





Original Article

# Doing and being occupation centred in challenging settings: reflections on implementation strategies and professional rewards

*Ser e fazer centrado na ocupação em ambientes desafiadores: reflexões sobre estratégias de implementação e recompensas profissionais*

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## Abstract

**Introduction:** In order to centralise occupation in challenging settings, therapists need a supportive process and distinct strategies to assist them as they re-design and implement services which are truly occupation centred, based and focussed. **Objectives:** The aim of this article is to illuminate the strategies utilised by a group of occupational therapists working to centralise occupation in a forensic mental health service in Australia. It also highlights the subsequent professional rewards they experienced from being more occupation centred in everyday practice. **Method:** A Community of Practice Scholars was formed by participants. They then used a Practice Based Enquiry (PBE) approach – a type of action methods research - involving iterative cycles of data collection, analysis, critique and implementation of practice innovations. **Results:** Seven major themes emerged from the study. The theme of *Strategies in, and Rewards of, Occupation Centred Practice* is the focus of this article, with inclusion of data from the theme of *Communicating with Certainty*. Additional themes are discussed through other, related publications. **Conclusion:** This article highlights the process of moving beyond “knowing that” occupation centred practice is important, to “knowing how” to re-design an occupational therapy service to achieve this aim. Becoming more occupation centred in practice can be experienced as more professionally rewarding for occupational therapists, especially those working in challenging settings.

**Keywords:** Activities of Daily Living, Community Participation, Professional Practice, Forensic Settings.

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### Resumo

**Introdução:** A fim de centralizar a ocupação em ambientes desafiadores, os terapeutas precisam de um processo de apoio e estratégias distintas para auxiliá-los enquanto eles redesenham e implementam serviços que são verdadeiramente centrados na ocupação, baseados e focalizados. **Objetivos:** O objetivo deste artigo é enfocar as estratégias utilizadas por um grupo de terapeutas ocupacionais que trabalhou para centralizar a ocupação em um serviço de saúde mental forense na Austrália. Destaca também as recompensas profissionais subsequentes que experimentaram por estarem mais centradas na ocupação na prática cotidiana. **Método:** Uma Comunidade de Acadêmicos de Prática foi formada pelos participantes. Eles então usaram uma abordagem de Investigação Baseada na Prática (PBE) - um tipo de pesquisa de métodos de ação - envolvendo ciclos iterativos de coleta de dados, análise, crítica e implementação de inovações práticas. **Resultados:** Sete temas principais emergiram do estudo. O tema Estratégias e Recompensas da Prática Centrada na Ocupação é o foco deste artigo, com inclusão de dados do tema Comunicação Acertada. Temas adicionais serão discutidos em outras publicações relacionadas. **Conclusão:** Este artigo destaca o processo de ir além de “saber que” a prática centrada na ocupação é importante, para “saber como” redesenhar um serviço de terapia ocupacional para atingir esse objetivo. Tornar-se mais centrado na ocupação na prática pode ser visto como profissionalmente mais gratificante para os terapeutas ocupacionais, especialmente aqueles que trabalham em ambientes desafiadores.

**Palavras-chave:** Atividades Cotidianas, Participação da Comunidade, Prática Profissional, Locais Forenses.

## Introduction

The profession of occupational therapy has undergone what may be considered a journey of epistemological revisionism over several decades (Farias & Rudman, 2019). During this time, it has, arguably, moved from a global litigation of occupation as the fundamental basis of occupational therapy (Molineux, 2004) to more specific conceptual and pragmatic concerns (Malfitano et al., 2019; Nielsen et al., 2020; Stav et al., 2020). Metaphorically, this journey may be seen as transition from adolescence – a time of identity experimentation and formation – to an adulthood in which a strong and unique identity has been forged (Whiteford, 2020). That identity is grounded in an unequivocal focus on the occupational participation of individual, families, communities and populations and the contexts in which they live (Farias et al., 2016; Ramugondo, 2018).

