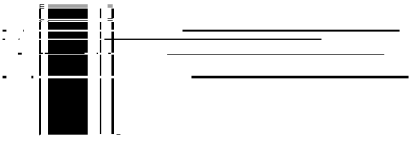
PART II

Occupational Therapy Concepts and Practice



CHAPTER THREE

Core Concepts of Occupational Therapy

PRIMARY AUTHORS:
Mary Law
Helen Polatajko
Sue Baptiste
Elizabeth Townsend

Purpose

To present core values, beliefs, and concepts of occupational therapy.

Objectives

To present an occupational therapy perspective on:

- Values and beliefs about occupational therapy;
- The Canadian Model of Occupational Performance;
- Client-centred practice.

Summary

Occupational therapy is a health profession which makes an important contribution to the everyday lives of Canadians. Members of this profession possess an occupational ~~client-centred~~ perspective based on a particular set of values and beliefs. The profession's concern is for the occupational needs of individuals and society. Occupational needs are everything people need to do to look after themselves and others, enjoy life, and contribute to the social and economic fabric of their communities. A new Canadian Model of Occupational Performance (CMOP) illustrates the relationship between persons, their environment and occupation. The new Model provides a direction for addressing occupational needs through client-centred practice with individuals, groups, agencies, organizations and other clients. In occupational therapy, client-centred practice means that occupational therapists and clients collaborate to meet occupational performance goals that clients define as meaningful.

OCCUPATIONAL THERAPY VALUES AND BELIEFS

Occupational Therapy Values and Beliefs (Table 3) underpin a perspective on occupational performance and client-centred practice. From this perspective, the primary role of occupational therapy is that of enabling occupation. Occupation is everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity). Enabling occupation means collaborating with people to choose, organize and perform occupations which people find useful or meaningful in a given environment. This primary role of enabling occupation constitutes a necessary and sufficient condition for the practice of occupational therapy. Enabling change in performance components and elements of the environment is thus a secondary role.

[illegible]

occupational therapists enable persons to achieve satisfactory performance in occupations of their choice. The emphasis is on enabling occupation with clients rather than doing things for clients. In working with people, occupational therapists recognize the dynamic relationship between persons, environments and occupation (Law et al., 1996). Changes in any of these areas will influence a person's performance in, and satisfaction with their occupations.

CANADIAN MODEL OF OCCUPATIONAL PERFORMANCE

Occupational performance is the result of a dynamic relationship between persons, environment, and occupation over a person's lifespan.

> **Occupational performance refers to the ability to choose, organize, and satisfactorily perform meaningful occupations that are culturally defined and age appropriate for looking after one's self, enjoying life, and contributing to the social and economic fabric of a community.**

Over the past two decades Canadian occupational therapists have developed a particular perspective on occupational performance. An early conception of occupational performance describes the therapeutic use of activity in a client-centred framework (DNHW & CAOT, 1983). Occupational performance was depicted in three concentric circles. Four performance components of persons, including spirituality, were in the centre circle and areas of occupation were in the middle circle. Elements of the environment were in the outside circle. Problems with this model included: occupational performance looked static; the environment appeared to be external and unconnected to the person; and spirituality was

Table 3: Occupational Therapy Values and Beliefs

About occupation,

We believe that:

- occupation gives meaning to life
- occupation is an important determinant of health and wellbeing
- occupation organizes behaviour
- occupation develops and changes over a lifetime
- occupation shapes and is shaped by environments
- occupation has therapeutic effectiveness

About the person,

We believe that:

- humans are occupational beings
- every person is unique
- every person has intrinsic dignity and worth
- every person can make choices about life
- every person has some capacity for self-determination
- every person has some ability to participate in occupations
- every person has some potential to change
- persons are social and spiritual beings
- persons have diverse abilities for participating in occupations
- persons shape and are shaped by their environment

About the environment,

We believe that:

- environment is a broad term including cultural, institutional, physical and social components
- performance, organization, choice and satisfaction in occupations are determined by the relationship between persons and their environment

About health,

We believe that:

- health is more than the absence of disease
- health is strongly influenced by having choice and control in everyday occupations
- health has personal dimensions associated with spiritual meaning and life satisfaction in occupations and social dimensions associated with fairness and equal opportunity in occupations

About client-centred practice,

We believe that:

- clients have experience and knowledge about their occupations
- clients are active partners in the occupational therapy process
- risk-taking is necessary for positive change
- client-centred practice in occupational therapy focuses on enabling occupation

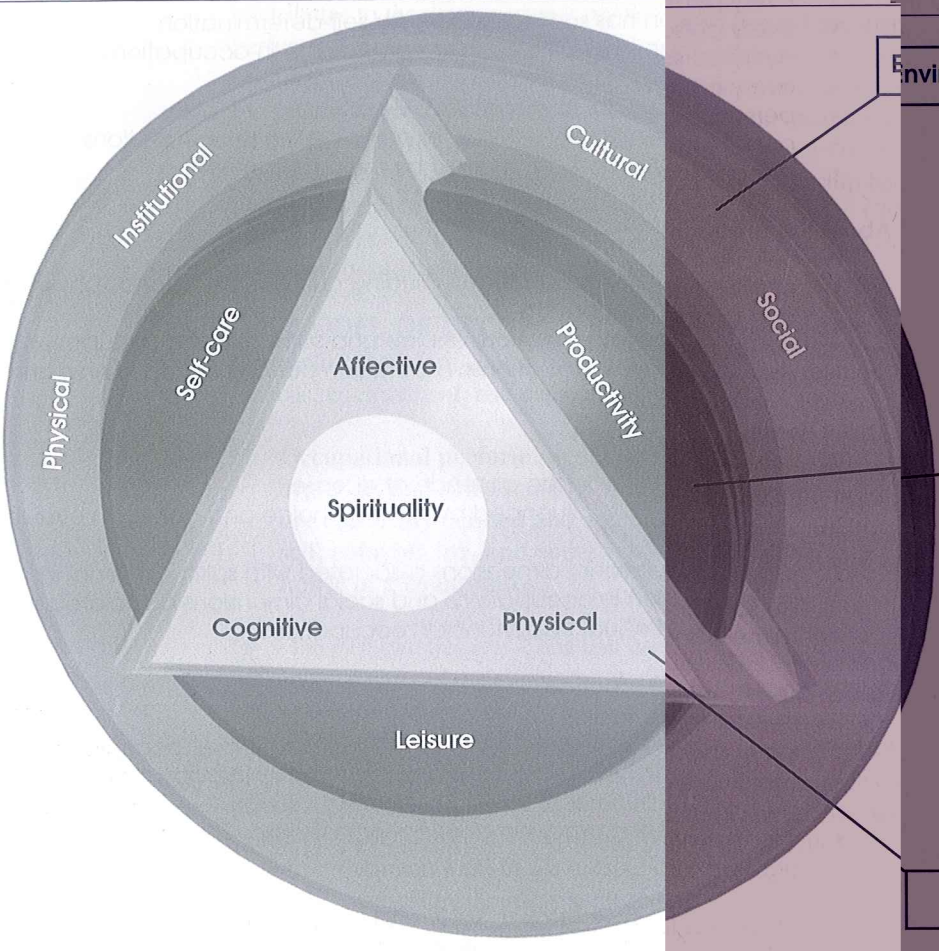
(Adapted from: Polatajko, 1992; and Law, Baptiste, & Mills, 1995)

Enabling Occupation: An Occupational Therapy Perspective, CAOT 1997

depicted as a performance component, parallel to mental, phy sical, and socio-cultural performance.

