Toward Professionalism: The Reflective Therapist

Although we think of occupational therapy as a profession, persons outside our field sometimes do not. Third-party payers may treat us as though we are technicians dependent on the judgment of referring physicians or other professionals. In many states occupational therapy is not licensed due to the difficulties we have had convincing legislators that we provide a unique professional service. This is especially problematic during lobbying activities when other professional groups who are already licensed view us as competitors with lower status.

Is occupational therapy really a profession? It should be, for we address an aspect of human functioning that is central to the well-being of society, an aspect that is not the focus of any other discipline. We are concerned with understanding the occupation of human beings, the ways in which people organize the activities that fill their lives and give their lives meaning. Furthermore, we apply this understanding of occupation to promote the health and well-being of the people we serve. Regardless of how important our ideas and our service might be, however, we fall short in two attributes that are vital to any mature profession: autonomy and responsibility.

Without autonomy, we are dependent on other professionals for prescriptions, for the accreditation of our educational programs, for doing the basic research that supports our practice, and even for the settings in which we provide our services. This lack of autonomy makes it difficult for us to shape our own future. We continually find ourselves in the position of waiting for approval or support that originates from outside of our field.

Sometimes it seems that the decisions made by outside groups have a greater impact on us than the decisions that we ourselves make.

The limited autonomy we possess is directly related to our other shortcoming, the lack of responsibility. We have not taken the responsibility to develop and test our ideas about occupation and health, to evaluate our treatment methods, to play an active role in health care policy-making, or to assume the skills and attitudes of high-level professionals. It is no wonder that society has not granted us the prestige and autonomy accorded the well-established professions. We have not demonstrated that we will give back to society a sound body of knowledge, carefully evaluated services, and substantive contributions to solving the health care problems of the nation.

If we are to be recognized in the health care system and in our larger society as real professionals deserving of autonomy, we must seize whatever opportunities are available that will enable us to take responsibility for the future of occupational therapy. For some of us, those opportunities will arise in practice; for others, in education, political action, or research and scholarship. Regardless of the arena in which we make our contribution, we all need to think like professionals.

Professional thinking involves being able to clearly and critically analyze the reasons for the decisions and actions we take. An ability to articulate the theories behind what we do is crucial if we are to take the steps necessary to develop our knowledge base and convince others that what we do is of a high professional caliber. Theory is the keystone, indispensable for systematic research and for the development of high-quality programs that apply basic principles of occupation in creative and productive ways. It allows us to present ourselves as professionals with a unique contribution and a unique way of viewing human problems and finding solutions for them. It gives us credibility to ourselves as well as to others.

Unfortunately, many occupational therapists show little interest in

Diane Parham, MA, OTR, is Assistant Professor, Occupational Therapy, University of Southern California, Los Angeles, and Director of Education, Ayres Clinic, Torrance, California.

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examining the theories that guide their practice. One reason for this could be that most do not have graduate-level education. Research has pointed to a relationship between graduate education and a greater valuing of theory and theory development among occupational therapists. Undergraduate education, on the other hand, is associated with greater valuing of clinical techniques and applications (Barris & Kiellhofner, 1985; Clark, Sharrott, Hill, & Campbell, 1985; Fox, 1981; Van Deusen, 1985, 1986). Since 86% of occupational therapists have baccalaureate degrees only (AOTA, 1985), it would be reasonable to expect that the majority would not hold theory in high esteem.

In addition to educational level, longevity in the field is another factor that could explain the lack of interest in theory. The research of Van Deusen (1985) has suggested that the longer the experience as an occupational therapist, the greater the valuing of theory development. The fact that occupational therapists are relatively young, with a median age of 31 years (AOTA, 1985), indicates that a large proportion of occupational therapists have limited experience. This might lead one to expect, again, that theory would not be highly valued by most practitioners in the field.