Indeed, a deepening appreciation of how people engage and participate in occupations within specific contexts, and the many complex, interactive factors which affect this, has been a hallmark of such a maturing professional epistemology. We know now that “one size does not fit all” when it comes to strategies for working with people to highlight their occupational rights (Bulk, 2020), to advance occupational justice whatever the setting (Jaegers et al., 2020), to enable participation (Pereira et al., 2020), or to mitigate structural and health inequalities (Gerlach, 2015). Strategies need to be

culturally appropriate and safe (Gibson et al., 2018), sociopolitically sensitive (Galvaan & Peters, 2017), identity affirming (Ramugondo, 2018) and wherever possible, co-designed (Western Australian Council of Social Service, 2017). Essentially, then, the focus has shifted from “knowing that” occupation is the mandated focus of our interactions with people and systems to “knowing how” to enact this practically and sustainably. In other words, attention is increasingly being directed to the design and implementation of occupation based services and interventions (Robinson et al., 2016; Fisher & Martrella, 2019).

Of course, some contexts – especially those in which people engage in occupations naturalistically such as homes, schools and workplaces - are more conducive to the development of occupation centred, based and focussed services (for a full explanation of the differences between these terms see Fisher & Bray Jones (2017) and Fisher & Martrella (2019), but it should be noted that for the participants of this study, they chose *occupation centred* because it means that occupation is central to all reasoning, planning, intervention and evaluation processes). Others, including institutional settings, can be challenging for several reasons. These can relate to a lack of autonomy and control experienced by residents or patients (Whiteford et al., 2019), a paucity of resources and restrictions on types of activity allowed and patterns of time use according to administrative schedules (Long et al., 2008). It can also be influenced by the prevailing ideological orientation of the facility which can lie on a continuum from punitive to corrective to rehabilitative or restorative (Perkes et al., 2015). In the case of forensic settings, many of the above factors interact to make them *challenging* settings in which to be occupation centred. Additional to these factors is the omnipresent concern in forensic settings with the safety and security of patients, staff and the community at large coupled with a generalised risk aversion (Farnworth et al., 2004; Long et al., 2008). Given then, that the forensic setting constitutes what can be described as a “challenging setting”, the purpose of the research described in this article was to illuminate how a group of occupational therapists working in a forensic hospital in Australia became more occupation centred in their service provision and to highlight the practical strategies they employed to do so.

## Methodology

### Aims

The aim of the Practice Based Enquiry study described in this article was, overall, to transform the existing occupational therapy service delivered to clients – the patients of the forensic hospital - to one that was more occupation centred. The occupational therapy participants were particularly motivated to undertake this service re-design as many of the patients they work with find reintegrating into the community after spending an extended period of hospitalisation -where occupational deprivation can be a risk – very challenging. Additionally, the participants wanted to illuminate the stages and processes they used in ensuring that they became united in their practice philosophy and how this assisted with the differentiation between the [unique] occupational therapy contribution and that of other multidisciplinary team members.

## Rationale

The rationale for utilising a Practice Based Enquiry (PBE) methodology was because it constituted a “goodness of fit” between study aims and the narrative *way of knowing* central to the service redesign/transformation process. PBE is a form of action research and has been defined as a systematic process of:

[...] collecting narrative data in the form of written reflections on the “*thinkings, feelings and doings*”, or cognitive, affective and action oriented dimensions of everyday practice, then analyzing these data individually and discussing analytic insights in [a] Community of Practice Scholars. Accordingly, reflective accounts ... form the basis of the primary narrative data generated in PBE (Whiteford, 2020, p. 9).

PBE has been identified as the link between evidence generated through clinical trials and evidence generated in and through practice, as well as a means of empowering practitioners through the illumination of practice knowledge(s) (Perkes et al., 2015). Classically, PBE incorporates the creation of a Community of Practice Scholars or CoPS (Forsyth et al., 2005; Suarez-Balcazar & Hammel, 2015) and has been described as a powerful means of interrogating and transforming practice (Whiteford et al., 2019) because of its iterative cycles of reflection and action with the CoPS.