Occupational therapy theory, research a nd practice are showi ng tha occupational performance is not static a s the circles imply. C occupa performance is the result of an interdep endent and changing person environment-occupation relationship (C AOT, 1991; Christian sen & 1991; Law, 1991; Law et al., 1996; Law, Baptiste & Mills, 1995; Polatajko, 1994). This dynamic interac tion exists among peo ple, t occupations and roles, and the environ ments in which they li ve, w play over their lifespan. As knowledge about the dynamic pr ocess involved in occupational performance c ontinues to expand, it is im

Figure 1: Canadian Model of Occupational P erformance



Enabling Occupation: An Occupational Therapy Perspe ctive, © CAOT 1997

to incorporate emerging ideas into a new conceptual model for occupational therapy practice (Blain & Townsend, 1993).

The new Canadian Model of Occupational Performance (CMOP) (Figure 1) graphically illustrates an occupational therapy perspective on the dynamic relationship between persons, environment and occupation. The CMOP provides a framework for enabling occupation for all persons. A significant feature of the CMOP is its three-dimensional illustration of the dynamic interdependence between person, environment, and occupation. The person is connected to the environment, and occupation occurs in the interaction between persons and their environment. Change in any aspect of the Model would affect all other aspects. The Canadian Model of Occupational Performance portrays occupational therapy's occupational perspective by highlighting the focus on occupation. Spirituality is embedded as a core in all parts of person-environment-occupation interactions. Spirituality resides in persons, is shaped by the environment, and gives meaning to occupations.

The Canadian Model of Occupational Performance, with a person at its centre, conveys occupational therapy's client-centred perspective. Client-centred practice with individuals attends to the individual's occupational needs in his/her specific environment. Client-centred practice with communities or other organizations attends to occupational needs of groups of persons.

OCCUPATION

As the name implies, occupational therapy is concerned with what people do in their environment - namely occupation. The word occupation derives from the general concept of occupying oneself and seizing control of one's life (Clark et al., 1991). The historical roots of occupational therapy are in occupational work accomplished by occupational aides employed in 19th century mental asylums (Driver, 1968). When the profession of occupational therapy began in the early 20th century, occupation was defined as both the domain of concern and the therapeutic medium of occupational therapy (Dunton, 1919; Meyer, 1922). From the 1940s to the 1980s, both the term and therapeutic use of occupation were rarely used in occupational therapy. The first Canadian occupational therapy guidelines on client-centred practice did not explicitly refer to occupation, but rather to the "therapeutic use of activity" (DNHW & CAOT, 1983, pp.18-19).

The term occupation tends to be used interchangeably by occupational therapists with two other terms: task and activity. Neither term has been consistently defined or precisely used in occupational therapy (Christiansen & Baum, 1991). Task is defined as a set of purposeful activities in which a person engages (Law et al., 1996). An example of a task is writing a report. Activity is the basic unit of a task. An activity is a singular pursuit that contributes to the completion of a task. Activities in

the task of writing a report include developing an outline or reviewing the report for coherence. Occupation is much broader than either task or activity. Occupations encompass more than one task, while tasks encompass more than one activity. Whereas tasks or activities may fulfil specific purposes, occupations bring meaning to life.

Despite the efforts of Canadian and other national occupational therapy associations, there is no single definition of occupation that is acceptable to everyone in occupational therapy. Using literature on occupation inside and outside occupational therapy, including dictionary definitions, this document proposes that:

> **Occupation refers to groups of activities and tasks of everyday life, named, organized and given value and meaning by individuals and a culture. Occupation is everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity).**

The definition proposed here indicates that occupation is more than work. Occupations are any human activities or tasks organized to fulfil a particular function (Clark et al., 1991). Occupations are also described as "chunks of activity within the ongoing stream of human behaviour which are named in the lexicon of the culture" (Yerxa et al., 1990, p.5). Occupation is embedded in life (Clarke, 1993). Occupation is a complex process for which describing fulfilling needs and purposes as they manifest in each [illegible] purposes, values and beliefs behind what people do are not directly observable.

Table 4: Key Features of Occupation

Occupation is a:

- basic human need
- determinant of health
- source of meaning
- source of purpose
- source of choice and control
- source of balance and satisfaction
- means of organizing time
- means of organizing materials and space
- means of generating income
- descriptor
- therapeutic medium

Enabling Occupation: An Occupational Therapy Perspective, CAOT 1997

Occupational therapists have a very broad understanding of occupation. Eleven key features of occupation are highlighted in Table 4 and the summaries that follow.

Basic Human Need

Occupational therapists understand that occupation is a basic human need (Wilcock, 1993). An early Credo for Occupational Therapists (Dunton, 1919) states that:

- occupation is as necessary to life as food and drink
- every human being should have both physical and mental occupations
- all should have occupations which they enjoy

In this Credo, occupation is identified as essential to life, to health, and to enjoyment. Ideally, occupations can provide people with a flow experience (Csikszentmihalyi, 1991). Flow is achieved when the demands of an occupation are in harmony with the skills of the person and the environment in which the occupation is performed (Law, 1991). Flow also contributes to a sense of personal resonance in which there is personal growth and expression of the self.

Occupations offer many benefits for the person since individuals engage in various occupations throughout the life span. Occupations serve to organize behaviour, and to enable the expression and management of self-identity, social connectedness and management of time (Laliberte, 1993).

Determinant of Health

Occupational therapy is concerned with occupation in relation to health. Health is viewed in occupational therapy as more than the absence of disease, and is understood to be strongly influenced by what people do in everyday life (CAOT, 1994a). Occupation has been linked with health for centuries. Those with mental health difficulties have been encouraged to work or enjoy themselves in serene places, such as country estates, or segregated places, such as asylums. In the 20th century, occupation was discovered to have a motivating effect or a calming influence on soldiers returning from World War I. Injured soldiers were rehabilitated into meaningful employment through curative workshops that returned them to healthy living.

The Alma Ata Declaration of Health for All by the Year 2000 gave world recognition to the importance of people having the resources and opportunities that provide decent housing, employment, community support, and enjoyment (World Health Organization, 1978). Although the term occupation is not used, this Declaration makes it clear that health depends on people having meaningful occupations which provide them with housing, employment, community and enjoyment. Occupation is recognized implicitly as an important determinant of health.

Source of Meaning

Occupation brings meaning to life. Occupations are meaningful to people when they fulfil a goal or purpose that is personally or culturally important (Egan & DeLaat, 1994). In addition, psychological motivation and volition are dependent on people finding meaning in the occupations that comprise their everyday life (Kielhofner, 1995). The implication is that the occupations that seem meaningful to occupational therapists may fall outside the values and beliefs of their clients.

In occupational therapy, the term activity is often prefaced with the terms meaningful or purposeful. Sometimes this is done to distinguish between those activities that are or are not occupational in nature, i.e., to exclude random involuntary, non-meaningful, non-purposeful activity from the domain of occupation (Nelson, 1988). Sometimes this is done to emphasize the assumption that the therapeutic potency of an activity is directly related to the degree of meaning or purpose an activity holds for a person. The meaning of an occupation is individually and culturally determined.

