

# The Essential Skills of an Occupational Therapist

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**In response to the significant changes in the provision of health care services expected during the 1990s, occupational therapists in West Dorset Health Authority have been producing documents for use by therapists, managers and other professionals which identify occupational therapy core skills and highlight the uniqueness of the occupational therapy profession. This article looks at the philosophical base of occupational therapy and its professional status and seeks to outline the essential skills of an occupational therapist.**

## Introduction

The 1990s are going to see many significant changes in the provision and delivery of health care services to the consumer. The latter part of the 1980s introduced these developments with the publication of the white paper entitled *Working for Patients*,<sup>1</sup> the Griffiths report *Community Care*<sup>2</sup> and the subsequent white paper *Caring for People*,<sup>3</sup> all of which have far-reaching implications for the occupational therapy profession. These documents place further emphasis on: enabling people to have care whilst living in their own homes; clearly defined support for carers; case management; contracts of service dependent on the quality of service delivery; and value for money from therapists.

Occupational therapists must appreciate that these changes are taking place and should work towards planning, quantifying and costing their services. They will need to demonstrate their cost-effectiveness, seek out the views of their clients, devise ways of measuring and monitoring the quality of practice and market themselves in order to participate effectively in the competitive world of NHS trusts and purchaser/provider contracts.

In 1987, the College of Occupational Therapists set up an Independent Commission, chaired by Louis Blom-Cooper QC, to review the existing activities of and future demands upon the profession of occupational therapy. Among its recommendations,<sup>4</sup> the Commission states that the College of Occupational Therapists should 'seek to validate the profession's claims to professional status'. It considers the possibility of the organisation of a National Occupational Therapy Service providing appropriate services on contract to NHS and social services authorities, to independent providers of services and to individuals.

In West Dorset Health Authority, occupational therapists have been preparing for this decade of change and beyond by producing documents for use by managers and other professionals in the district, with the aim of:

1. Highlighting the uniqueness of occupational therapy
2. Identifying core occupational therapy skills
3. Clarifying skill mix
4. Demonstrating that occupational therapists are practitioners in their own right.

## Stating occupational therapy's professional identity

The report of the Independent Commission<sup>4</sup> refers to occupational therapy as a 'submerged profession', adding that occupational therapists are sometimes seen as performing unskilled 'commonsense' tasks which do not merit the prestige accorded to doctors. This is a salient point. Occupational therapists work within real-life environments using ordinary, everyday tools that, perhaps, do not appear technical or specialised. They themselves know, however, that this is *the* environment that matters: the client's environment.

Many experienced therapists struggle to give an adequate, concise and informative response to a request to define their own profession. So, if occupational therapists themselves are unable to do so, how can they expect other professions to define occupational therapy? De Saint-Exupery<sup>5</sup> said 'What is essential is invisible to the eye'. The distinct professional status of occupational therapy needs to be made more visible to more eyes. 'A profession is founded upon a unique body of knowledge which must meet a real social need' (Yerxa EJ; lecture to occupational therapy tutors, Liverpool, 1989). Occupational therapists must, therefore, develop as ambassadors for their own profession, demonstrating the complexity of occupational therapy practice and the knowledge upon which it is based.

## The philosophical base of occupational therapy

Hopkins<sup>6</sup> states: 'The philosophy of occupational therapy represents the profession's view of the nature of existence and gives meaning to and guides the actions of the profession. It also provides the fundamental set of values, beliefs, truths and principles that guide the action of the profession's practitioners.'

In 1979, the Representative Assembly of the American Occupational Therapy Association adopted a philosophical base for occupational therapy, stating that 'Occupational therapy is based on the belief that purposeful activity (occupation) including its interpersonal and environmental components may be used to prevent and mediate dysfunction and to elicit

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maximum adaptation'.<sup>6</sup> Thus, the therapist deals with the individual's ability to undertake a functionally independent life within the community by facilitating participation in specifically selected, graded and meaningful activities, in order to help him/her reach his/her maximum level of functioning and independence in all aspects of daily life.

