Use of Treatment Activities in Occupational Therapy

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The purpose of this study was to determine the treatment activities used most often by occupational therapists associated with the Louisiana State University Medical Center’s (LSUMC’s) occupational therapy program. The results of this study were used to make changes in the teaching of treatment activities in the program. Two samples of clinicians—83 fieldwork supervisors and 59 former LSUMC students, mainly from the southeastern region of the country—identified how frequently their clinics had used each of 67 listed treatment activities in the past year. The results showed that noncraft activities were ranked as being used more frequently than either major or minor craft activities. This was true in all settings and all specialty areas of practice. In both groups, across all areas of practice, self-care and social skills activities ranked among the top five positions of activities frequently used in practice. Therapists in physical disabilities settings used crafts less frequently than therapists in mental health settings. As a result of this study, changes have been made in the teaching of treatment activities at LSUMC. Those activities that were ranked in the study as frequently used have been emphasized, and those ranked as infrequently used have been given less emphasis or deleted from the curriculum.

To prepare competent entry-level therapists, academic programs must provide information that is consistent with clinical practice. One area of specific concern to both academic and fieldwork educators is the teaching of treatment activities. Activities used in occupational therapy have changed over the years as the major models of treatment have changed. During the period of Moral Treatment, during the early 19th century, diversional activities were considered essential in returning people to good health (Friedland, 1988). By the turn of the 20th century, the arts-and-crafts movement had proclaimed that goal-directed activity had a curative effect on the social ills of newly industrialized societies. The founders of occupational therapy extended this concept of curative occupations to the treatment of mental illness (Levine, 1987; Reed, 1986). From 1920 to 1940, the major emphasis of occupational therapy educational programs was on the therapeutic use of crafts in purposeful activities; from 1940 to 1960, the emphasis was on basic sciences (Mosey, 1971). Only activities that directly attacked pathology were considered to be of merit by the medical profession (Friedland, 1988).

In the last several decades, the traditional treatment activities in occupational therapy—that is, the purposeful activities used to achieve functional outcomes—have been replaced with modalities more closely identified with the knowledge base and practices of other professions. Such modalities include whirlpool, electrical stimulation, and paraffin (West, 1984). Although there remains strong support for the use of purposeful activities in therapy (Breines, 1984; Fidler, 1981; Hightower-Vandamm, 1983; Hinojosa, Sabari, & Rosenfeld, 1983; Huss, 1981; Lyons, 1983; West, 1984), a number of arguments against the effectiveness of purposeful activities have also been levied (Bissell & Mailloux, 1981; Clopton, 1981; Courtzunis, 1982; English, Kasch, Silverman, & Walker, 1982; Leffler, 1978; Stevens, 1981; Trombly, 1982; Walker et al., 1982; West, 1984). Whether or not one agrees or disagrees with the idea that occupational therapy should be defined by its exclusive use of purposeful activities, learning about treatment trends will give educators a needed awareness of trends in existing occupational therapy practice.

Treatment Activities in Specialty Areas of Practice

Among the various specialty areas of practice and among regions of the country, the use of treatment activities and modalities is diverse (Christiansen, 1975; Eliason & Gohl-Giese, 1979). Treatment activities refers to activities with expected therapeutic outcomes; modalities refers to the employment of (or the method of employment of) a therapeutic agent (American Occupational Therapy Association, 1983).

Eliason and Gohl-Giese (1979) surveyed their field-
work sites to determine the kinds of treatment activities and modalities clinicians used in practice. They found that physical therapy modalities (e.g., ultrasound, massage, paraffin) were being used by occupational therapists across the country, with greater use in some regions than others. They also found that traditional therapeutic media, such as crafts, were being discarded by therapists in both physical disabilities and mental health settings and were being replaced with modalities (e.g., sex education, biofeedback). They also found that activities such as printing had been almost totally discarded, but that others such as needlework and activities of daily living were being used in almost all clinics. Of the seven activities that held the top five positions in terms of use in physical disabilities practice, 50% were noncraft activities and 50% were modalities used without activities. In mental health settings, of the 10 activities that held the top five positions, 80% were craft activities and 20% were noncraft activities.