Meaning differs from purpose in occupation (Ferguson, 1995). Occupations can be meaningful to individuals or groups without the occupations having any identifiable purpose. What is meaningful to some may not be to others even though the occupation fulfils the same purpose.

Source of Purpose

Since occupation is a cultural concept, there is no universal classification of the purpose of occupation. In 1983, Canadian occupational therapists classified three main purposes of occupation: self-care, productivity, and leisure (DNHW & CAOT, 1983) as defined in Table 5. Nevertheless, purpose is determined by individual needs and desires within an environmental context. In addition, occupations take on diverse purposes in different contexts. Using a telephone can be work or leisure, depending on the specific purpose to the client; dental care is typically self-care but is productivity for dental personnel. Therefore, classes of the purpose of occupation are arbitrary. Classification offers a convenient and manageable way of explaining occupation to clients, professionals and

health services where there is a tendency to focus on self-care, and possibly leisure, but to pay less attention to productivity (DNHW &

continued use of three classifications of purpose but advocates that they be

Table 5: Purposes of Occupation

Leisure
Occupations for enjoyment. Examples include socializing, creative expressions, outdoor activities, games and sports.

Productivity
Occupations that make a social or economic contribution, or that provide for economic sustenance. Examples include play in infancy and childhood, school work, employment, homemaking, parenting, and community volunteering.

Self-Care
Occupations for looking after the self. Examples include personal care, personal responsibilities, functional mobility and organization of personal space and time.

Enabling Occupation: An Occupational Therapy Perspective, CAOT 1997

used in ways that are culturally appropriate. American occupational therapists, like the Canadians, have adopted three classes of occupation [illegible] living, adult work and play. While this classification seems similar to the Canadian one, the concepts are not synonymous. In particular, productivity occupations are viewed differently than work. In the Canadian classification, productivity in children includes (but is not limited to) play and school work. Productivity in adults includes employment, housework, or parenting. Productivity in seniors includes volunteer work, grand parenting, or hobbies. A fourth class of occupation has been suggested in Canada as community-building (Banks, 1991). Australian occupational therapists identify occupations as work, activity, self-care, leisure, play and rest (Australian Association of Occupational Therapists, 1994, p.1).

Source of Choice and Control

Occupations are more likely to be effective if they give the person a sense of control and fit the personal and environmental resources of the individual (Laliberte, 1993; MacGregor, 1995). People have choice, and can exercise control in their life, when they have opportunities to decide what they will do. People can express choice by deciding whether to continue, change or stop what they are doing. Locations, timing, scheduling, resources and organization are all aspects of occupation that offer choice.

Control is more than choice. People may make choices about their occupations but have little control to act on choices. There is an element of personal control when people show persistence or find creative ways of following up on their choices. Control is dependent on opportunities provided by the environment (Townsend, 1998). For example, some people may choose the occupation of skiing but they need snow to act on

that choice. Others may choose to be welders but can only do so if the training programme fits their budget, schedule and family circumstance, and if the requirements for admission recognize their background experience and personal characteristics.

Source of Balance and Satisfaction

Balance in occupations refers to the pattern of occupation over days or years (Bateson, 1989; Csikszentmihalyi, 1991). Personal experiences of satisfaction or fulfilment are strongly linked to the organization of time throughout life. Balance is not a mathematical division of life into equal, eight-hour parts of self-care, productivity and leisure in all stages of life. A student might experience balance if there is a small amount of time for self-care and leisure and sufficient time to excel in school work. A retiree might experience balance if a few hours of time are spent in community volunteer occupations that satisfy needs to feel productive.

Personal views on balance are influenced by cultural and other environmental expectations. Work-oriented cultures encourage people to balance their lives by spending large amounts of time on productivity, with less time for leisure. The opposite is true in cultures where more socialization and leisure are part of a balanced life.

Means of Organizing Time

Through occupations, people organize time into patterns, habits and roles (Kielhofner, 1985, 1992, 1995). If one observes those who lose their employment, retire, or take on new routines, it is clear that changes in temporal patterns of occupation have an important effect on people's lives (Peloquin, 1991). Ideally, time is organized so that people look after themselves, enjoy life, and contribute to the social and economic fabric of their communities.

Time is organized to emphasize different occupations over the life course (Laliberte, 1993). For example, early life stages are usually characterized by play, then schooling. In adolescence, time for social occupations with peers is important. Adults may organize time around employment, parenting, homemaking, and other occupations for productivity. Later in life, time may be organized to emphasize personal care, family, and community volunteer occupations.

Means of Organizing Materials and Space

Besides organizing time, people organize the materials and space for their occupations. Since occupations involve doing, they occur in what is described as the material conditions of life - using materials and equipment in time and space (Marx, 1943/1970). Materials refer to the tools, technology, substances, facilities or other aspects of the physical environment in which occupations are done. Occupations are a means of organizing space, in that certain occupations require specific locations and equipment. From work spaces to sports arenas, space is organized into facilities that have specific purposes; locations are further organized into

rooms or compartments, then into areas. Persons organize space by choosing and organizing their immediate or broad surroundings. The organization of space can itself be an occupation involving design, construction and decoration.

Conversely, the organization of space determines what occupations can and cannot be done. Space is organized in part by ideas and attitudes about how it is best used. Ideas and attitudes are embedded in funding, policies and regulations about the use of space in buildings, parks or other locations. For occupations to be performed satisfactorily, it is necessary to select materials and locations, and analyze how space can be used or adapted.

Means of Generating Income

Occupational therapists know that occupation is more than work and more than a means of generating income. For instance, occupation contributes to health, gives life a sense of meaning, fulfils various purposes, and organizes time and space. Nevertheless, some occupations are a means of generating income. Each culture names and gives an economic value to occupations. Occupations which generate income in an industrial society are largely those that produce manufactured goods. In contrast, agrarian societies value the occupations required to manage the land and animals which sustain life.

Those who are paid for their performance of occupations generate income through their employment. Some occupations may generate economic value that is not counted as part of the formal economy (Toulmin, 1995). An example is the informal, local economy that operates by trading baby sitting labour amongst families and neighbours, or the informal trading practices of aboriginal peoples. Other occupations, particularly those in the National Occupational Classification, become part of local, national, and international markets (Employment and Immigration Canada Staff, 1993).

Descriptor

Occupation can be used as a descriptor of human behaviours to provide new perspectives about occupation. For example, occupational therapists are concerned with occupation and development, but when one talks about occupational development, development is given a new quality, and occupation is seen from a new perspective.

Table 6 describes five examples which show how occupation is a descriptor: occupational behaviour, occupational competence, occupational development, occupational performance, and occupational function. Each represents a different aspect of occupation and evokes a different orientation and focus.

Table 6: Occupation as a Descriptor

Occupational...	
Behaviour	is that aspect or class of human action that encompasses mental and physical doing
Competence	is adequacy or sufficiency in an occupational skill, meeting all requirements of an environment
Development	is the gradual change in occupational behaviour over time, resulting from the growth and maturation of the individual in interaction with the environment
Performance	is the actual execution or carrying out of an occupation
Function	is the usual or required occupations of an individual

Enabling Occupation: An Occupational Therapy Perspective, CAOT 1997

Therapeutic Medium

Enabling occupation is accomplished by using occupation as a therapeutic medium (Hopkins & Smith, 1988; Kielhofner, 1983, 1995; Meyer, 1922; Reilly, 1962; Yerxa, 1967). The idea that occupation is a therapeutic medium underpins occupational therapy. Assessment of clients' occupational needs and assets enables clients to name, validate and prioritize occupational performance issues (see Chapter 4, Linking Concepts to a Process for Working With Clients). Occupational therapists also analyze the characteristics of occupations as a basis for implementing plans using occupation. Occupational analysis, traditionally described as activity analysis, is a way of identifying the complexity of personal and environmental demands of an occupation (Cynkin, 1979; Cynkin & Robinson, 1990).

