Occupational Therapy

Introduction

" The serious mental illness may be associated with various kinds of disabilities which make it difficult or impossible for the person to fulfill normal expected social roles. Creative & purposeful activities are used for therapeutic effect.

Definition

By Clark (1963) - An active method of treatment with a profound psychological justification.

By Reed & Sanderson (1980) - Any activity which engages a person's resources of time & energy and is composed of skills & values.

Y Johnson (1973) - It is the application of good oriented, purposeful activity in the assessment & treatment of individuals with psychological, physical or developmental disabilities.

History

• The Belief in the purposeful activity (occupation, exercise, arts) as therapy has roots in the earliest civilizations. (Egyptians, Greek & Roman).

 Pinel, in France & Tukes in England took these ideas & emphasized on the beneficial results of activities associated with the needs, interest & skills of the individual.

History

 The formal birth of occupational therapy occurred when Adolf Meyer emphasized a critical balance of work, play & rest which can be achieved through organized, graded, purposeful activities involving on self care, acceptable social behavior & work skills.

Aims

1. Promotion of recovery

2. Mobilization of total assets of the patient

3. Prevention of Hospitalization

4. Creation of good habits of work & leisure

5. Rehabilitation with return of self-confidence

Occupational therapy is the initial & an important step in rehabilitation. It has the following advantages

Maintains the normal habit of work

It stimulates interest

It aids focusing of attention & integration

It provided an incentive & a goal

- It diverts patient's attention from himself onto other things
- It teaches the patient a new skill or hobby
 - It enables the patient to have a feeling of achievement when he completes the task
- It increases patient's self esteem as he feels doing something useful & pride in achievement

It helps to make the patient more accessible & more cooperative with other forms of therapy

It aids product of positive attitude and helps decision making capacity

It helps to improve patient's perception, cognition, coordination, conceptual & formal discrimination

Improve confidence and self image

Restore lost skills e.g. after recovery from head injury, practicing the precision, skillful movements.

Teach the patient the skills needed to cope outside hospital & the gradually reintroduce them to life in the community.

Settings / Centers

The occupational therapy activities are provided to children, adolescents, adults & elderly of all functional groups & diagnostic categories in institutional, community based, partial hospitalization, residential treatment & forensic programs.

These activities are provided in psychiatric settings like:

- Psychiatric Hospitals
- Rehabilitation centers
- Special schools
- Community mental health centers
- Daycare centers

Half way homes
De-addiction centers
Group Home
Nursing homes
Handicapped homes
Industrial health units

Process of Intervention

1. Initial evaluation of what patient can do & cannot do in a variety of situations over a period of time

2. Development of immediate & long term goals by the patient & therapist together. Goals should be concrete and measurable so that it is easy to see when they have been attained.

3. Development of therapy plan with planned intervention

Process of Intervention

- 4. Implementation of the plan & monitoring the progress. The plan is followed until the 1st evaluation. If satisfactory it is continued or altered if not.
- 5. Review meetings with patient & all staff involved in treatment.
- Setting further goals when immediate goals have been achieved, modifying the treatment program as relevant.

Principles

1. The patient should be involved as much as possible in selecting the activity.

2. Select the activities based on interests , levels, strength and abilities of the client.

3. Utilizes the client's resources

 Start the point the client is at & progress slowly, let him make the pace

Principles

- 5. Short duration activities are selected to foster a sense of accomplishment feelings.
- 6. Provide ample reinforcement for even small achievements.
- The selected activity has to give a new experience for the client.



 Psychiatrist: Usually psychiatrist plays a coordinating role & should have special interest in occupation therapy specially rehabilitation.

- Psychologist: The clinical psychologist contributes to overall policy & individual programs, their interest & accordingly will encourage individual patient for occupational therapy.
- Psychiatric Nurse: As per her observation and nursing care, she can encourage, guide & suggest the patients for occupational therapy

4. **Psychosocial Worker:** They mainly help

- To analyze patient's social situation
- In social & vocation rehabilitation
- To maintain case records, files, future guidance
- In counseling & encouraging patient for therapy.

