The Value of Psychosocial Level II Fieldwork

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The shortage of occupational therapists choosing to practice in mental health and the increase of therapists electing to specialize in other areas led to a pilot study designed to gather information regarding the value of psychosocial Level II fieldwork. A survey was mailed to 152 practicing occupational therapists who had graduated from Colorado State University in Fort Collins between 1983 and 1988, of the surveys returned, 116 were used in this study. The results indicate that the psychosocial Level II fieldwork experience provides therapists with valuable training and experience regardless of their current area of practice or specialization. The results also suggest that to preserve the holistic approach that occupational therapists offer their clients, psychosocial Level II fieldwork must remain a requirement of occupational therapy programs.

A decline in the number of occupational therapists working in mental health settings is a current trend in the field of occupational therapy. Fewer occupational therapists are now working in long- or short-term psychiatric settings and more are employed in private practice, public schools, or home health care agencies (Gibson, 1984). Between 1973 and 1986, the percentage of registered occupational therapists practicing in psychiatric hospitals and community mental health centers declined from 18% to 8.5%; for certified occupational therapy assistants, it declined from 26.6% to 12.2% (American Occupational Therapy Association [AOTA], 1987). A review of the literature indicates that this trend is shared by other medical disciplines (Arnswald, 1987; Fagin, 1981; Mitsu­naga, 1982; Nielsen, 1979). Arnswald stated that fewer nurses are choosing psychiatric nursing for both employment and graduate study, and between 1971 and 1976, there was a 27% decrease in the number of first-year residents practicing in psychiatry (Nielsen, 1979).

The small number of practitioners in mental health greatly concerns our profession and is exacerbated by a general shortage of therapists (Bonder, 1988). Psychosocial educators in occupational therapy have also identified the paucity of students going into psychiatric practice as a problem facing occupational therapy in mental health today (Barris & Kielhofner, 1986).

Trends in health care provision that cause a shift in focus are not new to occupational therapy. These trends can be directly related to factors that affect society as a whole (Tiffany, 1983). With roots firmly planted in the foundation of mental health since the early 1900s, occupational therapy has undergone many changes and has emerged as a profession that is involved in the treatment of many physical and psychological disorders. Although many therapists tend to categorize occupational therapy as dealing with either physical dysfunction or psychosocial issues, the two must be considered together in the treatment of an individual. This holistic treatment approach is a major component of our philosophical base and has been a unique characteristic of occupational therapy throughout the years (Tiffany, 1983).

As the focus of occupational therapy has shifted over the years to meet the needs of society and the challenges of the ever-changing health care system, educational programs for students have had to respond. In light of the current trend, that is, the decline in the number of occupational therapists working in mental health settings and the increase of therapists specializing in other areas, educational programs face two challenges. The first is to decide whether to continue to require psychosocial Level II fieldwork, because so few students are electing to specialize in this...
area. Research concerning the career choices of occupational therapists indicates that fieldwork experience has the greatest effect on the development of a therapist's preference for a specific area of clinical practice (Christie, Joyce, & Moeller, 1985) and that a positive fieldwork experience is one of the most influential factors determining specialty choice (Ezersky, Havazelet, Scott, & Zettler, 1989). We may assume, therefore, that the decline of therapists choosing to practice in mental health would be further affected if occupational therapy students were not required to participate in a psychosocial Level II fieldwork experience.

The second challenge of educational programs is to determine whether knowledge and experience with mental health disorders is essential to the holistic practice of occupational therapy. How would the holistic, philosophical base of future occupational therapists be influenced if participation in psychosocial Level II fieldwork were no longer mandatory?

Although psychosocial Level II fieldwork has been a part of our educational programs for many years, no research has been conducted to determine the value of such fieldwork. The present pilot study was designed to gather information from practicing occupational therapists, regardless of their area of clinical practice or specialization, concerning the value of their psychosocial Level II fieldwork experience.

Method

Psychosocial Level II fieldwork is a 12-week internship or affiliation in a mental health setting that is undertaken by occupational therapy students after completion of their academic course work. Throughout this paper, the terms psychosocial and mental health will be used interchangeably, and the terms Level II fieldwork experience, internship, and affiliation will be used synonymously.

We designed a three-part questionnaire to use in this study. In the first part, the respondents were asked to identify the focus of their current practice as primarily psychosocial, physical dysfunction, both, or other. They were also asked to indicate their work setting, age, and years in practice, and the percentage of their practice that involves psychosocial issues.