Occupational analysis provides information for classifying occupations according to their complexity. Occupations may be designated as simple or complex based on the number of individuals or groups involved. Complexity can also be defined in terms of the time span or duration and diversity of sites in which an occupation occurs, and it increases when there is a multiplicity of methods. For instance, a simpler occupation might be the basic process of bathing for a person whose physical, cognitive, and affective performance components are intact. Simple bathing has few cognitive, affective or physical requirements. There are few tools other than soap, a towel and possibly a wash cloth or sponge. Usually, bathing occurs in a single location. The complexity of bathing increases if there are special personal needs, complex water or bathtub arrangements, or elaborate cultural routines. Occupational therapists use occupational analysis to identify a step-by-step process for planning just-right-challenges for people to engage in occupations in a given environment.

Occupation can be a therapeutic medium with an individual client. An occupational therapist might facilitate client participation in occupational therapy by asking an adolescent female who is unable to concentrate in school to show the occupational therapist what she does best. In other words, the adolescent would be drawn into defining her occupational performance difficulties by demonstrating her current occupational performance in occupations that she has chosen as having some meaning in her life. If the assessment shows that the adolescent has learning difficulties compounded by a disruptive home situation, the occupational therapist and client would analyze occupations that are familiar and meaningful to the adolescent. Sports occupations might be considered if the adolescent indicates that sports are a source of success. Occupational analysis of the learning opportunities, social requirements, and environmental demands of soccer might show this sport to have therapeutic potential in this situation. The occupational therapist might then help the adolescent to work out a schedule for practising soccer while the occupational therapist is present to verbally reward success, to encourage the development of concentration in a sports routine, and to use soccer as a focal point for enhancing family communication. The occupational therapist might gain consent from the adolescent and family to work with the soccer coach so that the team supports the sense of excitement and importance of including this adolescent on the team.

Occupation can also be a therapeutic medium with groups, agency personnel or corporations. For example, an occupational therapist invited to organize a workshop on interpersonal communication for a corporate client could use occupation as a learning medium. The workshop would possibly include a simulated action project that requires communication. Then the group might organize a meeting of managers who are raising controversial issues. A meeting would be used for experiential practice followed by reflection on the positive and difficult communication exhibited during this occupation. The corporation might then request an analysis of the environment. The occupational therapist would examine the cultural, institutional, physical and social barriers to productive occupation for various groups of workers. Occupations would be observed in the workers' environments. Change could then be tried in the workplace.

PERSON

Occupational therapists believe in the worth of all persons, regardless of disability, age, developmental difficulty, or social condition (DNHW & CAOT, 1983, p.16), and have traditionally viewed persons from a holistic framework. The implication of holding this holistic view is that occupational therapists understand how meaningless it is to attend to parts of a person in isolation from other people and from elements of the environment. The new Canadian Model of Occupational Performance presents the person as an integrated whole who incorporates spirituality, social and cultural experiences, and observable occupational performance

components. Since socio-cultural performance is shaped by the environment, performance components are defined more simply as feeling, thinking and doing - that is, as affective, cognitive and physical performance. The person is depicted in a dynamic relationship with occupation, and with an environment which now includes an institutional element.

Spirituality

The importance of spirituality has always been highlighted in Canadian occupational therapy views of persons. The original triangular badge worn by early Canadian occupational therapists depicts the integration of mind, body, and spirit (Trent, 1919). Discussions continue about occupational therapy's concern for spirituality. Some occupational therapists recommend removal of spirituality. Others recommend that spirituality be highlighted as a central feature of the person rather than as a performance component (Blain & Townsend, 1993; Egan & DeLaat, 1994; Urbanowski & Vargo, 1994). While discussions continue, guidelines for considering spirituality within the occupational therapy process are offered.

The Canadian Model of Occupational Performance places spirituality as a central core, as the essence of the self. Table 7 outlines key ideas about spirituality. The spirit is seen as our truest self, and as something which we attempt to express in all of our actions (Egan & DeLaat, 1994; Gutterman, 1990). Because people are spiritual beings, each individual is appreciated as a unique person. Recognizing people as spiritual beings means recognizing their intrinsic value and respecting their beliefs, values and goals, regardless of ability, age or other characteristics. When occupations are used as a therapeutic medium, care is taken to ensure that the occupations have relevance and meaning for each client, and that people have opportunities to choose how they will participate in occupations.

"Spiritual means uniquely and truly human" (Frankl, 1988, p.40). It is the manifestation of a higher self, a spiritual direction or greater purpose which nurtures people through life events and choices. How a person chooses to envision this guiding principle depends upon how they evolve

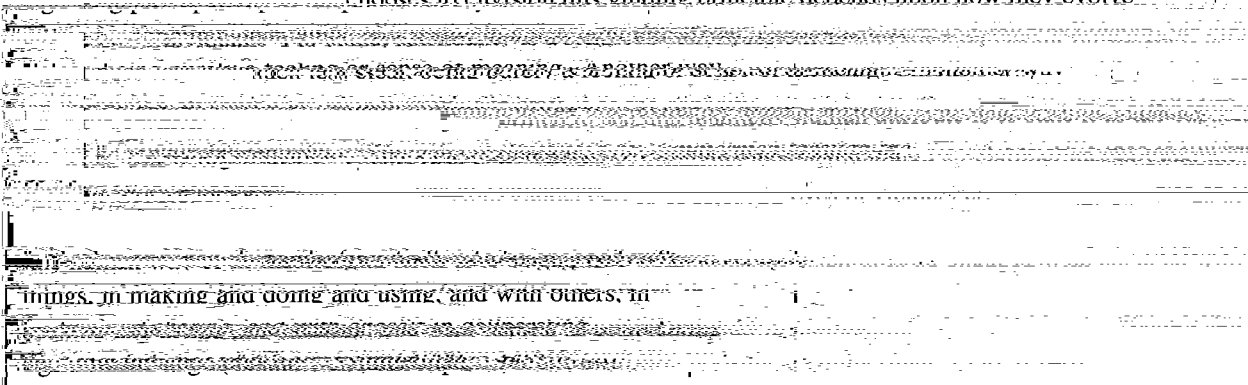


Table 7: Ideas about Spirituality

- innate essence of self
- quality of being uniquely and truly human
- expression of will, drive, motivation
- source of self determination and personal control
- guide for expressing choice

Enabling Occupation: An Occupational Therapy Perspective, CAOT 1997

Spirituality is viewed as the personal experience of meaning in everyday life (Urbanowski & Vargo, 1994). In times of difficulty, individuals face new ways of being and doing. The implication is that personal meaning is important to good quality of life (do Rozario, 1992, 1993, 1994). Occupational therapists explore spirituality by listening to people speak of their lives (Kirsh, 1996), and by reflecting with people on the occupations which held and continue to hold meaning for them.