Several years later, Gohl-Giese and Eliason (1986) again surveyed clinics throughout the country and compared their findings to their earlier survey (Eliason & Gohl-Giese, 1979). Several trends recurred. In mental health practice there was an overall downward trend in the use of almost all craft and noncraft activities. For example, use of weaving on a loom had dropped from 70% to 28%, and homemaking training had dropped from 79% to 61%. Therapists in physical disabilities settings were using nonactivity physical modalities to an even greater extent than in 1978. For example, use of hot or cold packs had increased from 16% to 50%, and massage from 29% to 65%. Also significant was the drop in the use of traditional crafts by therapists in physical disabilities settings. Weaving, woodworking, leather working, and metal tooling were used significantly less than in the earlier survey.

Bissell and Mailloux (1981) concluded that most therapists in physical disabilities settings use crafts to some extent, but use other treatment modalities (e.g., exercise, activities of daily living, neurodevelopmental techniques) more. They also found that therapists in physical disabilities settings stressed the physical aspects of therapy and placed less emphasis on the psychological and social aspects of treatment.

Therapists specializing in treating patients with psychosocial disabilities use crafts to a greater degree than do therapists treating patients with physical disabilities (Barris, Cordero, & Christiaansen, 1986). Thus, the tendency to incorporate nonpurposeful forms of treatment may be less pronounced in psychosocial occupational therapy practice than it is in physical disabilities practice. In addition, therapists in psychosocial disabilities settings were found to use treatment groups incorporating workshop/craft/hobby skills, social skills, task skills, leisure skills, and cooking skills to a greater extent than in the past (Barris, 1984; Barris et al., 1986; Kielhofner & Barris, 1984). In surveying the use of groups in treatment, Duncombe and Howe (1985) found that although groups were being used in all practice areas to varying degrees, they were used by all respondents working in psychiatric hospitals and community mental health centers.

In some instances in mental health practice, it could be argued that therapeutic recreation specialists have moved into the craft domain while occupational therapists in mental health settings have moved into the realm of psychology-type group treatments and have become minipsychologists (Eliason & Gohl-Giese, 1979; Mills, 1986). Fidler (1981) stated that in any society certain roles and behaviors carry more credibility and more status than others; for example, in Western society, those occupations employing obvious verbal-cognitive skills are assigned greater value than those involving manual skills. This could explain why therapists in mental health settings are moving away from the use of crafts and toward psychoeducational-type groups. This transition could be viewed as similar to that of occupational therapists in physical disabilities practice who have incorporated physical agent modalities from physical therapy into their practice to become paraphysical therapists (Eliason & Gohl-Giese, 1979). In the case of physical agent modalities, therapists may be using treatment interventions that are valued due to their association with technological advances instead of activities that are currently associated with leisure pursuits. Whether one agrees or disagrees with these arguments, it remains clear that the use of treatment activities changes across time and specialty area of practice in a dynamic rather than a static process.

Teaching Treatment Activities to Students

It is important that educators stay abreast of the treatment activities being used in clinical practice. If the relationship between academic and clinical training sites is a symbiotic one in which learning flows in both directions between the two settings (Snow & Mitchell, 1982), then consistency in training and in use of treatment activities will result. Also, if academics teach activities that are currently used in the clinic, the transition for students from one learning environment to the other will be smooth, and students will not be exposed to activities in the classroom that use supplies and equipment not being used in the clinic. Finally, seeing familiar activities could be reassuring to students, thereby decreasing their discomfort and potential stress when making the transition from the classroom to the clinic (Mitchell & Kampe, 1990).