In this paper I explore how practitioners can contribute to the professionalization of occupational therapy by using theory to guide their decisions. First, I explain why an overemphasis on technical skill in our field poses a threat to the quality of our services. Next, I describe an ideal therapist who reflects on the nature of clinical problems while applying techniques. This is followed by a consideration of how theory serves as a thinking tool for the reflective occupational therapist. Finally, I offer some suggestions as to what practitioners can do to help create a world with an ample supply of reflective occupational therapists.

Overreliance on Technique

Schön (1983) convincingly argues that overreliance on technical skills can lead to a solution that actually aggravates the original problem instead of solving it. Many of the solutions to social and environmental problems introduced in the 1960s failed because they were based on technical systems that ignored the broader context of the problem. These technical solutions were indeed theory-based, but the theories relied on were of narrow scope and were applied wholesale without regard for their limitations. In the War on Poverty, for example, urban renewal programs created new problems in our cities when neighborhoods were destroyed. Examples could easily extend into the present decade: toxic wastes from industry, dangerous pesticides, carcinogenic food additives, accidents in nuclear power plants.

Occupational therapists are not immune to the negative consequences that can occur when technical proficiency overshadows thinking about the projected impact of the intervention as it interacts with the problem. Recently my colleague Florence Clark became involved with transitional programs for adolescents. Her work brought her into contact with productive adults who have successfully "made it" in society despite chronic disabilities. These people typically do not look back on their occupational therapy experience with pleasure or pride.

June Kailles, a leader in the Independent Living Movement and Director of the Westside Independent Living Center in Santa Monica, California, is a talented and intelligent woman who happens to have cerebral palsy. Her recollection of therapy is that she was asked repeatedly to drill on tasks like putting beads in jars, presumably for coordination: "Anybody could see that wasn't going to be my thing!" Why had no one attempted to help her channel her considerable intellectual abilities toward more satisfying goals?

Paul Longmore, a former faculty member at the University of Southern California Program in Disability and Society, is quadriplegic. He was subjected to long hours of occupational therapy training for self-care skills although he had no intention of performing these time-consuming tasks independently at home. He planned to hire an attendant who would expedite the process, freeing him to use his time and energy to pursue more stimulating and productive activities.

In these two examples, the professionals had failed to address the self-directed activities these people were interested in doing. Would June and Paul have been better off if they had spent their therapy time at home exploring and experimenting with a variety of self-selected tasks?

Similar situations abound. Therapists’ tendency to use a grab-bag of techniques may be understandable when one considers the pressures from reluctant third-party payers and truncated hospitalizations. The outcomes of therapeutic efforts, however, are jeopardized when standard technical solutions are routinely selected without reflection on the scope of the problems faced by the patients. Time, energy, and money are funneled into treating one small part of the total problem, a part that may be insignificant in comparison with complexities that are more difficult to understand but have a profound impact on the life situation of the patient being served. This kind of shortsightedness occurs when therapists are too quick to reach for a handy technique without considering the implications for the unique individual who is the recipient of the therapy.

The Reflective Occupational Therapist

Let us imagine an exemplary occupational therapist who does reflect carefully on clinical problems while applying treatment techniques. We will draw from Schön’s (1983) portrayal of the "reflective practitioner" who deals with the uncertainties of practice not only by relying on technical proficiency, but also by reflecting on the nature of clinical problems as well as the potential results of treatment.

For the reflective occupational therapist, problem setting is as important as problem solving. Applying technical procedures falls into the realm of problem solving. Problem setting refers to identifying the appropriate problem to solve. No matter
how great the technical problem-solving skills of the therapist, if the wrong problem is being worked on, treatment will not lead to desirable changes in the patient’s life. Schön (1983) states that the artistry of the competent professional lies largely in the ability to sort out what to pay attention to in the face of the multiple uncertainties and complexities that arise in practice.

Problem setting is a conceptual rather than a technical process. In problem setting, the therapist names what will be attended to in practice, and frames the context for intervention—“name it and frame it,” as Schön would say (1983). A description and explanation of the problem is formulated, with a tentative plan for action.