Consideration of spirituality is a way of developing a clear appreciation for the uniqueness of each person in the occupational therapist-person relationship (Peloquin, 1993). An occupational therapist who considers the spirituality of each person is prompted to reflect on her or his own spirituality, and personal values and beliefs (Egan & DeLaat, 1994; Urbanowski & Vargo, 1994).

Social and Cultural Experience

Social and cultural experiences are important, subjective aspects of life. They influence people's view of themselves, bring meaning to everyday life, and connect people with others in their environment. Social relationships and their cultural context influence a person's family, ethnic, religious, educational, and other experiences. Conversely, people shape their social, cultural, physical and institutional environment as they relate to others. Like spirituality, social and cultural experiences are understood by listening to clients, observing how they go about daily life, and reflecting on the media, statistics, and other documents that are part of a culture.

Performance

Occupational therapists have traditionally attended to the performance components which contribute to successful engagement in occupation. Four performance components have been labelled for over a decade as mental, physical, spiritual and socio-cultural (DNHW & CAOT, 1983).

In keeping with the principles of clarity and shared meaning, this document uses an adaptation of Bloom's Taxonomy: affective, cognitive and physical performance (Woolfolk & Nicolich, 1980) which are described in Table 8. While three performance components have been

Table 8: Performance Components of a Person

Affective	(feeling) the domain that comprises all social and emotional functions and includes both interpersonal and intrapersonal factors
Cognitive	(thinking) the domain that comprises all mental functions both cognitive and intellectual, and includes, among other things, perception, concentration, memory, comprehension, judgement and reasoning
Physical	(doing) the domain that comprises all sensory, motor and sensori-motor functions

Enabling Occupation: An Occupational Therapy Perspective, CAOT 1997

identified for ease of understanding, it must be remembered that none operates in isolation of the other and that all three are interdependent

ENVIRONMENT

The term environment is defined as those contexts and situations which occur outside individuals and elicit responses from them (Law, 1991). The environment is the context within which occupational performance takes place.

Several ways of classifying elements of the environment have been created to assist in studying the interaction between individuals and the environment. Shalinsky (1986) describes environmental factors as physical (the built and natural environments), and psychosocial (the psychological and social factors such as attitudes, family and government). This classification is similar to others in which environments have been described as inanimate (physical) and animate (social) (Knapper, Lerner, & Bunting, 1986). Environment can be classified by location, from home to neighbourhood, community, province and country. Alternately, the environment can be classified by attribute, including cultural, institutional, physical and social elements (Law, 1991). Analysis of the influence of specific environmental elements in relationship to environmental location can be used to determine what factors are enabling or hindering occupational performance. As well as considering the external environment, Kaplan (1983) and Baker and Intagliata (1982) have emphasized the internal environment of the individual. They point out that individuals' perceptions, particularly of past experiences, affect their performance.

Occupational therapists' view of the environment has changed over the past 20 years. Relationships between people and the environment are no longer seen to occur in a linear cause-effect direction with the person and environment existing independently of one another. Instead, it is

recognized that person, environment and occupation are inseparable. Interactions between persons and their environment are dynamic so that change within any part affects the other parts.

In the past, occupational therapists as well as other health professionals have recognized environmental influences; however, the focus has been on environmental elements within the immediate and intimate environment of the individual. These ideas are changing so that the environment is viewed in a much broader way, to include community, provincial, national and international factors which may need to be changed as part of enabling occupation.

The environment influences occupation, and in turn is influenced by the behaviour of persons acting individually or collectively. The environment is dynamic and can have an enabling or constraining effect on the performance of occupations. Optimal occupational performance requires the ability to balance occupation and views of self and environment that sometimes conflict, and to encompass changing priorities. Over a lifetime, individuals are constantly renegotiating their view of self and their roles as they ascribe meaning to occupation and the environment around them.

Previously, occupational therapists in Canada classified elements of the environment as cultural, physical and social (DNHW & CAOT, 1983). While these three elements remain important, many documents on health indicate that economic, legal and political elements of an environment have a strong influence on everyday life. These last elements have been described collectively as the institutional environment (Bellah, Madson, Sullivan, Swidler, & Tipton, 1991). The Canadian Model of Occupational Performance adopts this term and defines the environment as having cultural, institutional, physical, and social elements (Table 9).

OCCUPATIONAL PERFORMANCE

The Canadian Model of Occupational Performance (Figure 1) is useful for illustrating the connections between persons, the environments in which they live their daily lives, and the occupations which they perform. The result of this relationship, occupational performance, is not visible. Occupational performance is the result of a dynamic relationship between persons, environment and occupation. Occupational performance refers to the ability to choose and satisfactorily perform meaningful occupations that are culturally defined, and appropriate for looking after one's self, enjoying life, and contributing to the social and economic fabric in a community.

A person constantly engages in occupations in interactions with an environment. The environment provides the context within which occupations are accomplished. Occupational performance represents the actual execution or carrying-out of occupation and is the experience of a person engaged in occupation within an environment. There is a natural

Table 9: Elements of an Environment

Cultural	ethnic, racial, ceremonial and routine practices, based on ethos and value system of particular groups
Institutional	societal institutions and practices, including policies, decision-making processes, procedures, accessibility and other organizational practices. Includes economic components such as economic services, financial priorities, funding arrangements and employment support; legal components such as legal processes and legal services; and political components such as government-funded services, legislation and political practices
Physical	natural and built surroundings that consist of buildings, roads, gardens, vehicles for transportation, technology, weather, and other materials
Social	social priorities about all elements of the environment, patterns of relationships of people living in an organized community, social groupings based on common interests, values, attitudes and beliefs

Enabling Occupation: An Occupational Therapy Perspective, CAOT 1997

permeability assumed at the boundary points between the person, an environment and occupation. This interaction may or may not create person-environment congruence (Knapper et al., 1986; Michelson, 1976; Shalinsky, 1986). Person-environment congruence suggests the interdependence of human beings and the environment, with neither dominating the other. Compatibility or congruence between persons, their environment, and their occupations helps to ensure optimal occupational performance (Law, 1991).

Using Figure 2, the relationship between persons, their environment, and their occupations can be demonstrated. The person can be highlighted as a focus for change. Change in persons will affect their environment and their occupations and occupational performance. Alternately, occupation or the environment can be highlighted as a focus of change. Change in any part of the person-environment-occupation interaction will affect occupational performance.