## Ethics approvals

Institutional ethics approval for low risk research was granted for this PBE project and a linked qualitative study focussing on stakeholder perceptions of the (subsequent) occupational therapy service changes undertaken through the PBE process. Findings of the PBE research, focussed on the occupational therapist participants’ experiences, are reported here. At the time of writing, the data generated in the stakeholder research (focussing on the patients) is still being analysed.

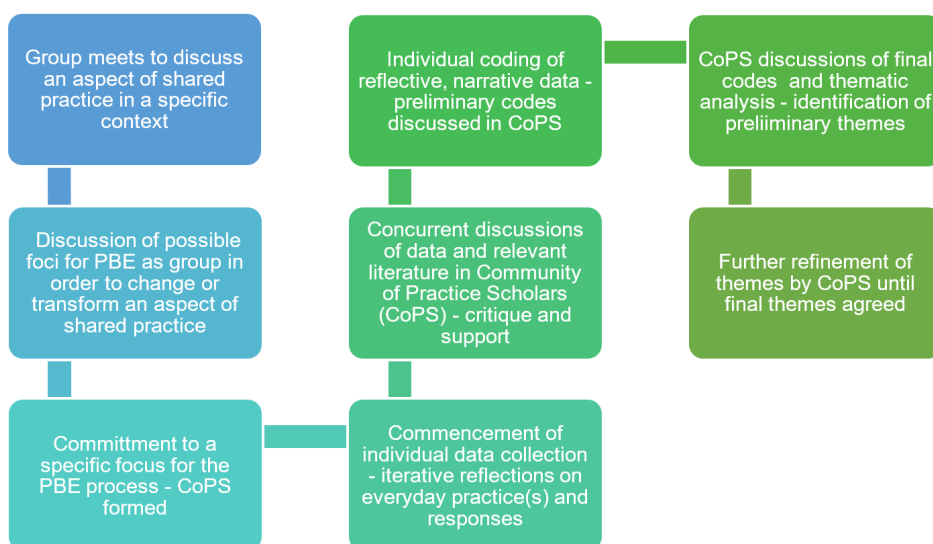
## Recruitment

This PBE project was undertaken collaboratively by a group of occupational therapists working within an Australian forensic mental health setting – a forensic hospital - in conjunction with an occupational therapist academic. The academic acted in the role of facilitator and coach throughout the PBE process. Participants volunteered for inclusion in the project following a workshop where aims, processes and responsibilities were discussed. Informed consent processes, in the form of written consent, were undertaken and participants understood they were able to withdraw at any time. The number of original participants was nine, though due to a number of workplace and personal circumstance changes, a group of five remained through to the final stages of the project.

### Data collection, triangulation, analysis and trustworthiness

Capturing everyday actions, thoughts and feelings through reflective accounts of the [occupational therapy] participants formed the basis of the primary narrative data generated in the PBE. Participants would protect time in their schedule each week to capture data in written and at times oral forms, such as hand written notes. Secondary narrative data generated by additional reflections on the primary data, either independently or through discussion within the community of practice scholars, was also gathered as a form of data source triangulation. These iterative cycles of data collection and reflection allowed for a depth of reflexivity (Galheigo et al., 2019) interrogation and insight driven analysis.

Participants undertook successive, iterative cycles of coding (Saldana, 2016) and thematic analysis (Liamputtong & Ezzy, 2005; Maher et al., 2018) of the narrative data they generated over time. Specifically, the process was that participants undertook manual coding individually, staying close to the in-vivo language they had generated (e.g., *creating meaning through doing, finding hope through meaningful occupation*). Participants then presented these codes to the CoPS where themes were discussed and generated as a group through the clustering of codes. Participants articulated their reasoning relative to each code and theme which provided an element of transparency and accountability. This, in turn, enhanced the overall trustworthiness of the analytic process and its outcomes in the form of findings. The key findings were seven linked themes (described below). Additionally, the group chose to identify, catalogue and name whole “stories” which were representative of key themes. This was a move to ensure that context was captured and that the nuanced “wholeness” of the narratives was preserved (Creswell & Poth, 2017), an additional element of trustworthiness with respect to representation of the rich, situated, narrative data. A summary of the stages of the PBE process as described above are presented in Figure 1.