Occupational Therapist: They help in organizing activities and has major role in rehabilitation of patient.
 They identify the patient's ability, therapeutic value & as per the patient's disorder, potentials, select the activities for them & train them & encourage them

- Recreational Therapist: They will conduct various activities which will provide recreation to patient. E.g. indoor- crafts, puppet show, carom Outdoor-visit, picnic, shopping etc.
- Physiotherapist: If patients have physical handicaps due to mental illness, physiotherapist assist them in rehabilitation.

Classification of Occupational Therapy

 Diversional Activities: These activities are used to divert one's thoughts from life stresses or to fill time

Purposes:

- Stimulates spontaneity
- Stimulates freedom of movement
- Stimulates competitiveness
- Stimulates excitement
- Overcome anxiety, frustration & fear e.g. organized games

Social Activities

The wide spectrum of social activities are aimed at promoting enjoyment and leisure time.

It can be used at a simple level of diversion or towards a more purposeful and involving social contact and interaction.

E.g. Crafts, sports, indoor games.

Activities involving communication & sharing

They can be used exclusively in activity or as a part of any activity which involves group work.

 E.g. Group discussion, drama therapy, role play, psychodrama.

Social skills education

It is designed a behavioral technique to teach the patient systematic elements of social behavior that is verbal &non verbal.

The occupational therapist works with other team members while imparting social skills training.

Psychotherapy Activities

It mainly focus on facilitating the expression and exploration of feelings.

Activities selected are more analytically based and are usually unstructured.

E.g. Painting, clay work, collage.

Occupational activities for psychiatric disorders

Anxiety disorder

Simple concrete tasks with no more than 3 or 4 steps that can be learnt quickly.

 E.g. Kitchen tasks, washing, sweeping, mopping, gardening.



Depressive disorder

Make patient to sit &watch initially in order to socialize them &make them to feel to perform certain activities.

Provide positive reinforcement after each achievement.

E.g. Crafts, mowing lawn, gardening.

<u>Manic disorder</u>

Non competitive activities that allow use of energy and expression of feelings

 Activities should be limited& changing frequently.

Patients need to work in an area away from distractions

E.g. Sweeping, metal work, clay molding.

Schizophrenia paranoid

Non competitive ,meaningful tasks that require some degree of concentration so that less time is available to focus on delusions.

E.g. Puzzles, scrabble.

Schizophrenia catatonic

Non concrete tasks in which patient is actively involved.

Needs continuous supervision.

E.g. Metal work ,molding clay .



Group activities to increase feelings of belonging & self worth.

Promoting individual hobbies.

Activities need to be structured , requiring little time for completion & not much concentration.

 Explain & demonstrate each task ,then ask patient to repeat.

Substance abuse

Group activities in which patient uses his talents
 & interact with others .

Involving in planning social activities ,encouraging interaction with others.

Childhood psychiatric disorders

Involve the children in playing ,story telling, painting ,poetry ,music etc.

In case of adolescents activities like leather work ,drawing ,painting .

Mental retardation

Repetitive work assignment

Provide positive reinforcement after each achievement

E.g. cover making ,candle making ,packaging goods.

Rehabilitation

Definition By Wing (1980) It is process of minimizing psychiatric impairments ,social disadvantages and adverse personal reactions so that the disabled person is helped to use his talents & to acquire confidence & self esteem through ,experiencing success in social roles.

Principles

Planned as per individual capacity

Start from small task & slowly progress to large one.

Initial assessment taken into account various strengths & disabilities.

E.g. Self care, Social relationship, work history, present symptoms and medication.



Domestic Rehabilitation

The chronic patients may require long term ward or hospital or group homes or voluntary organizations for innovative forms of support.



Best achieved by occupational & industrial therapy & providing employment.

E.g. employment in industry or other areas.

Social rehabilitation

Providing social skills like conversation , interview behavior , management of money, telephonic conversation, public transport , purchasing etc.

Other therapies for rehabilitation:

Music therapy

Dance therapy

Art therapy

Facilities for rehabilitation

Various rehabilitation centers

Mental hospitals

Day care centers

Social clubs

clinics

Role of nurse

Guide Supervisor Educator Counselor Coordinator Supporter Helper Motivator