients with mental illness would demonstrate a need, and perhaps recreate the demand, for occupational therapy services in mental health settings.

Occupational therapists practice from many different theoretical perspectives. This study focuses on whether or not a therapist's practice fits within occupational adaptation theory, regardless of which theory a therapist may describe him or herself as using. Key aspects of the role of the therapist in occupational adaptation theory are defined by Schkade and McClung (2001). First, therapists work from a knowledge base. Secondly, therapists have a "bag of tricks" consisting of tools, techniques, and interventions learned through experience. Third, therapists must view the client holistically. Fourth, therapists understand key concepts of the person, environment, and occupation and view the relationships among all three. Therefore, therapists view the system as its parts and as a whole. Finally, therapists must view themselves within the system and act as an agent of the environment within that system to create change within the client's context, further allowing the client to become his or her own agent of change.

Grounded theory analysis, as suggested by Creswell (2007) and adapted for this study,

concludes in a model or narrative of four relationships between key themes determined from the data. First, *causal conditions* underlie actions or reactions from the key player, in this instance the therapist. Causal conditions bring about the reason why a therapist acts in a certain way. Second, *intervention in contextual conditions* is action taken by the therapist that affects the environment or interaction between the client and the environment. Third, *strategies* are tools used in acting on the situation. Finally, Creswell suggests looking at *consequences* which are outcomes of the action or reaction. Consequences, however, were not explored because they go beyond the scope of data collected in this study.

Method

Approval for this study was obtained from the Texas Woman's University Institutional Review Board. A single case study was done via an in-depth interview and qualitative analysis using both emergent and selected themes.

Participant

Occupational therapists working in settings serving persons with mental illness were identified via networking. The occupational therapist with the most experience was enlisted for this study. Ms. V (pseudonym) has been an occupational therapist for over 30 years, during half of which she worked with clients having severe mental illness. Ms. V participated in an hour and a half semi-structured, open-ended interview with the research team and was later available for ongoing member checking.

Procedures

The open interview began with the prompt: "Tell me a story about a client who is a good example (or a surprising example) of how mental illness impacts occupational performance." A narrative retelling of the resulting stories was written immediately following the interview. The

narrative was then coded openly, axially, and selectively with both relationship categories (as suggested by Creswell, 2007) and the role of the therapist as determined by occupational adaptation theory.

Several measures were taken to ensure the rigor of the findings. Validation was established through triangulation of the initial interview data, the literature review, and feedback from the research team. Peer review was completed at every level of analysis to further establish external checks of the research process (Creswell, 2007). The primary researcher sought ongoing reflexivity through a journal to check her own biases. The final findings were discussed with the participant through member checking to ensure that the results were reflective of the participant's actual experience. Furthermore, rich, thick description is included to allow the reader to make informed decisions on transferability (Creswell). Finally, all documents are available through an established audit trail.

Data Analysis

Initially the narrative was analyzed using open coding to determine general themes emerging from the data. The themes determined through open coding were then categorized and analyzed with axial coding to determine connections. Those relationships were then compared to the role of the therapist in occupational adaptation theory as described by Schkade and McClung (2001) and to the grounded theory selective coding categories suggested by Creswell (2007).

Because of the interrelated nature of holistic practice, it may not seem authentic to create strict delineations where none truly exist. For the purpose of illustrating themes within the work, however, ideas are separated into single concepts. Also, heuristic perspectives are integral to the data analysis and cannot be separated from the analysis. Furthermore, concrete data are presented, as well as ideas that emerged from the authors' experience in occupational therapy

and occupational adaptation theory.

Results

During the interview, Ms. V told stories about three different clients. Members of the research team asked questions to clarify ideas and probed for more information as needed. The tone of the interview was light and the participant was animated. Ms. V was able to reflect on the client's actions, as well as her own, which gave further insight into the stories she told.