When developing and revising courses to provide content that is consistent with current practice, educators in academic programs are assisted by (a) feedback from fieldwork supervisors, (b) student evaluations of their fieldwork experiences, (c) feedback from recent graduates, (d) results of the certification examination, and (e) on-site visits (Christiaansen, 1975; Eliason & Gohl-Giese, 1979).
The purpose of this study was to ascertain the treatment activities used most often in occupational therapy practice in order to determine what treatment activities should be taught at Louisiana State University Medical Center (LSUMC). In this way, LSUMC students will have a repertoire of activities currently used in clinical practice from which to choose. For this reason, a survey was conducted of fieldwork sites and former students that were associated with the LSUMC curriculum.

Method

Subjects

Two samples were used. Subjects in the first group were supervisors at fieldwork sites used by the occupational therapy department at LSUMC. Of the 126 questionnaires sent to them, 86 (68%) were returned. Of those returned, 3 were discarded due to irregularities or incompletion, leaving 83 questionnaires (66%) for analysis. Twenty-five states were represented. Thirty-seven of the respondents (29%) were from the Southeast region of the country, 12 (14%) from the Northwest, and 11 (13%) from the Southwest. The last 23 questionnaires (28%) were from the remaining regions of the country (Pacific, Rocky Mountains, central Midwest, northern Midwest, Northeast, and mid-Atlantic). Specialty representation was as follows: physical disabilities, 35% (n = 29); mental health, 35% (n = 29); developmental disabilities, 16% (n = 13); and other (i.e., home health, consultation, geriatrics), 14% (n = 12).

Subjects in the second sample were former occupational therapy students at LSUMC whose addresses were current in the alumni file. Of 101 questionnaires mailed, 60 (59%) were returned. Of those returned, 1 was eliminated, leaving 59 (58%) for analysis. Six regions of the country were represented: 54 respondents (92%) were from the Southeast, and 5 (8%) total were from the Pacific, Northwest, central Midwest, northern Midwest, and Southwest. Specialty areas of practice in the second sample were physical disabilities, 58% (n = 34); developmental disabilities, 29% (n = 17); mental health, 14% (n = 8); and none in the other category (percentages have been rounded).

Questionnaire

A two-page questionnaire was developed. Respondents were to state where they worked (to determine regional location) and what diagnoses they treated (to determine their specialty area of practice). We compiled a list of 67 treatment activities most commonly used in the various specialty areas, including the major and minor crafts listed by Eliason and Gohl-Giese (1979). When developing the list, input was obtained from therapists working in the various specialty areas. Additionally, five LSUMC faculty members evaluated the list and suggested additions and deletions based on their knowledge of clinical treatment activities. The list of activities consisted of 9 major crafts (e.g., variations of weaving, leather work, ceramics, and woodworking), 34 minor crafts (e.g., knitting, macramé, sewing, and copper tooling); and 24 noncraft activities (e.g., social skills, self-care, exercise, and sensory integration activities). Subjects were also asked to list treatment activities used at their sites that were not included in the questionnaire.

Procedure

Questionnaires were mailed with a stamped return envelope and a cover letter. The letter explained the purpose of the questionnaire and contained instructions for completing and returning it. Using a four-point scale (frequently, fairly often, seldom, and never), subjects indicated how often the 67 treatment activities listed had been used in their treatment settings during the past year.

Analysis

The SAS statistical computer package (SAS Institute, 1987) was used to obtain descriptive statistics from the two groups. Tallied responses were assigned scores ranging from 4 (frequently) to 1 (never). Results of columns marked frequently and fairly often were then combined. Scores of seldom and never were then combined. Next, all 67 treatment activities were ranked according to frequency of use, with the highest-scoring activities receiving the highest rankings.

Results

Tables 1 and 2 show the activities ranked from first to fifth place by each group and specialty area of practice. These are also listed. The fifth position was selected as the last because all activities to this point were used by at least 50% of respondents in both groups. For both groups combined, the 9 major crafts, 3 (33%) ranked among the top five positions as frequently used; of the 34 minor crafts, 8 (24%); of the 24 noncraft activities, 18 (75%). Therefore, in both groups, a higher percentage of noncraft activities ranked in the top five positions of frequently used activities than did either major or minor craft activities. In comparing the two groups, we found strong agreement between treatment activities used by fieldwork sites and those used by former students who, as a group, had trained at these sites.

