LETTER TO THE EDITOR

Occupation Into Practice: Worth Another Look?

In "Putting Occupation Into Practice: Occupation as Ends, Occupation as Means" (AJOT®, June 1998, pp. 354–364), Gray addresses the challenge that many therapists experience in trying to keep occupation as the main focus in their therapeutic intervention. She describes some of the problems that occur when occupation is not inherent in treatment approaches, proposes solutions to these dilemmas, and presents a case study illustrating a practical application of occupation in the therapeutic process. Gray also extends the ideas presented by Trombley (1995), suggesting that occupation as means and ends are more than two ways in which therapists can "consider" or "use" occupation in their therapeutic intervention.

It seems crucial that while occupational therapy adapts to changes in the health care delivery system and reimbursement issues, the profession hold onto its core identity of occupation. Practice reflecting occupational therapy's uniqueness among health care professionals and demonstrating its solid foundation in theory will help keep occupational therapy on the menu of health care choices.

From past clinical experience, I can relate to the personal struggles that Gray attested to when trying to integrate occupation into practice. Although the difference between true occupation and component-driven practice was clear to me, I frequently found myself questioning the value behind my treatment intervention compared with that of other health care professionals. Time constraints, the client's medical condition, the client's interests, or reimbursement issues were justifications that I came up with when using activities in treatment that were void of occupation. As an instructor of occupational therapy, I continue to face these dilemmas. Now familiar with theory, I find myself preaching the importance of occupation in treatment to my students and selecting those examples from my past practice to illustrate a clear connection between theory and practice. I find myself strongly advocating for the top-down approach to treatment and stressing the ever-important consideration of transferring and generalizing of skills. I can relate to the frustration Gray feels when she hears of students' conflicting experiences on fieldwork. When I hear student reports of fieldwork experiences that do not support the theories taught in the classroom, I interpret these experiences as a result of forces within the practice setting and not as intentional therapist misrepresentation of the profession. Many realities in practice (i.e., role delineation, turf issues, reimbursement limitations, time constraints) may lead to the overshadowing of a focus on occupation. I assume that many therapists, clinicians or educators, also share the sentiments Gray expresses. Although Gray did an excellent job of bringing many issues to light and in demonstrating how her ideas can be put into practice, they can be expanded on. Here, I propose several areas for research.

First, it would be helpful to discover how practitioners define occupation, the challenges they face in putting occupation into practice in their setting, and to what they attribute these challenges. This information may reveal whether there is consensus among practitioners regarding the issues Gray raises as well as assist in discovering whether particular treatment settings are more prone to certain challenges and, if so, for what reasons.

Second, qualitative case studies such as Gray's may be helpful in seeing how occupation as ends and means can be applied in various settings. It would be of particular interest to portray examples from those settings that seem to be most at risk for losing "occupation" during the therapeutic process. This descriptive information permits learning from others and may help to restore some creativity into various treatment settings. From personal experience, I can relate to the ease of routinely applying activities in treatment. How quickly one can limit oneself when prescribing treatment interventions to the views of others or the equipment available in that setting. Hearing a fresh perspective described by other therapists or attending a continuing education conference can reenergize practitioners' thinking about intervention possibilities.

Third, it seems beneficial that research focus in some manner on the perspective of clients regarding occupation. Because clients are the main focus of occupational interventions, it may be worthwhile to gather insights from various persons in several treatment settings and stage about their understanding of occupation and what types of activities they deem valuable to their health. Having worked in acute care settings, I always was puzzled by the natural acceptance of physical therapy and the frequent neglect of occupational therapy by prescribers and recipients of treatment. In retrospect, I believe that much of this stems from the value placed on mobility at this stage of health care. The need to walk again appears to take precedence over feeding, dressing, or bathing oneself—basic self-care issues that may become more important when the client returns to the home environment. Gaining insight into the clients' perceptions and interests may also be helpful in designing more effective interventions at various stages and places of health care.

Finally, I propose that some research examine the perspective of occupation from the eyes of third-party payers. What do they consider to be valuable and worthy occupation in terms of health? Reimbursement and documentation guidelines, I suspect, may have a strong influence over a practitioner's choice of intervention strategies with some clients. Looking at occupation in practice from this angle may help to shed light on how to best uphold the profession's uniqueness in practice.

In sum, Gray's article raised some very important issues currently facing clinicians and educators in the field about putting occupation into practice. I frequently found myself nodding in agreement and reliving various experiences as I read her words. I believe that these issues deserve expansion. By discovering the viewpoints and challenges of other therapists using or not using occupation in practice, the perspectives of
consumers (clients, third-party payers) on “occupation” and providing more examples for therapists of “how to,” I believe that occupational therapists can strengthen the use of occupation in practice. This reinforcement can only assist the profession in maintaining its identity and position within the health care field. ▲

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Reference

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