



Occupation-centred practice

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Lead Group: Practice

Country relevance: UK wide

Introduction

The College of Occupational Therapists advocates the use of occupation-centred practice by members of the profession (COT 2015a, p6; COT 2015b). Engagement in occupation is the central means for therapeutic change and the goal of intervention (Wilcock 2006).

The importance of occupation to health and wellbeing is the core and unique tenet of occupational therapy (Hocking 2014, World Health Organisation 2001, Yerxa 1998). The focus of the practitioner in *any setting, with any service user group* is to maximise occupational engagement and performance (World Federation of Occupational Therapists 2012).

There is a renewed understanding of how engagement in occupation is in itself a therapeutic tool and fundamental to health and wellbeing (Wilcock 2006). Occupation should be considered a basic need and human right, like eating, drinking and breathing (Dunton 1919).

Definitions

Fisher (2013) argues that occupational therapists should be clear in the language they are using. Occupational therapists are the experts in occupation. Occupations refer to everything people do in the course of daily life. Fisher (2013) further defines:

- **Occupation-centred** describes an approach where occupation is at the core. It is made up of occupation-focused and occupation-based practice.
- **Occupation-focused** describes practice where information about the person, environment and occupation relates closely with occupational performance.
- **Occupation-based** describes practice where the 'doing' of occupation is the main ingredient in assessment, intervention and measure of outcomes.

An initial ***occupation-focused*** interview is used to understand the occupations which are important and make up a person's routine. Questions might include 'tell me about your typical day/week?', 'what can you manage and what are you finding challenging to do?' Occupation should remain proximal to the discussion i.e. how illness, disability, events and the environment impact on occupation (i.e. how is depression impacting on the person's ability to get their children ready for school).

An ***occupation-based*** assessment consists of the person *doing* an occupation (a person making a cup of tea in their home), intervention adapts/changes the way the person is doing their occupation for improved performance (providing a kettle tipper and memory prompts), and evaluation measures how the person is now doing their occupation (can they make a cup of tea when they want to).

An occupation-centred process



For occupational therapists, occupation-centred practice is where assessments, interventions and evaluations are based and focused on occupation (Fisher 2013, Guzelkucuk et al 2007). This means that, in collaboration with the person, group or community (and with an appropriate awareness of risk):

- occupational strengths and needs are identified (along with relevant background information);
- priority occupations (as identified by the person, family and relevant others) are assessed;
- goals are set in collaboration with the person and relevant others;
- reasons for problems of occupational performance are clarified (considering the person, environment and occupational influences on performance);
- intervention enables occupational engagement and performance; and
- outcomes are measured in relation to satisfaction, engagement, occupational performance, participation and wellbeing.

The importance of 'occupation' at the core of occupational therapy

Professional identity can be reinforced if occupation is central to all occupational therapy practice. Impairment focused approaches overlap with other professions, which can cause confusion about roles and responsibilities.

Evidence for an occupation-centred perspective is accumulating (Law and Darrah 2014, Clark et al 2012, Dunn et al 2012, Hoy 2011, Colaianni and Provident 2010, Rodger and Brandenburg 2009, Fisher, Adler and Potts 2007). Practicing from an occupation-centred perspective has also shown improvements in job satisfaction as it is commensurate with the profession's unique perspective (Estes and Pierce 2012).

Reflecting on occupation-centred practice

What do you do now?	Ask yourself...
<ul style="list-style-type: none"> • How do you explain your role? 	<ul style="list-style-type: none"> • How does occupation feature in this?
<ul style="list-style-type: none"> • When doing assessments and interventions, what are you considering? 	<ul style="list-style-type: none"> • How closely is occupational performance impacted by each of these elements?
<ul style="list-style-type: none"> • What influences your decisions about assessment and interventions? 	<ul style="list-style-type: none"> • How closely does this relate to what occupations the person wants to, needs to, or is expected to do?
<ul style="list-style-type: none"> • How are you measuring and recording outcomes? 	<ul style="list-style-type: none"> • How is a person's occupational performance and/or satisfaction with occupational performance captured?

Putting occupation at the centre of your practice

1. Do what you say you do

Action: Review your information, workshops, leaflets etc. used by your service. Check the central concept is occupation (for example dressing, going out with friends, shopping, work). Also ensure where possible that material refers to 'occupational therapy' rather than 'OT'.



Action: Reinforce your role to individuals, groups, communities and other professionals as enabling people to do the occupations which they want to, need to or are expected to do.

2. Focus on occupational outcomes

Action: In all assessments and interventions, keep occupation as close as possible to what you are doing.

Action: Ensure your documentation reflects your focus on occupational outcomes.

Action: Measure achievement through recording changes in occupational performance.

3. Promote occupation-centred practice

Action: Develop communities of practice where occupational therapists can learn, debate and support each other to continue the emphasis on occupation-centred practice.

Action: Influence decision makers through doing and sharing research and good practice case studies with the College of Occupational Therapists, service managers, researchers and politicians (see <http://www.cot.co.uk/promote-influence>).

Action: Educate occupational therapy students through university curriculum and fieldwork opportunities to focus on occupation as the core of occupational therapy.

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