Once the problem has been set, the problem-solving process can begin. Here technical procedures are applied, but not in a regimented fashion. The therapist compares the ongoing results of intervention with the original description of the problem. Are the patient’s responses to treatment consistent with what was expected? If so, this is an indication that the therapist’s framing of the situation is on the right track. If not, the therapist needs to reassess the original understanding of the problem and perhaps construct a new description of what is going on. This going back and forth between conceptualization of the problem on the one hand and appraisal of treatment effects on the other is what Schön (1983) calls a Reflective conversation with the situation.

Problem setting in practice does not necessarily require an extensive amount of planning time; often it is done rapidly, especially if the therapist is experienced and competent. In many clinical situations, the therapist must make on-the-spot decisions in response to changing, unpredictable circumstances. There is no time for a leisurely walk through the problem before taking action. In such situations, our ideal occupational therapist reflects afterward on why a particular action was taken, either during or between treatment sessions—what Schön (1983) would term Reflecting-in-action. Consequently, the therapist develops a keen ability to articulate reasons for the myriad of decisions made in treatment. There is a sharpening of sensitivity to subtle cues and increased flexibility in clinical decision making.

Theory as a Tool for Thinking

Implicit in the activities of the reflective therapists is a valuing of theory. Theory is a key element in problem setting and in problem solving. It is a tool that enables the therapist to “name it and frame it.” Both language and logic are needed to identify a problem (name it) and to plan a means for altering the situation (frame it). Theory provides these by giving us words or concepts for naming what we observe, and by spelling out logical relationships between concepts. This allows us to explain what we see and to figure out how to manipulate a situation to cause change.

Whether or not a therapist is aware of it, a rudimentary theory is inherent in any treatment situation. Whenever an attempt is made to change some aspect of another person’s life, there is a tacit assumption that a cause-and-effect relationship exists—a relationship that could be elaborated into the framework of a theory. Most occupational therapists are not cognizant of the many implicit theories they use in practice. When our ideal therapist engages in Reflecting-in-action, however, a deliberate effort is made to articulate those theories that are embedded in clinical decisions.

A good deal of the problem-setting and problem-solving activity of the reflective occupational therapist involves patterns of thinking derived from existing theories in the profession. Often the therapist will have to choose between competing theories that offer different points of view for understanding a single clinical situation. An appreciation of the different kinds of theories available and of what each can or cannot bring to the understanding of the problem is required if a wise decision is to be made. In this regard it is helpful to make a distinction between theories that are scientific and those that would more appropriately be called conceptual frameworks.

Scientific Theories

Scientific theories are well defined with quantifiable concepts interlinked in relationships that are measurable and fairly precise. Ideally, cause-and-effect relationships are identified and structured into logical, linear forms of explanation. Research can be conducted to test the theory by examining the robustness of the predicted, quantified relationships between variables. Because scientific theories aim for precision, they tend to be specific to circumscribed situations, thus generality is limited. If they are applied to a wider range of situations, they lose precision in the prediction and control of phenomena.

Of all the theories emanating from occupational therapy, the extensive work of Jean Ayres (1972) with young learning- and language-disabled children falls most clearly under the rubric of scientific theory. Yet when one comes to know the Ayres theory of sensory integration very well, one realizes how much of it is more a conceptual framework than a scientific theory.

Conceptual Frameworks

A conceptual framework is more general and vague than a scientific theory. Concepts tend to be complex and difficult to operationalize. Consequently, relationships between concepts are hazily described and research is cumbersome. In fact, scientific research may not be feasible at all. Most occupational therapy theorists have produced conceptual frameworks that are broadly applicable but seem to defy attempts at theory testing.

Scientific writers often consider conceptual frameworks to be crude and stress that they need to be refined to allow research. In an applied discipline such as ours, however, they can be extremely useful to the practitioner. A valuable conceptual framework provides a gestalt or overview of a situation rather than a specific linear mode of thinking. It helps the clinician to form a mental image that aids in quickly sizing up a situation and selecting the significant problem to
address. This is important in a profession such as ours that is concerned with extremely broad and complex dimensions of human activity. A good conceptual framework enables the therapist to cope with the many details of a human problem by synthesizing them into a perspective of the whole. Examples from occupational therapy include Reilly’s (1969) occupational behavior framework, Llorens’s (1976) developmental theory, and Kielhofner and Burke’s (1980) model of human occupation.

