Frames of reference in occupational therapy essay sample

Psychology, Behaviorism

Theoretical AssumptionsHuman development occurs in an orderly fashion throughout the cycleSteps within the developmental process are sequential and none can be skipped.

As a person proceeds through the life cycle, he encounters life events and changing internal and external conditions that necessitate reappraisal and change.

As in life, during treatment the patient has responsibility for his own development.

FunctionAbility of the person to respond to external expectations as well as ones own feelings in a process called adaptation together with the accomplishments of developmental tasks for each life stage.

DysfunctionOccurs when stage specific enabling skills have either not been learned or can no longer be used effectively. This may be a time of temporary difficulty as the person copes with lifes transitions.

Role of OTProvide a Growth Facilitating EnvironmentWell informed about Lifespan DevelopmentActs as liaisonTeacher, Facilitator, Participant-Observer and Supporting AgentEvaluationUse a developmental stance in assessmenttake note of stage within lifespandetermine enabling skills that are deficient or weak and which are strongdetermine barriers keeping the individual from developing or utilizing his skillsdetermine situations where the individual functions bestidentify characteristic lifestyleTreatmentRemediation to Prevention ContinuumBuild adaptive skills in OTSelect activities that will bridge the gap between the individuals

present skill level & skills needed to learn & masterProvide a suitable environment for normal developmental patternCOGNITIVE BEHAVIORAL FRAME OF REFERENCE-Primarily seeks to change the thoughts believed to resultin or cause specific behavior to develop a knowledgebase for problem solving.

-Assumes that a persons cognitive function & beliefsmediate or influence his affect and behavior.

Theoretical AssumptionsA persons emotions & feelings are interdependent with what he knows & believes.

When an individual learns new cognitive strategies to respond to the present, he is preparing to confront & solve future problems.

Learning is facilitated by practice in multiple and varied contexts.

A learning context promotes the idea of life-long learning process.

Practice in real-life contexts is a powerful accompaniment to learning in an analog or clinical setting.

Intervention does not eliminate pathology but provides cognitive, affective & behavioral learning experiences to teach skills, strategies & methods of coping.

FunctionBalance between dependence & independence, self-interest vs. interest in others, personal views of realities vs. ability to be empathetic, identify with others vs. autonomous identity & ability to control vs. ability to

express feelingsDysfunctionOccurs due to insufficient, inflexible or distorted knowledgePredominant behaviors are at the extremes of the continuumRole of OTEducator Facilitator Introducing New PossibilitiesModeling a Scientific Attitude Collaborative RelationshipQuestioning GeneralizationsEvaluationTargeting ChangeUse of observations, tests, & interviewAssessment of cognitive structures (memory, problem solving strategies)Assessment of the extent of the match between individual & environmentTreatmentUse of homeworks, reading, film showings, modeling, role play and educational groupsProblem solving ssumes that majority of psychiatric patients withfunctional as well as organic disorders have some degreeof cognitive impairments.

Theoretical AssumptionsCognitive disability is caused by a biologic (CNS) deficit.

Persons with cognitive disabilities have ways in which they think & process information differently, which in turn impedes their routine task behavior.

The individuals cognitive level predicts the behavior that he can do.

For patients with a cognitive dysfunction, & therefore for the majority of psychiatric patients treated by occupational therapists, management & maintenance are more tenable goals than skill-building or change in cognitive level.

Assessment of cognitive level can contribute to decision-making around prospective discharge placement, environmental adaptations, & establishing legal competency.

FunctionAbility to do cognitive processing at cognitive level 6 in Allens Cognitive Hierarchy & is characterized as the ability to use symbols to think about, anticipate & plan action.

DysfunctionImpairment in sensorimotor information processing & referred to persons having permanent cognitive limitations as persons having a cognitive disability.

Role of OTAssesor Environmental ManagerExpert Consultant, Educator & AdvocateEvaluationIdentification of persons level of cognitive function throughInterviews, medical chart review & Assessment Tools (Allen Cognitive Level Test, Lower Cognitive Level Test, Routine Task Inventory & Work Performance Inventory).

TreatmentManagement & MaintenanceTask AnalysisEnvironmental CompensationBEHAVIORAL FRAME OF REFERENCEBuilt on principles of cognitive, social & conditionallearning theories which is concerned with identifying &eliminating problem behaviors & building necessaryfunctional skills.