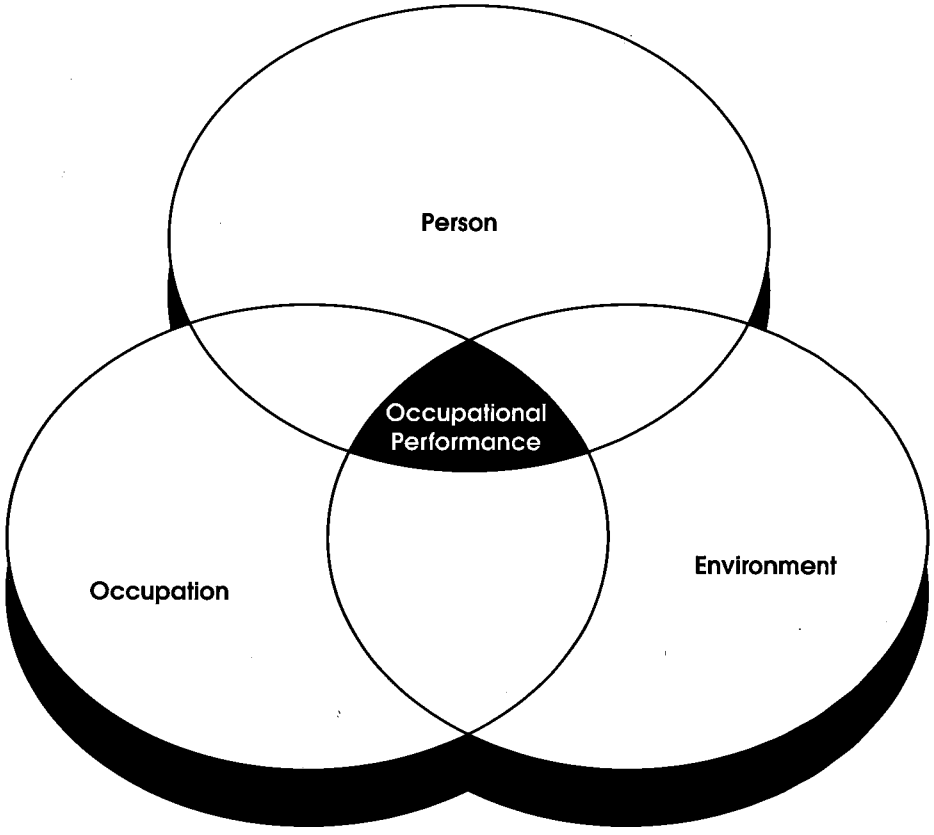
Occupational therapists work with clients to enable achievement of individual, group, agency or organizational goals in occupational performance. They analyze the potential for change in each aspect of a person-environment-occupation relationship: components of the person; elements of the environment; and features of occupation. The analysis of occupational performance provides a framework for choosing an effective and efficient course for change.

OCCUPATIONAL LIFE COURSE: A DEVELOPMENTAL PERSPECTIVE

Occupational therapy takes a developmental perspective on the dynamic evolving interaction between persons, the environment, and occupation. The relationship between persons, the environment and occupation changes over a lifespan in response to the opportunities and challenges that shape each person's occupational life course. In addition, changes occur within persons over time. An enlarging spiral (Figure 3) shows that one's cumulative experience in occupational performance grows over time, even if the number and diversity of occupations diminishes because of aging, disability, environmental change, personal growth, or other circumstances. People expand their repertoire of occupational experience by developing some occupations and abandoning others as long as life continues.

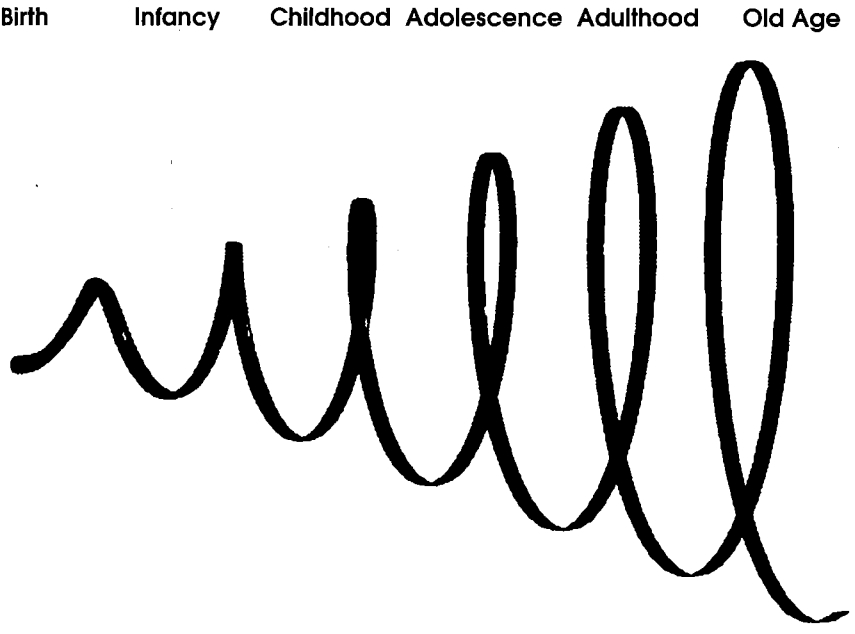
Figure 3 portrays the cumulative experience in an occupational life course as a simple spiral. In reality, an occupational life course is not a simple

Figure 2: Occupational Performance



(Adapted from Law et al, 1996. Canadian Journal of Occupational Therapy, 63, p. 18)
Enabling Occupation: An Occupational Therapy Perspective, CAOT 1997

Figure 3: Cumulative Experience Across an Occupational Life Course



Enabling Occupation: An Occupational Therapy Perspective, CAOT 1997

spiral. Occupational development may result in increasing complexity in some occupations but not others; development of self-care occupations may advance more quickly than development in productivity occupations; or leisure occupations may be omitted when self-care and productivity are overwhelming.

Developmental delay, disability, illness, injury, aging or other personal difficulties will shape an occupational life course into changing patterns that may not resemble the course of those around them. Personal growth may take people into unexpected realms of life. The result is that life stages may not progress from stage to stage as depicted. Environmental threats, from natural disasters to political and economic change, will require people to take unexpected (welcome or unwelcome) turns in an occupational life course. Occupations may also change. For instance, the physical and mental demands of an occupation shift when technology is introduced. Occupations may become culturally or economically inappropriate. People will likely be challenged to discover untapped potential or unforeseen paths in their occupational life course.

Over time and with changes in person-environment-occupation interactions, a person's occupational life course will evolve, adapt, or be

transformed into new patterns. As people proceed through their occupational life course, occupational therapists may enable environmental change in order to enhance occupational performance, or enable persons to restore, develop, maintain, or discover their occupational potential in their environment. An occupational therapy interaction represents only a part of an individual's occupational life course.

CLIENT-CENTRED PRACTICE

In developing a framework for Canadian occupational therapy, the concept of client-centredness has been a constant theme since 1983. In the 1990s, the basis for client-centred practice has been described as enablement (Polatajko, 1992). The term client-centred practice was coined by Rogers in *The Clinical Treatment of the Problem Child* (Rogers, 1939), in which he referred to client-centred practice as emanating from the client's perspective. From the 1940s to the mid-1960s, the client-centred movement grew, primarily in social work (Rogers, 1951, 1969). Canadian occupational therapists describe client-centred practice as collaborative approaches of working with people (CAOT, 1991; CAOT, 1993). There are ongoing discussions about the term client-centred. Some occupational therapists are debating whether people should be called clients or patients (Reilly, 1984; Sharrott & Yerxa, 1985). Others are debating whether to describe practice as client-centred or client-driven (Gage & Polatajko, 1995). Person has been suggested as a generic term for recognizing that people are active agents with the power to participate in occupational therapy and their lives (Townsend, 1993a). These debates will help to clarify what client-centred practice means in occupational therapy. In the meantime, this document offers continuity with the past by using the term client-centred practice.