Schön (1983) calls a conceptual framework an overarching theory, and says that it serves as a metaphor to help the practitioner make sense out of a difficult problem. It can lead to the development of new scientific theories when no existing ones seem to fit the unique characteristics of a particular problem.

Thinking With Theories

Conceptual frameworks and scientific theories are different kinds of thinking tools for the therapist. An overarching conceptual framework allows the therapist to frame the context for intervention by sketching a general configuration of the situation, while a scientific theory leads the therapist to specify technical details of how to act on a problem once it is selected as a target for intervention. It is likely that, in the best instances of competent clinical practice, both kinds of thinking are involved.

For the exemplary therapist, the roles of researcher and theorist are intertwined with that of clinician. When the therapist engages in a reflective conversation with the situation by testing the patient’s present behavior and past history against the predictions of the theory, the attitude of a researcher is being assumed. A natural outcome is the raising of research questions about the conditions under which a particular theory is useful, and the conditions under which it is not. When the therapist begins to articulate an understanding of a situation that goes beyond existing theories, the emergence of a new theory or an improved version of an old one is possible, hence the practitioner becomes a theorist.

The kind of thinking involved in the reflective process is a thread that runs through practice, theory, and research. It requires a willingness, indeed a propensity, to keep one’s mind open to new ways of seeing a situation, choosing a course of action, and anticipating the possibilities of what could be.

Using More Than One Theory

Clinical problems often seem to call for the application of more than one theory simultaneously. Before multiple theories are used, the reflective therapist considers the compatibility of the individual theories with each other. Theories should not be mixed indiscriminately. Are they based on similar assumptions about the way the phenomenon operates? Can concepts from one theory be used in tandem with concepts from another without compromising the logical integrity of either?

As an example of the pitfalls of indiscriminate theory mixing, let us consider the theories behind behavior modification and sensory integrative treatment. The basic tenets of these two perspectives offer very different ways of understanding motivation and learning. Behaviorism views learning as a change in behavior, without regard for internal processes, and human motivation is explained in relation to environmental consequences of behavior. Sensory integration, on the other hand, sees learning as a function of internal, central nervous system processes; motivation is understood as an innate drive toward adaptation. Each of these two perspectives has its own logic for understanding human behavior, and the treatment methods springing from each are in keeping with the logic of the relevant theory.

Unfortunately, professionals sometimes mix methods from the two without realizing the potential for tangling the lines of logic. Unexpected negative outcomes can result. Take, for instance, the therapist who allows a child, let’s say a girl, to initiate pleasurable but challenging swinging activities on her own volition (sensory integrative treatment), then gives her a sticker reward each time she stays with an activity for 10 minutes (a behavioral treatment), perhaps with the assumption that “more is better” when it comes to therapeutic techniques. Instead of developing the child’s ability to persist with challenging tasks, the therapist may find that the child begins to select unchallenging tasks, stays with activities only for the minimum amount of time required for a sticker, or worse yet, does not persist with an activity for an appreciable length of time unless a sticker is known to be forthcoming. There is considerable research indicating that such negative effects could indeed happen. The addition of extrinsic rewards does not necessarily add to the power of intrinsic motivation—it can actually undermine the originally beneficial effects of intrinsic motivation. The quality of performance may decline and subsequent interest in the task may disappear when extrinsic rewards are added to a task that was once performed for the sake of intrinsic interest alone. If intrinsic motivation is present initially and is allowed to flourish, quality tends to remain high, creativity increases, interest is sustained, and the person is more likely to approach the task spontaneously in the future—important considerations if the effects of interventional treatment might well lead to undesirable consequences.