The first story was about Oscar (pseudonyms used in all cases). Ms. V first treated Oscar in a day program at an MHMR clinic when Oscar was in his 20s or 30s. Diagnosed with schizophrenia, Oscar's most notable symptom was psychosis as evidenced by frequent episodes of responding to internal stimulation. He was known to frequently seek out secluded areas, such as a restroom, where he could talk to himself, presumably responding to auditory and/or visual hallucinations. Ms. V's account of Oscar referred to this time at the day program, as well as many years later when Ms. V happened to see Oscar in the community at a gas station, presenting with obsessive compulsive behaviors, unnecessarily repeating actions many times so that they appeared non-purposeful and disturbing to others.

Ms. V also told a story about Adam whom she treated in an adolescent unit of a psychiatric treatment facility during the 1970s. During his hospitalization Adam was experiencing the lasting effects of LSD consumption. Occupational therapy at this facility consisted of come-and-go sessions, once in the morning and once in the afternoon, as well as fieldtrips into the community. Adam was remembered in vivid detail because of his inappropriate use of tools.

Finally, Ms. V told the story of Pete, a 10-year-old boy admitted to the psychiatric unit of the same facility following a motorcycle accident in which his father was driving under the

influence of alcohol. The accident resulted in the death of Pete's father and in Pete being in traction and a full body cast. Pete often demonstrated cruel behaviors to others, including injuring staff. Ms. V stated that several years after working with Pete, she saw him on the news. Pete and an accomplice had been arrested after flagging down motorists, attacking and robbing them, and leaving them for dead.

Through these three stories, Ms. V was able to illustrate a picture of client functioning as it was affected by mental illness. She was also able to tell a great deal about herself and how she practiced occupational therapy.

Selective coding allowed for relationships to be determined which, in this case, paint a picture of this occupational therapist's insight and perspectives in mental health settings. Main headings indicate the following categories: causal conditions, interventions or contextual conditions, and strategies. Under each major heading are minor headings which exemplify roles of the therapist according to occupational adaptation theory.

Causal Conditions

Causal conditions give the therapist a basis and guideline from which to work. The following section describes the therapist's use of theory in practice, ability to constantly observe and process a person and his or her function within the context or system, ability to view the person holistically within that system, and ability to understand and analyze activities and processes.

Use of Theory in Practice

When asked during member checking, Ms. V said she "would identify [her]self as an occupational adaptation therapist," but the stories she told occurred before occupational adaptation theory was developed and published. Janette Schkade, co-author of occupational

adaptation theory, is remembered as frequently reiterating that occupational adaptation theory was developed as "a way to name and frame what good occupational therapists do" (personal communications). Therefore, it is no surprise that when good occupational therapy is described, elements of occupational adaptation theory are revealed.

Ms. V also noted using concepts and techniques from other theories. This was evident in her stories as key components from other theories were directly discussed during the interview. For example, Ms. V noted that though Oscar's "developmental age and stage in the life span indicated that it would be appropriate for him to have intimate relationships, his social skills created barriers for him in satisfying his interests." In this instance, Ms. V took views from developmental theory to conceptualize Oscar's functioning and to identify areas where occupational therapy was needed. Therefore, Oscar's goals were formulated to address his limitations in social skills. Ms. V recognized incongruence between Oscar's development and normal development, then she described actions that describe the therapist as an agent of the environment from an occupational adaptation perspective.

Constant Observation of Individuals within the Context and/or System

Ms. V was able to observe and document, even years later, her client's behavior patterns. Ms. V noted:

> "Oscar often needed constant reassurance and assistance. After working on an activity for awhile, he would get up and go to the restroom, where he could be heard carrying on a one-way conversation. Then he would return to the group area and again ask for help to continue with a task."

Even though Oscar was not in the room, Ms. V was aware of his actions. Furthermore, she incorporated all actions observed into her understanding of Oscar's level of functioning.

Years later, when Ms. V saw Oscar at the gas station she noticed that his perseverating motor behaviors and bizarre actions were concerning the clerk on duty. Not only because of Ms. V's use of theory however, but also because of her keen observation, Ms. V realized that Oscar's behavior was being misinterpreted. Who Ms. V was as a therapist was integral to who she was as a citizen. Though she was not Oscar's therapist at the time, Ms. V felt compelled to act. She deescalated the situation by distracting the attendant and allowing Oscar to complete his negotiation with the environment.