Client-centred practice in occupational therapy embraces a philosophy of respect for, and partnership with, the people who are engaging in occupational therapy services. Underlying client-centred practice is a recognition of the autonomy of the individual person even though persons are understood to be interdependent in their environment (Polatajko, 1992; Townsend, 1993a). There is also recognition of the strengths that clients bring to occupational therapy, of the need for client choice, and of the benefits of client-therapist collaboration (Law et al., 1995; Sumsion, 1993). Client-centred practice represents an ethical stance by occupational therapists based on democratic ideas of empowerment and justice (Townsend, 1993a). In occupational therapy:

> **Client-centred practice refers to collaborative approaches aimed at enabling occupation with clients who may be individuals, groups, agencies, governments, corporations or others. Occupational therapists demonstrate respect for clients, involve clients in decision making, advocate with and for clients in meeting clients' needs, and otherwise recognize clients' experience and knowledge.**

To encompass the diversity of Canadian occupational therapy practice, the definition of a client is:

> **Clients are individuals who may have occupational problems arising from medical conditions, transitional difficulties, or environmental barriers, or clients may be organizations that influence the occupational performance of particular groups or populations.**

Occupational therapy's philosophy of client-centred practice is translated into practice through processes of enablement. Enablement differs from treatment in which things are done to or for rather than with people. While the processes of enabling have long been used in occupational therapy, the term has not been defined. Enabling is a process that involves clients as participants in occupational therapy.

Enabling may involve individual clients in therapeutic processes. In these situations, enablement aims to elicit motivation and to prompt people to engage in their rehabilitation. Enabling processes may involve people in addressing issues over the loss of occupational performance and their sense of integrity as humans. In other situations, enabling processes are educational, as in health promotion or in occupational therapy programmes which educate people to use adaptive technology or to discover new ways of living. Therapeutic and educational processes of enablement are complementary and may be blended to meet the needs at hand. In any case, enabling is the type of helping that is most appropriate when the goal is occupational performance (Polatajko, 1992). Enabling processes recognize that people are active participants in occupational performance, whereas treatment and caregiving forms of helping are applied to people who are dependent on their helper (Townsend, 1998). In this document:

> **Enabling refers to processes of facilitating, guiding, coaching, educating, prompting, listening, reflecting, encouraging, or otherwise collaborating with people so that individuals, groups, agencies, or organizations have the means and opportunity to participate in shaping their own lives.**

Drawing on occupational therapy values and beliefs (Table 3), 12 guiding principles for enabling occupation in client-centred practice are presented in Table 10. Such principles can be applied in various ways depending on whether practice is with individual or organizational clients. Essentially, client-centred practice re-defines and shifts power. Individual, group, agency, organizational, and other clients participate actively in defining their priorities. Clients engage as partners in the occupational therapy process. There is also partnership with client representatives who

Table 10: Guiding Principles for Enabling Occupation in Client-Centred Practice

- Base practice on client values, meaning, and choice as much as possible
- Listen to client visions
- Facilitate processes for clients envisioning what might be possible
- Support clients to examine risks and consequences
- Support clients to succeed, but also to risk and fail
- Respect clients' own styles of coping or bringing about change
- Guide clients to identify needs from their own perspective
- Facilitate clients to choose outcomes that they define as meaningful even if the occupational therapist does not agree
- Encourage and actively facilitate clients to participate in decision-making partnerships in therapy, programme planning, and policy formation
- Provide information that will answer clients' questions in making choices
- Offer services that do not overwhelm clients with bureaucracy
- Foster open, clear communication
- Invite clients to use their strengths and natural community supports

Enabling Occupation: An Occupational Therapy Perspective, CAOT 1997

participate in organizing occupational therapy services that are appropriate to their needs and communities.

Client-Centred Practice with Individual and Group Clients

Taken overall, the guiding principles outlined in Table 10 acknowledge a respect for self-determination. A "holistic view of the individual", and the "worth of the individual" are beliefs that have already been highlighted in occupational therapy (DNHW & CAOT, 1983, p. 16). Each individual is unique and brings a unique perspective to the occupational therapy experience. This is true even though clients' views of rights and autonomy are culturally determined.

To be client-centred with individuals and groups is to ensure that clients receive information to enable them to make decisions about the services that will most effectively meet their needs. It is important for clients to know that their opinions, wishes and needs will be sought, that their values

will be respected and that they will maintain their dignity and integrity throughout the occupational therapy process. Respecting individual self-determination means encouraging client responsibility, and drawing on clients' resources.

The goal of the client-therapist relationship with individuals and groups is an interdependent partnership which will enable the solution of occupational problems and the achievement of occupational goals. Plans and action are based on clients' visions and values, taking into account their roles, culture, and environments. Action is implemented to build on clients' strengths. Client-centred practice challenges occupational therapists to recognize their own values and not impose them on clients. What may seem to be irrational choices by clients may be exactly what is needed, based on what clients know about their situations.

Client-centred practice with individuals or groups is characterized by flexibility. Services are ideally organized to be timely, accessible, and to meet the needs of the client rather than fitting into professional schedules and approaches. Contextual congruence emphasizes the importance of clients' roles, interests, environments and culture in the occupational therapy process. Clients are participants in deciding where and when they will work with occupational therapists.

A client-centred practice is variable, with differing degrees of participation by clients and the occupational therapist. For example, people with little experience in making decisions around health issues may begin by making choices from a small range of options proposed by the occupational therapist. The process is dynamic because the nature of this partnership can change as the client and occupational therapist proceed. Client-centred practice is open to perspectives from all who are involved, and allows a broader choice for solutions to occupational problems. Clients can expect to have their opinions sought and listened to by occupational therapists and to be supported in the level of participation they choose. It is also important that occupational therapists discuss clearly with clients whether or not they can provide the services requested by them.

Key principles in client-centred practice include determining who the client is; respecting the client's value system; facilitating the client in setting occupational goals; providing education and information to facilitate personal choices and problem solving; and using occupational therapists' skills to help clients achieve their goals through meaningful occupation.

Important client-therapist partnership issues to be addressed in a client-centred practice are as follows: defining the nature of the occupational performance issues; discussing targeted occupational performance outcomes and actions from a client's perspective; and deciding how to implement plans through occupations that have meaning to an individual

or organizational client. Processes of applying the client-therapist partnership principles effectively in practice are outlined in Chapter 4 (working with clients) and Chapter 5 (organizing occupational therapy services).

Research examining the use of some of the principles of client-centred practice with individuals has demonstrated that providing respectful and supportive services leads to improved client satisfaction and adherence to health service programmes (Greenfield, Kaplan & Ware, 1985; Hall, Roter & Katz, 1988; Wasserman, Inui, Barriatua, Carter & Lippincott, 1984). Provision of information results in both improved functional outcomes and improved client satisfaction (Greenfield et al., 1985; Moxley-Haegert & Serbin, 1983). The development of a client-therapist partnership has been demonstrated to increase client participation, increase clients' sense of control and enhance satisfaction with services (Dunst, Trivette, Boyd & Brookfield, 1994; Greenfield et al., 1985). An individualized, flexible approach in which the client defines goals improves functional outcomes and satisfaction (Law et al., 1994).

Client-Centred Practice with Agencies, Organizations and Other Clients

Occupational therapists work with agencies, organizations and other clients who are not directly experiencing occupational performance issues. An organization may have individuals with occupational performance problems, but the occupational therapist will become involved at a different point. For example, occupational therapists may work with organizational clients in their roles as consultants, managers, educators, researchers, programmers, or business people.