The Role of Values in Theory Application

The selection of goals and methods for intervention always brings ethical concerns and value judgments into the picture. In applying theories to practice, clinicians are not usually
aware of the hidden assumptions about what is right and good to bring about. This is another consideration for the reflective therapist. How good is the fit between the values of the therapist and those of the patient? How do the values embraced by the treatment facility or institution mesh with those of the professional and the patient? If more than one theory is applied, are the underlying values conflicting or are they harmonious?

Again, as an example, let us juxtapose behavior modification with sensory integrative treatment methods. Behavior modification typically centers on the systematic administration of rewards and punishments by agents outside the child, such as parents or therapists. Implicit in this treatment is a valuation of controls on behavior that are external to the child. Sensory integration, conversely, focuses on the degree to which the child can organize his or her own behavior. The role of the therapist is to organize the environment to maximize the likelihood of success and increasing complexity in child-directed activities. Thus, there is an implicit valuing of internal, within-child controls on behavior. There is also a potential for values conflicts between professionals who rely on behavioral techniques and those who use sensory integrative methods.

The therapist who is aware of the potential for such conflicts will be better prepared to communicate effectively with others who might question, misinterpret, or work in opposition to the treatment methods being used. The issue in a conflict may not be the logical soundness of the theoretical perspective, but the unspoken values embedded in the treatment approach. An awareness of values will also influence the therapist to consider goals and methods that are compatible with the beliefs and values held by the persons involved, thus minimizing the possibility that a values conflict will jeopardize the efficacy of treatment.

Benefits of Thinking About Theory

When a therapist begins to ask questions about the concepts, logic, and values behind techniques, there is less likelihood that she or he will become entrenched in one or two methods of treatment. With the current emphasis on technique in our field, we often see therapists who again and again select the same solutions to the clinical problems they encounter. And the resultant risk is high when clinical practice becomes repetitive and boring. Moreover, a negative message about occupational therapy is likely to be communicated to others, who may see the field as simply a collection of unrelated techniques, without substance and certainly lacking in professionalism.

Once a therapist begins to question the thinking process behind clinical decisions, an awareness grows that there are alternative ways of seeing a problem and dealing with it. Theory becomes attractive because it brings a fresh perspective and stimulates creative solutions. Clinical practice becomes fascinating and challenging. The benefits extend beyond the individual therapist to quality care for patients, and ultimately to higher status for the profession.

A World of Reflective Occupational Therapists

What if most occupational therapists were committed to a lifetime career as a professional who highly values the contribution of theory to practice? Let us imagine a world with an ample supply of reflective occupational therapists.

In this world occupational therapists would have long careers, since clinical practice would be highly stimulating. Thus, attraction among clinicians would not be a problem. Therapists naturally would be drawn to graduate education, since it would equip them with skills necessary for excellence in practice—the thinking skills needed to critically appraise theories and to evaluate research. Model clinical programs based on well-articulated conceptual frameworks would proliferate, and it would be commonplace to find formal theory-testing going on in the form of clinical research. Clinical and academic occupational therapists would work side by side on theory development, collating their observations and their hypotheses to crystallize our understanding of the relationship between occupation and health.

Along with the growing knowledge base, theories of occupation would emerge to heighten our understanding of how the organization of daily life activity enables the person with a disability to succeed as a productive member of society. Beyond focusing on the limits of dysfunction, we would be able to identify the critical strategies that make function possible. Certainly our patients would benefit from the improved quality of care that would emanate from a deeper understanding of occupation.

The status of occupational therapy in the eyes of society would be raised to that of a full-fledged profession. With our recognized body of knowledge about occupation and health, more and more occupational therapists would fill key roles in establishing state and national health policies. We would be better equipped to deal with legislative and reimbursement issues since we could provide indisputable evidence of a solid knowledge base and extensively evaluated services. We would be granted greater autonomy as professionals, in return for having developed what occupational therapy can offer society.

Steps Toward Professionalism

Following are some suggestions of what occupational therapy practitioners, as individuals, can do to help create a world of reflective occupational therapists. These suggestions center on the idea that professional self-development will advance the profession as well as the individual's personal career:

Pursue graduate education. To the extent possible, obtain graduate education. Graduate school is the best place for learning to critically evaluate theories and research as they bear on clinical practice. Earning an advanced degree is desirable, but even if this is not currently an option for you, graduate level coursework is worthwhile. This is not the same as continuing education, which is valu-
able but does not require the same degree of active learning as does a graduate course.