Understands and Analyzes Activities and Processes

Ms. V's ability to understand and analyze activities and processes allowed her to generalize specific skills to other abilities, as well as view the client differently from others. Ms. V noted,

> "Adam was able to sit, leaf through magazines, select pictures, and cut out a stack of pictures with scissors. After awhile, Adam got up and moved to the kitchen where he retrieved a sauce pan, filled it with water and put it on the stove to boil. He put the glue and his clippings in the pan and mixed it all together. It just seemed the right thing to do."

This gave Ms. V insight into Adam's functioning in other areas. Ms. V was also able to see that Adam was doing this because he was cognitively unable to use tools correctly, not behaviorally acting out. As a result, Adam would be monitored carefully, redirected as needed, and gently questioned about his actions, rather than being punished. Ms. V remembered "trying to help him turn a dysfunctional action into a skilled action." For example, when he boiled the clippings, she stepped in to prompt him through the process of kitchen safety (turning off the stove) and cleanup (washing out the pan) which are

useful skilled actions.

Because of her ability to analyze activities and processes, Ms. V could also differentiate between situations. For example, Ms. V noted:

> "Once on a fieldtrip, Adam joined me and other boys in the group as we waited for the van to take us back. As we waited, Adam pulled a keychain from a previous activity out of his pocket and began removing the lacing and beads from the key chain. Then, Adam attached the ring of the keychain to his nose. The other boys were appalled and exclaimed, '*What are you doing?*' Adam was not trying to be funny or act out; it just seemed the right thing to do."

Ms. V was able to determine through her previous observations of Adam and her knowledge of use of tools, as well as activity analysis, that Adam's behavior was not to get a rise out of his peers or attention from others, but rather inappropriate use of tools based on his psychological state. Her response was to promote reality testing by pointing out, "that's the keychain you made this morning." This cue alerted Adam to his odd behavior and gave him an opportunity to redirect his actions.

Views the Individual Holistically within a System

Through her stories, it became apparent that Ms. V constantly viewed the client within his or her system and context. Ms. V indicated that Oscar's parents "were highly educated local professionals, as was his brother who lived in another city in the same region." Ms. V continued to discuss how Oscar's socioeconomic status, as a result of his parents' career choices and lifestyles, affected his behaviors and outcomes.

Ms. V also noted that when she saw Oscar in the community at a gas station many years later, she recognized him right away. He was pumping gas into a nice, newer model car. Ms. V

noted she was aware that Oscar was on Social Security and knew he would be unable to purchase such a car on his own. She commented, however, that it is often the case that people who have limited occupational functioning often pair to live together and support each other as a means to pool their resources for interdependent daily living. Ms. V stated that the client's father might have had age-related decline, and so it was probable that the client was living with his father again. Thus, Ms. V generalized information about populations and community norms to individuals in an effort to enhance empathy and the therapeutic relationship.

Interventions in Contextual Conditions

The following describes how the occupational therapist intervened and acted as an agent of the environment by making participation the first priority and by advocating on behalf of the client. Through participation and advocacy, the therapist acts as an agent of the environment and furthers functioning.

Makes Participation the First Priority

Ms. V's story about Pete highlights her concern with participation. Ms. V wanted to ensure the client was included in everything offered within the therapeutic milieu. Ms V said that even though Pete could not get out of bed, she "graded activities so that he could participate on some level." For example, she arranged for Pete to play a game that provided upper body strength and endurance and required him to cooperate in a reciprocal task with a partner. This provided him with needed physical activity while challenging him to increase his awareness and acceptance of others in the social environment.

