Alternatives to Psychosocial Fieldwork: Part of the Solution or Part of the Problem?

The recent increase in the number of occupational therapy programs, coupled with the limited number of fieldwork placements in mental health, has made it increasingly difficult to find placements for Level II fieldwork students in traditional mental health settings. Although some academic fieldwork coordinators have been able to continue placing students in typical in-patient and community-based mental health facilities, others have had to consider alternative strategies. One strategy is to place students at fieldwork sites, such as work hardening, pain management, and head injury programs, where psychosocial dysfunction is not the primary diagnosis. The problem is that, although psychosocial components are addressed in the daily interactions with the clientele in these programs, they are not the focus of assessment and treatment. The related issues are, what is being done to ensure that students placed in alternative sites are learning to apply psychosocial assessment and treatment methods and what will be the long-term impact of this type of placement on mental health practice?

It is clear that the diminishing number of Level II fieldwork sites in mental health is reflective of and interwoven with the decreased number of therapists practicing in mental health settings and in the reduced number of new graduates choosing mental health as a practice preference. The result of the reduced number of Level II fieldwork sites in mental health settings is that there are fewer opportunities for students to learn the occupational therapy interventions and skills traditionally practiced in mental health and to observe occupational therapy role models.

As a result, the likelihood of students choosing to work in mental health is reduced.

Literature Review

The influence of fieldwork and fieldwork supervisors on practice preference has been documented by several authors. Christie, Joyce, and Moeller (1985) examined the influence of three stages of professional development on practice preference. Overwhelmingly, respondents reported that fieldwork had a greater influence on their practice preference than did either their preprofessional experience or the academic curriculum. The fieldwork supervisor and the supervisory process were the most influential components of the fieldwork experience. Findings of Ezersky, Havazelet, Scott, and Zettler (1989) supported the conclusions of Christie et al. (1985) that fieldwork was the primary influence on specialty choice. Additionally, a poor fieldwork experience was a detractor in specialty choice for both psychosocial and physical dysfunction. Other factors influencing specialty choices included a sense of feeling effective in the specialty area, consistency of personal values with those of the specialty area, and availability of employment. Wittman, Swinehart, Cailhill, and St. Michel (1989) surveyed recent graduates to determine which variables affected specialty choice. They concurred with Christie et al. (1985) and Ezersky et al. (1989) in concluding that fieldwork was the most important influence in specialty choice. Additionally, they found that within the fieldwork experience, the supervisor had the greatest influence on the student. Findings from a survey of Australian undergraduate occupational therapy students also indicated that fieldwork is a major factor in influencing practice preference (Cusick, Dematta, & Doyle, 1993). Other influencing factors included perceptions of the mental health work setting, the work role, and students' views of their own abilities.

In response to the decreased numbers of mental health clinicians and fieldwork sites, some have argued that mental health is no longer a viable practice option and should be dropped as a fieldwork requirement (Buckner, 1991). This view was challenged by Fine (1991) and Schwartzberg (1991). Prendergast (1991) and Jordan (1991) also refuted Buckner's suggestion and called attention to the need to address psychosocial issues in all areas of occupational therapy practice. The Mental Health Special Interest Section (SIS) Standing Committee's response (1991) pointed out that the Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapist (American Occupational Therapy Association & American Medical Association, 1991) do not require one half of the academic and fieldwork content to be focused on mental health. The committee also stated that less training was not the way to
combat the shrinking number of mental health therapists. More role models are needed and the psychosocial needs of all patients should be addressed, regardless of diagnosis or type of facility.