Primary to the practice of occupational therapy is the analysis, selection and adaptation of an activity, which when broken down meets the individual's needs, offers a degree of personal satisfaction and has a firm theoretical base within established models of practice and frames of reference. The key words within the occupational therapy philosophy are: purposeful activity; occupation; level of function; and adaptation. These words are the building blocks of the foundation of occupational therapy — its individuality as a profession.

## Occupation: the essence of occupational therapy

In occupational therapy, occupation is both the means of treatment and the outcome of treatment.<sup>7</sup> Reilly<sup>8</sup> said: 'The desired outcome of occupational therapy is occupational behaviour which fulfils the human drive for efficacy.'

People engage in occupational behaviour most of their waking time. It includes activities such as play, rest, leisure, work and self-maintenance, which are selected, planned and organised into a daily routine. Occupational behaviour develops throughout the life span from childhood to adulthood. It influences health, affects one's quality of life and enables adaptation to the demands of the environment. Occupational therapy is the profession that promotes health through enabling individuals to achieve competence and satisfaction in daily occupations. Occupation can be a powerful tool and therapists should not only develop a deeper understanding of it but also be proud to identify it as the core of their profession.

## The occupational therapist's core skills

**1. The assessment of an individual's occupational performance:** Using a combination of observational, functional and standardised assessments, the therapist evaluates each person's level of function in terms of his/her work, self-care and leisure occupations, including the performance components of motor, sensory, cognitive, intrapersonal and interpersonal skills. This evaluation includes initial and formative assessment along with regular and continuing reviews.

**2. The analysis of the assessment to identify performance skills — the person's strengths and needs:** The therapist analyses the information available, determining areas of strength and areas of need and thus forming the basis for programme planning.

**3. The planning and use of selected activities:** The use of carefully planned activity to facilitate change is a distinctive characteristic of occupational therapy. The activities should reflect real life, be goal-directed and have meaning for the individual, bearing some relationship to the role the person plays in society along with his/her interests and habits. The activities require the active or passive participation of the individual and should be geared to the maintenance or improvement of function and quality of life. They should be adaptable and gradable, and determined through the therapist's professional judgement based on knowledge and theoretical frames of reference. The activities are designed to achieve progress towards the attainment of maximum independence for the individual within his/her environment.

**4. Activity analysis:** The therapist breaks activities into their physical, cognitive, interpersonal, social, behavioural and

emotional components in order to identify the aspects of the activity that are appropriate to the individual's needs. Mosey<sup>9</sup> defines the process as 'activity synthesis — combining component parts of the human and non-human environment so as to design an activity suitable for evaluation or intervention'.

**5. The adaptation of the activity, the environment or the individual's occupational behaviour:** Activities are modified when the individual is unable to perform the task in its original form. The activity may be adapted by changing the equipment used, altering the sequence of tasks or their intrinsic steps, changing the environment, adjusting the person's approach to the task or facilitating the individual to adapt his/her behaviour.

**6. Facilitation of the individual in acquiring and maintaining skills:** The occupational therapist uses psychological knowledge and interpersonal skills in order to teach the individual new skills, facilitate the maintenance of existing skills or adapt the individual's occupational behaviour in order to reach his/her maximum level of function.

## Conclusion

In the light of our current health care climate, occupational therapists need to state their case firmly. The Independent Commission report<sup>4</sup> points out that 'an early opportunity to be in the forefront of community care presents itself to occupational therapists, who should prepare themselves for the developing opportunities in the field of community care'. As outlined in this article, occupational therapy is a profession with a special contribution to make to health care in the 1990s and beyond. The government white papers indicate that community care is the way forward. No other profession enhances the individual's health in the community in the way that occupational therapy does. Occupational therapists should now be prepared to be clear about their philosophical base and core therapeutic skills and be *proud* of their professional identity.

Occupation, in its complete sense, is the foundation and the essence of the profession. Occupational therapists should be more and more involved in research into the science of occupational behaviour and all therapists should consider the theoretical basis from which they practise.

'Occupational therapy is a great idea whose time has come' (Yerxa EJ; lecture to Canadian Association of Occupational Therapists, 1987). The author would add that the time has also come for occupational therapists to share this idea with everyone else.

To end with a very appropriate Chinese proverb: 'Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime.' Does this not have something to say about the essence of occupational therapy?

## References

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