the recovery approach and occupational therapy: a fresh perspective

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Overview

• What we already know.
• What we want to know.
• What we did.
• Results.
• So what?
• What next?
What we already know, and what we want to know
What we already know
Research question

• How do occupational therapists, in Aotearoa/NZ, incorporate the recovery approach into their daily practice?
What we did

• Qualitative descriptive methodology.
• Ten mental health occupational therapist participants recruited from the South Island, Aoteaoroa/New Zealand.
• Men and women with between 2 and 35 years experience
• Semi-structured focus groups (2) and interviews (3).
• Thematic data analysis.
Result #1:
Recovery is an established part of occupational therapy practice.

- “Recovery very much gels with the way that occupational therapists view the world and the client’s world” (Lily).
- “Recovery and occupational therapy seem fairly central to me, like part of the same thing, I don’t see much distinction at all” (Alex).
- “Recovery is not spoken about as much because it’s just happening. It’s expected, it’s just what clinicians [occupational therapists] do” (Renee).
- “It just feels like common sense at times.” (Bailey).
Occupational engagement is a valuable means to achieve recovery based therapeutic goals.

- “It is not just a baking group, people are socialising when they’re doing it, their mood is picking up, they’re sharing the food afterwards, it’s more than just entertain me. People are taking responsibility for identifying themselves how they’re going to spend their time on the ward – what do they want to do, what’s their interests” (Riley).

- “My job is to try to get people out into the community and getting things organised. Flats, shopping trips, banking – practical things. There’s a palpable change when people are occupied, it’s something about getting out, and doing” (Taylor).

- “The first person I worked with who had an eating disorder, we bought a tomato plant and we had a tomato growing competition. It was about learning to nurture something” (Sasha).
Challenges: Other professions’ perception of occupation.

• “There’s a view that people need time to recover, or they need time to settle, or time to get well before they can do. A youth in our service, he’s sitting doing correspondence work in a residential setting day in day out. I was trying to find a variation, and say what else can he be doing? I’ve been battling with his team, they’re all saying let’s just wait till he settles and he gets well before he does anything, whereas I think recovery is therapy through doing, his team don’t see it as a therapy itself” (Sasha).

• “Others view occupations as, ‘Entertain that person while they’re here for me,’ well actually no, this is therapeutic work we’re doing. There is a reason behind what we are doing...” (Riley).
Challenges: Upholding person centered and recovery values while enabling participation in meaningful occupations.

• “It’s not always easy if people just want to lie in their bed all day. We might not think that sitting at home all day with your computer is good...but that might be what they want” (Alex).

• “Therapeutically what you would see as a benefit and of value to that person, they might not wish that at all, so sometimes I just go with what they want to do” (Lily).

• “There’s a line though, you have to work the occupation to meet where the client is at” (Riley).
Challenges: Upholding person centered and recovery values while enabling participation in meaningful occupations.

• “So is that still recovery? What if they’re just doing it because that is what they know and that is what they are familiar with? I have a few clients who just spend their days and nights on the computer because that’s all they know and all they feel they can access. They’re not particularly happy about it, but they’re not unhappy. It might be purposeful but it may not be recovery focussed. Recovery feels like it’s a sense of moving on or forward or change – what if there is no change?” (Renee).

• “I think you have to be honest and say that there is point where you direct, you do add a bit of direction sometimes. You are in a position of knowledge and you can sometimes see the bigger picture” (Renee).
So what, and what next?
Key practice messages

• The recovery approach is philosophically and operationally congruent with occupational therapy practice.

• Participants questioned the ethical implications of mental health person centered practice, asking what is considered recovery focussed occupational engagement?

• Occupational therapists should be assertive with their colleagues about the legitimate value of occupation centered practice within a recovery framework.
References


• Yerxa, E. J. (1998). Health and the human spirit for occupation... including commentary by Burke JP. *American Journal of Occupational Therapy, 52*(6), 412-422.