There is recognition of the value of the skills and interventions learned in mental health fieldwork. In an investigation of practicing therapists’ perception of the value of mental health level II fieldwork, Atwater and Davis (1990) found that the experience was perceived as highly valuable regardless of therapist or practice preference. Respondents indicated that they learned how to deal with mental health issues, to know themselves better, and to respond assertively to clients. Additionally, there is growing awareness of the applicability of skills and interventions learned in mental health fieldwork to other areas of clinical practice. In a study of occupational therapy managers regarding therapists’ use of psychosocial and physical rehabilitation interventions, Renwick, Friedland, Sernas, and Rayhould (1990) reported that 44% of the respondents used physical rehabilitation interventions, 30% used psychosocial interventions, and 26% used a combined approach. In discussing the practice of psychosocial occupational therapy, Friedland and Renwick (1993) suggested that use of the traditional dichotomy of psychosocial and physical dysfunction is ineffectual in responding to current demands for health care from diverse populations and advocated a more holistic approach to the provision of occupational therapy services.

Classification of Fieldwork and Types of Sites Used

This holistic view that acknowledges the overlap of psychosocial and physical problems, needs, and interventions in many areas of occupational therapy practice has influenced the response of several professional occupational therapy curricula to the issue of diminishing mental health fieldwork sites. However, findings of a recent survey that I conducted on how baccalaureate level professional programs classify their level II fieldwork experiences, how many are using alternative sites for mental health fieldwork, and what types of alternative sites are being used indicate that 19 programs (20%) do not classify their level II fieldwork experiences as physical and psychosocial dysfunction. Interestingly, 12 of these 19 programs (63%) were developed in the past 5 years. The remaining 72 (79%) of the baccalaureate level professional curricula continue to categorize their fieldwork experiences as physical and psychosocial dysfunction. Ninety-one of the 92 (98%) baccalaureate level academic fieldwork coordinators responded to the survey. Many reported extreme difficulty in finding sufficient sites for psychosocial fieldwork and indicated that they are actively searching for solutions to this problem. Although 28 of the 72 respondents (38%) who classify their level II fieldwork experiences as physical and psychosocial dysfunction are able to place their students in traditional mental health settings, others have had to explore additional strategies. As a potential solution to the shortage of traditional mental health fieldwork sites, 61% of the 72 academic fieldwork coordinators who classified their level II fieldwork experiences as physical and psychosocial dysfunction indicated that they are placing level II fieldwork students in one or more of the following sites for their psychosocial experience: facilities for persons with developmental disabilities, work hardening, pain management, and head injury programs; hospices; and home health care.

Implications

One problem related to the use of these types of placements as alternatives to traditional mental health placements is that fieldwork educators in head injury, work hardening, and pain management programs originally may have developed their fieldwork education programs from a physical rather than a psychosocial dysfunction perspective. Fieldwork sites are required to develop goals, learning experiences, and evaluation criteria for the fieldwork experience. Do these differ when a student is placed in a fieldwork site for a psychosocial experience rather than a physical rehabilitation experience? When students are placed in these settings for a psychosocial fieldwork experience, they have the right to expect specific training in psychosocial assessment, treatment planning, and intervention. Academic fieldwork supervisors placing students in alternative sites need to work closely with the fieldwork educators in developing goals, learning experiences, and evaluation criteria that are appropriate for the focus of the experience. If this occurs, then use of holistic sites for fieldwork experiences has the potential to expand and enrich professional practice. However, if students do not gain a level of comfort and mastery of psychosocial skills and interventions and observe effective role models who are willing to share their clinical reasoning, they probably will leave the fieldwork experience with an increased propensity to focus on the physical aspects of rehabilitation and without the necessary preparation to practice holistically. Furthermore, the likelihood that these students will choose mental health as a practice specialty is greatly diminished. Thus, although using alternative sites solves the short-range problem of finding sufficient student placements, without careful planning and recognition of the need to adapt the experience to fulfill the expectations and requirements of psychosocial fieldwork, it may contribute to the long-range problem of decreasing the number of students selecting mental health as a practice preference.

References

of Occupational Therapy, 467-471.


Mental Health Special Interest Section Standing Committee. (1991, August 15). The future of mental health in the profession [Letter to the editor]. OT Week, 5, p. 54.


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