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Are we ensuring occupation-focused practice?

In 2012, the National Institute for Health and Clinical Excellence (NICE) accredited UK practice guidelines titled 'Occupational therapists' use of occupation-focused practice in secure hospitals' (College of Occupational Therapists (COT), 2012). These evaluated the evidence base available to therapists working within secure (i.e. locked) adult mental health settings. However, the guidelines affirm that occupation-focussed practice is pertinent to all of our work, whether working within secure settings or not. The themes identified have much to offer occupational therapists in all areas of practice and research, providing realistic recommendations like: understanding and considering the impact of the environment and time; working *with* service users, and the need to increase our evidence base.

In its truest sense, occupation-focussed practice demands that we continue to expand our understanding of how people's various occupations impact upon their lifestyle, health and wellbeing. Traditionally our philosophy emphasises the positives of occupation, with limited consideration of the negatives (Hammell 2009). But do we sufficiently understand occupation to be truly occupation-focussed within our practice? This requires an appreciation of the possibility that not all occupations are positive, or have a life-affirming influence upon people's lives (Greber, 2013). For instance, Twinley (2013) discusses the concept of the dark side of occupation, which includes several dimensions of occupation that are generally not considered to lead to good health and/or wellbeing, and might be perceived as unproductive. This can include habits or activities such as smoking tobacco, illegal drug-use and avoidance of eating food. Being occupation-focussed may therefore involve working in a way that makes us feel uncomfortable, and that presents us with ethical, legal and moral dilemmas.

Occupation-focussed practice requires us to start by fully understanding a person's occupational life history. This highlights the important role we all have in identifying those occupations that do not necessarily have explicit links to a person's health, wellbeing or even their current situation. In order to do so, our assessment of a person should start by gaining their perspective of their occupational performance and social participation, and to work with this when planning their occupational therapy (COT 2012, p.1). Generating a true picture of how a person lives and what a person does on a daily basis must move beyond the occupations we commonly explore in relation to self-care, productivity and leisure. Full understanding of a person's engagement in occupation is needed in order for us to plan realistic and effective intervention that truly considers what people *can* do, what people *want* to do and what people *will* do.

We can draw upon the valuable evidence included in documents such as the practice guidelines for secure hospitals (COT, 2012) to support our work in any practice area. Comprehensive occupationally-focussed practice needs to be grounded upon evidence that explores the diversity of occupations, including those that are negative (and positive), anti-social (and pro-social) and those that are health-compromising (and healthy). There are many challenges in implementing occupation-focussed practice; developing our understanding may involve embracing a shift in focus, in language, and in the tools we use.

References

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