**Figure 1.** Practice Based Enquiry and Community of Practice Scholars Processes. Source: Whiteford et al. (2019).

## Findings

A number of themes emerged from the data demonstrating the challenges and the highlights of engaging in occupation-centred practice within an institutional setting. In vivo language, or direct quotes, framed the beginning of each theme title to reflect the lived experience and ontological perspective of participants in the PBE process.

The seven themes that emerged were:

1. “*Seeing occupation everywhere*”: Deepening Understandings of Occupation as Complex and Situated;
2. “*This is not a farm*”: Challenges of Occupation Centred Practice;
3. “*Feeling proud and motivated*”: Reconnecting with Occupational Therapy Purpose & Philosophy;
4. “*More confidence and conviction*”: Transforming Professional Identity;
5. “*I stood my ground*”: Communicating Domain of Concern with Certainty;
6. “*We high-fived*”: Strategies in, and Rewards of, Implementing Occupation Centred Practice;
7. *Adopting a critical lens & chronicling transformation*: Experiences and Learnings Through the Practice Based Enquiry Process.

Given space constraints in this article and the fact that themes have been discussed in other publications (Whiteford et al., 2019; Whiteford, 2020) the theme of “*We high fived*”: Strategies in and Rewards of Occupation Centred Practice is the focus of this article, though some data from the linked theme of “*I stood my ground*”: Communicating with Certainty is also presented. The purpose of presenting and discussing the themes in this article is to assist occupational therapists in moving beyond “knowing that” occupation centred practice is important to “knowing how” to re-design an occupational therapy service to achieve this overarching aim. For this reason, the narrative extracts are presented in this article as a series of linked strategies, followed by reflections on professional rewards.

## Strategy 1: Communicating Using Occupation Centred Language and Terminology

For the participants in this study, who constituted the Community of Practice Scholars, there were several distinct stages they journeyed through in becoming more occupation centred, based and focussed. The first stage was making the commitment to occupation in all aspects of their practice and overall service delivery, a stage requiring reading, thinking and discussing philosophical and theoretical aspects of occupational therapy. The next stage was a conscious decision to communicate this re-connection to occupation to other stakeholders: students; other staff in the hospital; and, importantly, patients. Communicating with discipline-specific language and terminology can also be understood as a distinct strategy in achieving the centralisation of occupation.

Here, two participants reflect on their experiences of communicating with their newly adopted *occupational lenses* (a term used by a participant) to both a new patient

and a staff member (the latter occurring after the participant was asked to remove the term ‘occupation’ from a report).

*A patient new to the ward appeared to be interested in writing and autobiography, so I provided him with material about autobiographies and how to start one, along with information about a short course available through OTEN about writing memoirs. When I provided him with this information he asked me if I was the “education” person. “No”, I responded, “I’m an occupational therapist.” “What’s that” he asked. So I told him what occupation was and how I can help facilitate engagement in occupation in the Forensic Hospital. It wasn’t until after that conversation that I realised that I responded to ‘what is occupational therapy’ without an increase in heart rate, no sweaty palms, eye rolling or dread. I was confident in my own understanding of occupation that I was able to articulate it simply to someone else. I didn’t compare myself to another discipline.*

*I explained to the doctor what the word “occupation” means and that it is the foundational language used in my profession. I explained how the term is well established, not just in occupational therapy-specific literature, but also in the context of human rights and social justice. I articulated that it was not possible to remove this language from my report in the same way it is not possible to remove psychological terminology or medical terminology. I was able to keep my report as it was, maintaining the distinctive occupational lens which defines my contribution to the multi-disciplinary team. When I left the encounter I admit I felt a little shaky – I had become quite passionate about defending my report. But I also felt empowered – I had claimed, articulated and defended my occupational perspective, and been successful!*