Another example is given in Ms. V's story about Oscar. Years after Ms. V first worked with Oscar, she met him again at a gas station in the community. Her attention was drawn to him by his peculiar behavior of opening the glass doors of the beverage cooler, reaching for a soda,

putting the soda back, and closing the glass doors of the beverage cooler, repeatedly. Through her observation of the context, including the nervous looking attendant, Ms. V gathered that the situation was escalating. Because Ms. V made participation the first priority however, she decided to act as an agent in the environment to calm the counter clerk and allow Oscar to negotiate the environment on his own terms. She was able to do this, not by breaking confidentiality, but rather addressing the clerk's fears by providing a distraction and a social buffer.

Advocates on Behalf of the Client

The way in which Ms. V intervened with Oscar at the gas station also manifested in advocating on the behalf of the client. Ms. V could have ignored the situation and left the gas station without intervening. However, she chose to act as an agent in the environment to deescalate the situation, resulting in the attendant being reassured and not acting too hastily.

Strategies

The therapist used the following strategies for best practice: working within a team, using deductive reasoning to apply prior experience to specific situations, and using inductive reasoning to predict a client's future functioning or functioning in other areas. The use of these strategies allowed the therapist to generalize from specific behavior to broader areas of function.

Use of Deductive Reasoning to Apply Experience to Specific Situations

In each story, Ms. V gave an example of using deductive reasoning. Ms. V's deductions about "Tough Love" in the 70s and Oscar's parents' style helped Ms. V to view Oscar's family as a system. Her ability to deduce accurately gave Ms. V insight into Oscar's needs within the context of his environment.

Ms. V noted that Oscar's parents locked him out of the house if he missed curfew.

Oscar's choice to sleep on top of the car to avoid encounters with neighborhood dogs was recognized as a coping skill used to stay safe in a dangerous environment. Understanding this allowed Ms. V to further conceptualize Oscar's cognitive skills.

Use of Inductive Reasoning to Predict Future Functioning or Functioning in Other Areas

Ms. V noted that through her analysis of Oscar's perseverating motor skills in the gas station, that it was likely Oscar would not be a safe driver on the road. Because of her deductive reasoning abilities, Ms. V could make educated guesses of functioning in areas not formally assessed. Her assumption that Oscar and his father were most likely supporting each other in daily living, although possibly speculation, was also a result of deductive reasoning.

Ms. V used deductive reasoning to assess Adam's cognitive skills. She then used those conceptualizations to understand Adam's probable functioning in other situations and his level of adaptability to life situations. Her induction allowed her to determine how Adam might behave in other contexts. She commented that "so many decisions are made for people in institutions that it's hard to say exactly how well they may do outside." Her intervention, therefore, focused on redirecting maladaptive (transitional) behaviors and promoting skilled (mature) actions that would transfer to daily living tasks following discharge (Schkade & McClung, 2001, p. 42).

Discussion

There were several limitations to this study. First, this study emerged from a larger study exploring the characteristics of clients as told by the therapist. Data may have changed had there been a question in the interview addressing self-efficacy and/or self-reflection. Second, this study is an affirmation of the personal skills of one therapist. Results should not be generalized. Third, the nature of how the interview was collected and transcribed allowed for the interviewers' perspectives to influence the data. Results were taken from a narrative retelling of the interview,

and thus intrinsically contain some bias. Bias however, has been minimized with ongoing member checking and reflective journaling.

As the results demonstrate, occupational adaptation theory related to the therapist's role can be seen as a model of practice naturally arising in holistic treatment of clients with mental illness. The therapist's narrative had definite characteristics of the role of the therapist according to occupational adaptation theory and theory emerged in practice without effort on the part of the experienced therapist.

This study exemplifies the unique insight occupational therapy brings to addressing client recovery in mental health settings. This occupational therapist was able to view the clients holistically in their environments through a theoretical perspective which allowed her to understand current functioning and its impact on future functioning. Furthermore, she was skilled in observation that was integral to who she was as a therapist and as a person, allowing her to advocate for her clients and others in need on her own and through her work in a team.

This insight should enlighten others as to the necessity of skilled occupational therapists in mental health settings. Occupational therapists have a unique perspective which can facilitate function in people who are clients in mental health settings.

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