In the second part of the questionnaire, the respondents were asked to rate their interest in, contact with, and fear of working with mental health clients prior to their Level II fieldwork. They were also asked to rate their psychosocial academic course work in terms of preparation for their Level II internship experience and to indicate if they had participated in a Level I psychosocial practicum experience.

The third part of the questionnaire dealt with the respondents' perceptions of the relationship between their psychosocial fieldwork experience and their current practice as an occupational therapist. Did their psychosocial affiliation have an impact on the area they chose for clinical practice, and if so, was the impact positive or negative? Did the psychosocial internship provide experiences and training of value to them in their current practice? If the respondents indicated that the fieldwork was valuable, they were asked what aspects of the experience were particularly valuable. They were also asked if there was a specific aspect or experience provided by their psychosocial fieldwork that they believed could not have been gained from their physical dysfunction placement. The final question asked respondents if they felt psychosocial fieldwork should be required for all occupational therapy students, and space was left for additional comments concerning this issue. The questionnaire was mailed to 152 registered occupational therapists who had graduated from Colorado State University between 1983 and 1988. The sample was randomly selected by AOTA, drawing from a population of current AOTA members who met the above criteria. A postcard reminder was sent to all those who had not responded within 2 weeks. Raw data were analyzed with the Biomedical Data Processing Statistical Software (Regents of University of California, 1985).

Results

Of the 152 surveys mailed, 127 (83.5%) were returned. Of those returned, 11 were eliminated from the data analysis because of incomplete data, thus yielding a sample size of 116 (76.3%).

The mean age of the respondents was 28.8 years (range = 22 to 49 years). The mean number of years in practice was 3½ (range = 0 years [for a respondent who had never practiced] to 10 years [for a respondent who had had experience as a certified occupational therapy assistant]). A total of 54.3% of the respondents indicated that the focus of their current practice was primarily physical dysfunction, 8.6%, psychosocial; 7.8%, both areas; and 29.3%, other (e.g., pediatrics).

The largest percentage of respondents (56.8%) indicated that they worked in a hospital, a rehabilitation center, or a school system. When the respondents were asked what percentage of their current practice involved psychosocial issues, 97.4% indicated that they dealt with psychological issues as part of their clinical practice.

The respondents were evenly divided concerning Level I (practicum) participation in a mental health setting: 50% had participated in a 40-hr practicum in a psychosocial setting, and 50% had not. When asked to rate the adequacy of their psychosocial academic course work in preparation for their mental health...
health Level II fieldwork, 15.5% indicated that their coursework was less than adequate; 57%, adequate; 24.1%, more than adequate; and 3.4%, excellent.

The respondents were asked to rate their interest in mental health issues, experience or contact with mental health patients, and fear of working with mental health patients before their psychosocial internship. The surveys showed that, before their Level II fieldwork experience, 55.2% of the respondents had a moderate or high interest in mental health issues, more than 80% had either minimal or no experience with mental health patients, and 67.2% believed they had either minimal or no fear of such patients.

More than half (57.8%) of the respondents indicated that they had done their mental health fieldwork in a psychiatric hospital; 26.7%, in a general hospital. Only 4.3% had done their fieldwork at a community mental health center, and 11.2% of the respondents chose other, with 6 of those specifying a Veterans Administration setting.

More than half (55.2%) of the respondents indicated that the psychosocial Level II fieldwork had influenced their career choice, whereas 44.8% indicated that it had not. Of those who indicated that it had an impact, 53.1% said the impact was positive, and 46.9% said it was negative. When asked if the psychosocial Level II fieldwork experience provided training and experiences that were valuable in current practice, 85.3% of the respondents viewed it as valuable. The one-way chi-square (goodness-of-fit test) indicated that this was significant \( \chi^2 = 56.56, df = 1, p < .001 \). Of the respondents who indicated that such experiences were of no value to their current practice, 35% attributed this to poor site selection and believed that a more positive setting may have been valuable. Forty-seven percent of the respondents indicated that their personal experience was not valuable, psychosocial internships should still be required.