Theoretical AssumptionsThe person has a repertoire of behaviors, adaptive & maladaptive, that has been learned through selective reinforcement within the environment.

Therapist is concerned both with extinguishing maladaptive behaviors & with establishing adaptive behavior that will enable learning & desired occupational performance.

In OT, through activity & occupation, the patient/client can learn new skills or refine present skills for occupational function.

Either through direct care, education or consultation, the occupational therapist strives to increase the clients ability to transfer the behaviors learned during intervention to a broad range of environments & life situations.

Clear, concrete goals increase the clients understanding of the purpose of intervention & the achievement of occupational performance.

FunctionIndividual is socialized & develops a repertoire of behaviors that are used for adaptation through work, ADL & leisure.

DysfunctionMaladaptive behaviors as a result of faulty learning & at the same time the acquisition of society disruptive behaviorRole of OTMotivator & Reinforcing AgentTeacher, Consultant, CoachRole ModelFacilitate the acquisition of performance skills that will enable the client to function optimally in his expected environment.

EvaluationAssessment through observation, rating of task performance & interviewUse of Assessment Instruments (Kohlman Evaluation of Living Skills, Comprehensive OT Evaluation, Bay Area Functional Performance Evaluation & Scorable Self-Care EvaluationTreatmentMake a Behavior

Modification ProgramShaping, Chaining, Modeling, Token Economies, Desensitization, BiofeedbackMOVEMENT CENTERED FRAME OF REFERENCERestorative approach in which it is expected thatsomething in the person will change as a consequence oftherapeutic intervention.

Theoretical AssumptionsAnything that affects the body will inexorably affect the mind & vice versa.

It is the nature of the person to organize through adaptive response.

It is self-satisfying for the person to engage in purposeful, goal-directed activity.

Movement produces immediate & profound physiological changes that can influence behavior.

Much so-called mental illness is physiological in origin.

Persons with CNS damage have more difficulty integrating relevant sensation & ignoring irrelevant stimuli.

It is important that activities used in OT are those in which the participant can succeed.

FunctionAccurate perception, organization & interpretation of environmentDysfunctionImpairment in the ability for successful adaptation such as those with neurological CNS deficit.

Role of OTGroup FacilitatorControl Sensory InputPraising & Supporting EngagementSensory Input through TouchOngoing AssessmentEvaluationAccurate assessment of persons functional abilities to aid in the selection of activities in which the client can succeed.

Use of Assessment Tools, neurological deficits can be screened.

TreatmentTo bring about an organized adaptive response or whole-person response, through sensory stimulation and the use of motor activity for controlled sensory stimulation.

OBJECT RELATIONS FRAME OF REFERENCEAn eclectic frame of reference that views media, persons &activities as objects invested with psychic energy & thatinteraction with these objects is necessary to satisfypersonal needs.

Theoretical AssumptionsHuman behavior is influenced by what is conscious & by what is not conscious in the individual.

Increased self-awareness contributes to ones ability to make satisfying choices.

Individual needs to feel both physically & emotionally safe in order to be open to new perceptions & to make changes.

Activities provide an avenue to connect & to find meaning in the world.

Structure, predictability & boundaries in the external environment help compensate for feelings of unpredictability, confusion or tenuous internal boundaries with the person.

FunctionIndividual knows how to balance expression of drives in ways that are self-gratifying & acceptable within his social environment.

Evident when individual is engaged in task behaviorDysfunctionPerson views himself or situations outside the self in ways that are very different from how others see these.

Person is unaware of feelings that are shaping decisionsRole of OTMutual Responsibility > Collaborative RelationshipBehavior Awareness through ActivityParticipant-Observer > maintain momentum of therapyEvaluationUse subjective & objective assessmentsIdentify areas in which client wishes to growClarify thoughts, feelings & experiences that are influencing behaviorUse of Projective Tests such as Azima Battery, Shoemyen Battery, Goodman Battery, BH Battery, Lerner Magazine Picture Collage & Person Symbol.

TreatmentProjective Activities in developing object relationships, ego function & defenses as well as to increase conscious awareness of the dynamic reason for behavioral problems.

REFERENCE:

Frames of Reference in Occupational Therapy by Mary Ann Groux Bruce, PhD, OTR and Barbara A. Borg, MA, OTR