Whilst addressing different audiences, the purpose and focus of both communiques are the same, namely, to deliberately and discursively centralise occupation. Where historically the term ‘occupation’ may have been replaced by participants with more generic terminology for a sense of ease, the process of engaging in PBE has developed their sense of conviction in articulating and defining their unique role. Of note is that whilst the first participant reflects on their own journey from “eye rolling” and discomfort to being entirely comfortable, the second participant still reports feeling a bit “shaky”. This suggests that this journey – from being uncomfortable to being confident – in articulating an occupational perspective, is neither easy nor quick. What is apparent from the narratives however is that it is, as the second participant suggests, empowering.

## **Strategy 2: Reflecting and Refocussing on occupation in interventions**

Another of the primary strategies utilised by participants was the conscious naming, framing, and planning of the interventions they delivered with an occupational perspective. Reflection was a key part of this process, particularly when identifying if and when long established practices did not in fact align with the core business of occupational therapy. At other times, whilst an intervention did not appear to be occupation-based or occupation-focussed on the surface, engaging in critical enquiry

allowed them adapt their content or approach and to refocus on how it would address occupational performance.

In the following narrative extracts, the participants demonstrate this process of reflection, and the impact of realising when an intervention requires reframing.

*We had a discussion this morning about how seemingly ‘non-occupational’ groups are still meeting the occupational needs of people because though it may not be the primary form of therapy, it is addressing the underlying components that facilitate or inhibit occupation. Therefore the goal is still to improve one’s occupational capacity for programs such as ‘Stress management’ or other psycho-education groups. Lydia [not her real name] made the good point that perhaps the link is easier to make when working individually with someone rather than a group, as sometimes group content does not always consider real-life application. When you are working with an individual you are more likely to take the extra step of linking to and practicing in a normalised context.*

*I have been feeling guilty about planning an intervention that isn’t using ‘pure’ occupation as both the means and the ends. I will now review the group content with an occupational lens and ensure there is lots of real-world application with opportunities for discussion and reflection on how the strategies and education learnt can be applied in terms of one’s routines, roles, interests and values.*

Here we can see the community of practice scholars provided an important “discursive space” for critical reflection about the focus of the occupational therapy groups and programs they were offering. There is a clear and conscious discussion about whether their current offerings exemplify occupational-centred practice, and whether services may be adapted and reframed to better address consumers’ occupational needs. This led to feelings of ‘guilt’ for some participants, which although uncomfortable, seemed to fuel a growing commitment to changing the status quo and transforming the orientation of the service to one more inherently occupationally centred.

### **Strategy 3: Focussing on Occupational Enrichment and Creating Occupational Experiences Environmentally**

As they grew stronger and clearer in their commitment to being occupation centred in practice, the therapists’ focussed on creating a more occupationally enriched environment and the provision of more occupational opportunities as a vehicle for new skills development. Here, two of the therapists reflect on how they are including novel, and potentially more risky, activities as well as creative pursuits into the forensic environment.

*We are about to do... ‘Adventure Therapy’ which involves new types of games, problem solving activities, and literally activities that get the heart racing such as kayaking in our tiny pool...I wonder how the patients will respond – it will be great to offer them something new, and something they probably thought they would never be able to do ‘on the inside’.*



*Since starting this process I have tried to be more creative when working with patients. I find 'doing', whether it be gardening, walking or playing musical instruments alongside patients can work better for some individuals rather than sitting in an empty quiet room. This can further build rapport and make them feel more comfortable to share thoughts, information and experiences.*

## **Experiencing the Rewards of Being Occupation Centred**

Finally, we present here some of the reflective comments from the therapists involved in the study. As is evident, the comments evidence a sense of professional pride which can be perhaps understood as one of the rewards of becoming more occupation centred in practice, alongside a renewed sense of conviction as to the power of having such an unambiguous focus.