To gather more specific information about the value of the internship experience, we asked the respondents to indicate what aspects of their psychosocial fieldwork they considered valuable. They were to indicate yes or no for three listed aspects: leading small groups, psychosocial theory application, and dealing with feelings and emotions. The fourth category, other, allowed the respondents to list other aspects that they found to be of specific value. Most of the respondents (75.9%) indicated that learning to deal with their own and others' feelings and emotions was a valuable aspect of their experience, and 57.8% indicated that leading small groups (group dynamics) was another valuable aspect of their experience. Forty-four percent valued applying psychosocial theory, and 32.8% indicated other valuable aspects of their psychosocial fieldwork experience. An open-ended question asked if there was a particular aspect of the psychosocial fieldwork experience that gave the respondents what they could not have gotten from their physical dysfunction internship; 75.9% of the respondents cited specific examples.

The final survey question asked if psychosocial Level II fieldwork should be required of occupational therapy students; 84.5% answered yes. The one-way chi-square test indicated that this is significant \( \chi^2 = 53.80, df = 1, p < .001 \). Of the 18 respondents who indicated that psychosocial fieldwork should not be required, 10 (55.5%) believed that students should be able to choose between a psychosocial internship and a pediatric, hand therapy, or other specialized area for their second fieldwork experience. Space left for additional comments elicited concern from most respondents about this issue. These comments are summarized below.

Discussion

This pilot study indicates that the psychosocial fieldwork experience is valuable to occupational therapists, regardless of their area of clinical practice or specialization, and that such fieldwork should be included in the educational program.

A major concern expressed by the respondents was that the holistic approach traditional to occupational therapy would be greatly threatened if the psychosocial internship were no longer required. Many respondents believed that through their psychosocial internship they learned how to deal with the mental health issues (e.g., anger, depression, grief) that they encounter daily in their work with clients and families. Many respondents indicated that their psychosocial internship allowed them to get to know themselves better and to deal more assertively with clients, a skill they found beneficial in their current practices.

The respondents who indicated that the Level II experience was not valuable or that it should not be required generally fit into two categories: (a) those who had had a negative psychosocial fieldwork experience (attributed to poor supervision or what they believed to be an inadequate site selection) and (b) those who had already selected their area of practice and thought their time would have been better spent in their area of specialization. The respondents who had had a negative experience indicated that educational programs should more carefully screen fieldwork sites and supervisors to ensure that students have an adequate experience. The respondents who indicated that students should have a choice recognized the trend toward specialization in occupational therapy and identified the need to address specialization in fieldwork.

Although this study has a number of limitations, it does raise several questions that warrant further ex-
amination. Additional research is needed to determine if the survey results would hold true for graduates of other educational facilities and for therapists who have been practicing for more than 5 years. Research is also needed to determine if the holistic approach of occupational therapy would be affected if the psychosocial Level II fieldwork were no longer required. The prompt and substantial return rate (83.5%) of this survey, along with the wealth of additional comments submitted, indicate that this is a topic of interest and concern to practicing occupational therapists and one that needs to be more fully addressed.

An additional area for future research would be to determine the sequence in which students should complete their fieldwork placements. Several respondents indicated that they found it beneficial to complete their psychosocial Level II fieldwork first because of the insight it gave them during their physical dysfunction internship.

Study Limitations

The subjects for this study were limited to those who had graduated from Colorado State University between 1983 and 1988. We chose to perform this study in a location in which the psychosocial academic course work as well as the Level I (practicum) and Level II fieldwork requirements were known to be relatively consistent over time. Because the population was limited in years of practice and to one educational facility, the results may not be consistent with a random selection of all occupational therapists.

A second limitation of this study was the small number of subjects who indicated that the focus of their practice was primarily psychosocial. Because the response in this area was so small, we could not use chi-square tests to determine relationships between a therapist's current focus of practice and other selected variables without violating the assumption of expected frequencies.

A third limitation of this study was that the average length of practice for occupational therapists responding to the survey was 3.5 years. Perhaps many of the positive values attributed to psychosocial Level II fieldwork (e.g., assertiveness, dealing with one's own and others' feelings) were in fact maturational and increased with experience and time in practice, regardless of the psychosocial fieldwork experience. We hope that a future, controlled study will prove or disprove this point.

Conclusion

The concerns over the declining number of occupational therapists practicing in mental health and how educational programs will meet this challenge prompted this pilot study. The results indicate that therapists perceive that psychosocial Level II fieldwork (a) provides valuable training and experience to occupational therapists regardless of the focus of their current practice or specialization and (b) is a vital part of our educational program and should continue to be included in the training of future occupational therapists.

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References