Network with occupational therapists. Connect with a group of occupational therapists who are interested in growing. Pool your resources and knowledge. Consider forming sub-groups according to interests, for example, study groups on special topics. Find out the areas of expertise of the occupational therapists in your geographic locale. Consult with them about special clinical problems, and refer patients to them when appropriate. In doing so, you are acknowledging the importance and the variety of the skills used by occupational therapists.

Critique your own clinical thinking. Develop an awareness of how you are naming and framing clinical problems. The words that you use and the treatment goals that you set will give you clues. Try to identify the theories you are drawing from in treatment planning. What are the theories behind the techniques you are using? Go back to the literature and check your interpretation of the theories you use. If you cannot identify an existing theory that you used in a particular situation, can you state what your own personal theory was? Ask yourself “Why did I decide that; would a different outcome have occurred if I had tried something else? Did I fail to address an important factor in this situation? What were the critical factors that led to success?”

Develop relationships with other professionals. Discuss ideas with professionals in other fields. Talk about cases, program development, clinical problems. Ask questions about their theories and supporting research, and offer insights from occupational therapy. Identify people who like to talk about ideas and are open to different points of view. Collaborating with other professionals on clinical projects, presentations, or research can be an effective avenue for demonstrating the value of occupational therapy concepts.

Be open to different points of view. When trying to understand clinical problems, think about the alternative explanations that could be formulated. Ask other professionals about their thoughts on a problem and analyze the different points of view that you hear. How are they similar, and how are they different? What are the basic assumptions underlying theories? What are the implicit values embedded in a particular interpretation? Is there any research backing up the different points of view?

Do not assume that your view is inferior or superior. If another professional’s opinion is different from yours, do not assume that you are wrong or right. Respect the other opinion as well as your own, but consider how they are different. Can you identify any evidence that supports your view? What about the other view? What are the implicit values in each viewpoint? Maybe you will be convinced that the other person’s view has more validity, but maybe not. Perhaps there is some truth to both points of view.

Learn to argue constructively. By arguing, I mean analyzing contradictory points of view, not being argumentative or negativistic. This is a constructive, not a destructive process. The goal is to understand a problem thoroughly; even if this means disagreeing with someone else’s interpretation. You can do this politely and respectfully without personalizing your point of disagreement or putting the other person down. It helps to practice arguing with yourself in an inner conversation. Also helpful is a trusted friend with whom you can argue in a nondefensive manner.

Be a research consumer and contributor. Professionals keep up with the literature of their field and can share it with others. It is your responsibility as a professional, then, to create a system for keeping track of research in your areas of interest. Discuss research articles with colleagues and consider the implications for practice. When questions arise that could be answered by research, share them with researchers who are interested in the problem, or conduct the research yourself, either individually or as part of a research team. Getting involved with a research project is one of the best ways to develop an appreciation of research and what it can offer practice.

Present yourself as a professional. Become aware of the unspoken codes of behavior of the most highly respected professionals in your area. Consider their clothes, manner, courtesies, and speaking styles. Fitting in with the professional subculture facilitates your recognition as a professional. Even if your work involves a great deal of physical activity on floor mats, you can maintain a professional appearance.

Communicate like a professional. As a professional, you should be so comfortable with the theoretical concepts you use that you can present them clearly in everyday language. Technical jargon may be acceptable when talking with colleagues with similar background, but often is detrimental when speaking with others who do not have the same background. An excellent way to sharpen your professional communication skills is through presentations at conferences or meetings.

By developing themselves as professionals, occupational therapy practitioners are taking responsibility for advancing the profession. It is such responsibility that will move occupational therapy toward fuller professionalism. Practicing occupational therapists, in turn, will benefit by gaining from society the recognition that they are legitimate professionals deserving of autonomy.

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