In these situations, occupational therapy clients may be the managers of employment programmes, housing services, or social support systems. Some clients may be human rights organizations or independent living groups which are advocating for those with occupational issues. An increasing number of occupational therapists work with clients who are lawyers, architects, engineers, rehabilitation agencies, insurance companies, governments, or businesses. These clients may need contractual services for occupational assessment, programming, or evaluation. Whereas occupational therapists have traditionally worked mostly with individual or group clients, there is a growing trend to become involved in population health. Here, clients may be community health or other agencies which recognize the importance of assessing or meeting the occupational needs of a particular population. New clients are emerging, as policy analysts and planners address occupational crises which communities may be experiencing because of industrial shutdowns or other economic and social change. Where occupational therapists develop continuing education workshops or consulting businesses, they are finding various professional and non-professional clients. An untapped group of clients may be consumers who need special services.

The guiding principles for enabling occupation in client-centred practice as outlined in Table 10 apply when using a client-centred approach with agencies, organizations or other clients. The occupational therapist respects the opinions of the group or organization involved and participates in a collaborative process to achieve the client's goals. As with all clients, the occupational therapist respects and collaborates with the client in decisions. To date, client-centred approaches with communities or organizations have not been researched in occupational therapy. However literature on community and organizational development indicates that participation, choice and other features of client-centred practice are key elements of success.

Choice, Risk, and Responsibility in Client-Centred Practice

Occupational therapists adhere to a professional Code of Ethics (CAOT, 1996b), which requires them to protect client interests and safety, and to advocate for client respect and fairness. Documents and writings on ethical issues can help occupational therapists who are faced with challenging situations.

In client-centred approaches, an occupational therapist facilitates the identification and operationalization of a client's goals. Sometimes these are not shared by other health professionals or by others significant to the client. A client's goals may be judged to be unrealistic, unsafe or placing people at risk for injury or illness. Conversely, client goals may be perceived by occupational therapists as too simple; in this case, occupational therapists could actively encourage the risk-taking needed for clients to achieve their goals.

The National Advisory Council on Aging (NACA) has taken a proactive role in educating the public about the necessity of people being free to choose options which others may perceive as potentially harmful. Dickson states that "...The right of older or disabled seniors to choose to live 'at risk' is sometimes questioned in a way that would never be acceptable in the case of younger adults." (1993, p.2). To operationalize the client-centred model of practice, occupational therapists need to discuss and participate in values clarification with clients. The issue of individual rights, whether it be the right to die or the right of elderly people to decide not to accept assistance with homemaking, will continue to challenge occupational therapists. Questions about what is best for individuals versus communities or organizations are also challenging.

Occupational therapists attend to a client's rights, values and priorities in a non-judgemental manner. Some professionals view clients as having insufficient knowledge and insight to understand the implications of the decisions they are making. To be client-centred does not mean to abandon this concern. If clients' goals appear to be unsafe or to place people at risk for injury or illness, occupational therapists need to exercise legal and ethical responsibilities for identifying potential harm if clients decide to

engage in clearly dangerous or socially irresponsible actions. Enabling clients to make choices does not remove occupational therapists' responsibility for alerting them to dangers and guiding them as safely as possible.

If occupational therapists believe that clients are making potentially unsafe decisions, they are obliged to assist clients in the detailed examination of the potential risk. Occupational therapists have a responsibility to help individual or organizational clients to explore and identify the potential consequences of their decisions. This identification serves several purposes. It demonstrates to the occupational therapist, team and significant others that the client has considered and understood the implications of a decision. Identifying risks also allows the client and the occupational therapist to deal with potential problems in a realistic and empowering fashion, and allows occupational therapists to fulfil their ethical and legal responsibilities.

In client-centred practice with an individual client, the dialogue between an occupational therapist and individual client would not be, "...you have to use a walker around the home or else you will fall and end up in the hospital." Rather, the individual would be engaged in active problem identification and planning. For instance, a client-centred occupational therapist might say: "You have stated you do not wish to use a walker at home. I have concerns about what you will do if you fall. Would you like to talk about your plans if this happens?" In some situations, an occupational therapist may need to refuse to carry out a client's request if it is believed to be unethical or constitute malpractice.

In client-centred practice with an organizational client, the occupational therapist might guide managers to develop policies which encourage collaborative decision making with those served by the organization. Here, the occupational therapist would be encouraging an organization, such as industry, to consult with workers. Consultation might be around policies and environmental conditions which are putting people at undue risk. In this example, issues of worker as well as employer choice, risk and responsibility would be raised. To engage employees and employers in a meaningful occupation, an occupational therapist might facilitate the joint development of safety policies that take into account their differing perspectives.

Client-centred occupational therapists incorporate an understanding of the environmental context in which the client is making a decision. What appears to be objective, scientific clinical judgement is influenced by the unacknowledged factors of economics, politics, service tradition and social values (Biklen, 1988; Townsend, 1998). There are also tensions between the needs of clients and the scarcity of available resources (Picard-Greffe, 1994). The challenge is to uncover these unacknowledged forces that determine the judgment of clients and others.

Occupational therapists analyze person-environment-occupation interactions. In doing so, they assume a key ethical and legal role in facilitating a comprehensive review of risk, consequences and responsibilities. Some ethical and legal issues relate to an individual's competency to make decisions. Other ethical and legal issues relate to the locus of responsibility for actions, and the right to participate in or refuse services. There is an overriding responsibility for occupational therapists to respect the dignity and worth of individuals in all situations. This means ensuring that there are sufficient checks and balances in the decision making process to ensure that an occupational therapist's personal biases are not driving client choices.

Working with organizational clients raises additional issues of choice, risk and responsibility. Some occupational therapists are faced with the dilemma of working with organizational clients who pursue unsafe practices with the workers, residents, or others for whom the organization is responsible. There are often no easy answers, and those that emerge in one situation may not suit another situation.

Endnote

Key references describing occupational performance, or the development of conceptual frameworks of occupational performance include Blain & Townsend, 1993; CAOT, 1991, 1993; Department of National Health and Welfare (DNHW) & CAOT, 1983, 1986, 1987; Law, 1991; Law, et al., 1990; Law, et al., 1994; Law, Baptiste, & Mills, 1995; Law, Cooper, Strong, Stewart, Rigby, & Letts, 1996; McColl, Law, & Stewart, 1993; and, Townsend, Brintnell & Staisey, 1990.

Important references on occupation in occupational therapy include: Christiansen & Baum, 1991; CAOT, 1994b; Clark et al., 1991; Cynkin & Robinson, 1990; Dunton, 1919; Hopkins & Smith, 1988; Kielhofner, 1983, 1985, 1992, 1995; Leakey & Lewin, 1978; LeVesconte, 1935; Mayers, 1990; Meyer, 1922; Nelson, 1988; Primeau, Clark, & Pierce, 1989; Reilly, 1962; Rogers, 1984; Yerxa et al., 1990; Townsend, 1996b; and, Wilcock, 1993.

References to occupational therapy's developmental perspective include Breines, 1989; CAOT, 1991; DNHW & CAOT, 1983, 1986, 1987; and, Christiansen & Baum, 1991. References on client-centred practice include Blain & Townsend, 1993; CAOT, 1991, 1993; DNHW & CAOT, 1983, 1986, 1987; Law, 1991; Law, et al., 1990; Law, et al., 1994; Law, et al., 1995; McColl, et al., 1993; Polatajko, 1992; Townsend, 1993a; and, Townsend, et al., 1990.