*I felt so proud seeing my colleague present on her work and achievements made with patients inside the hospital. It reminded me of the challenges we overcome on a daily basis and how much of an impact we can have on people's lives as occupational therapists.*

*Engagement in meaningful occupation allows us to see a positive side to a person others might not get to see. It feels great sharing these moments with others.*

*My conviction is stronger than ever about the patient right to occupation and the powerful benefits of meaningful occupation on health and wellbeing. I have seen this influence my clinical practice as well as language, attitudes and the way I present the role at various [multidisciplinary] forums.*

## **Discussion**

Despite the fact that occupation is of fundamental concern to occupational therapists, it does not always feature centrally in the interventions and services they deliver. As commentators have suggested over time, there are myriad reasons for this that include the structural, epistemic (Farias et al., 2016) hegemonic (Galvaan & Peters, 2017) and discursive (Farias & Rudman, 2019) forces that influence practice in institutional settings - particularly medicalised ones - and the interaction between these (Whiteford, 2020) as well as professional issues relating to identity, representation and role perception (Di Tommaso et al., 2016; Molineux, 2004). This is of concern for three reasons: first, because we have a moral, ethical and in some instances legal obligation to provide services which are occupation focussed; second, because there is a growing body of evidence that points to the fact that occupation centred interventions and services are more effective in addressing the needs of the people we serve; and, third, because it is, unequivocally, our domain of concern as a profession.

Even for occupational therapists who are aware of such concerns, however, and "know that" occupation should be central to their actions, they may lack the "know how" to design, deliver and evaluate such interventions and services (Fisher & Bray Jones, 2017; Whiteford, 2020). As evidenced by the research described in this article though, this situation can be tackled and remediated directly through a narratively

oriented, action approach such as Practice Based Enquiry (Perkes et al., 2015). For occupational therapists working in those environments that may be considered “challenging” for a range of reasons (such as the forensic environment described in this article) a PBE approach would seem to be particularly salient given its ability to capture narratives as they are generated relative to context.

The specific strategies used by the participants in this study related to communication using occupation centred language (for previous, historical discussions on the importance of language see, for example Whiteford et al., 2000; Townsend, 2015) for reflecting and focussing on occupation in interventions and in creating more occupationally enriched environments. These are strategies that have been addressed before (Wilding & Whiteford, 2008; Stav et al., 2020) but seem to be particularly powerful used in concert, as indicated by the narrative data presented here. Such a finding would seem to have real relevance to those designing or re-designing, developing, or implementing occupational therapy services that are truly occupation centred, based and focussed and that advance occupational justice (Fisher & Martrella, 2019; Whiteford et al., 2018; Whiteford et al., 2019; Jaegers et al., 2020).

As well as having benefits to consumers of occupational therapy services (the focus of a subsequent, follow up study in the forensic hospital) a perhaps unsurprising outcome of this study was the benefits delivered to the occupational therapists involved through “reclaiming occupation”. The therapists reflections on experiencing greater satisfaction, pride and sense of purpose as they are reminded “of the impact we can have on people’s lives” as one of the participants says, are a powerful reminder of what can happen when actions align with philosophical commitment in the presence of knowledge and skills (Wilding & Whiteford, 2009). Viewed thus, the process of transforming occupational therapy services to be more occupation centred, can be viewed as one which may ultimately be transformative for the profession in profound, and as yet unforeseen, ways.

## Conclusions

Being and becoming more occupation centred in everyday practice is achievable, even in challenging settings such as a forensic hospital. Using strategies including focussed communication, active reflection on occupation and its incorporation into interventions and creating more occupationally enriched environments, a group of occupational therapist were able to re-design their service. As a result of this process, they experienced professional rewards including pride, sense of purpose and a reconnection with the power of occupation in shaping positive life trajectories.

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