Self-care and social skills activities ranked among the top five positions across areas of practice in both groups. Sensory integration activities ranked among the top five positions in all areas of practice except at fieldwork sites in the Other group and former students in physical disabilities practice. Games were used frequently by both groups in developmental disabilities and mental health settings. Work simplification and homemaking activities were used frequently by both samples of physical disabilities.
Table 1
Ranked Order of Treatment Activities Used in Various Specialty Areas of Practice at Fieldwork Sites (n = 83)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Physical Disabilities</th>
<th>Developmental Disabilities</th>
<th>Mental Health</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Joint protection</td>
<td>Sensory integration</td>
<td>Social skills</td>
<td>Homemaking</td>
</tr>
<tr>
<td></td>
<td>Homemaking</td>
<td></td>
<td>Self-care</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Self-care</td>
<td>Self-care</td>
<td>Games</td>
<td>Work simplification</td>
</tr>
<tr>
<td>3</td>
<td>Work simplification</td>
<td>Social skills</td>
<td>Leather stamping</td>
<td>Self-care</td>
</tr>
<tr>
<td></td>
<td>Prevocation skills</td>
<td></td>
<td>Woodworking (by hand)</td>
<td>Craft kits</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Copper tooling</td>
<td>Joint protection</td>
</tr>
<tr>
<td>4</td>
<td>Relaxation</td>
<td>Games</td>
<td>Sensory integration</td>
<td>Leather kits</td>
</tr>
<tr>
<td></td>
<td>Sensory integration</td>
<td>Movement</td>
<td></td>
<td>Latch hook</td>
</tr>
<tr>
<td>5</td>
<td>Social skills</td>
<td>Survival skills</td>
<td>Community reorientation</td>
<td>Homemaking</td>
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<tr>
<td></td>
<td></td>
<td>Community reorientation</td>
<td></td>
<td>Painting</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Copper tooling</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Games</td>
</tr>
</tbody>
</table>

All 67 treatment activities on the questionnaire were used frequently by at least 1 mental health respondent. A few activities were used less than frequently by all respondents from both groups in the remaining areas of practice (n = 105) (e.g., batik, candle making, weaving with table looms, wood carving [see Table 3]).

Fifty-seven respondents added a total of 58 treatment activities used at their sites that were not included on the questionnaire. The following were listed by at least 2 respondents: splinting, wood kits, transfer training, cooking, string art, decoupage, neurodevelopmental treatment, proprioceptive neuromuscular facilitation, feeding/swallowing, swimming, assertiveness training, positioning, stress management, and body mechanics.

Discussion
Like Eliason and Gohl-Giese (1979), we found that therapists in mental health were using a larger variety of crafts than therapists in physical disabilities. Of the treatment activities ranked in the top five positions for frequency of use, therapists in physical disabilities showed the narrowest selection, and therapists in mental health exhibited the widest array for both groups. Our findings are, in part, consistent with the findings of Bissell and Mailloux (1981), who found that therapists in physical disabilities settings were using crafts a smaller percentage of the time and modalities a greater percentage of the time. We found that therapists in physical disabilities settings used...

Table 2
Ranked Order of Treatment Activities Used in Various Specialty Areas of Practice by Former Students (n = 59)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Physical Disabilities</th>
<th>Developmental Disabilities</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Self-care</td>
<td>Sensory integration</td>
<td>Social skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Field trips</td>
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<td></td>
<td></td>
<td></td>
<td>Games</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Counted cross stitch</td>
</tr>
<tr>
<td>2</td>
<td>Work simplification</td>
<td>Self-care</td>
<td>Social skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preacademic skills</td>
<td>Self-care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Craft kits</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Relaxation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sponsors</td>
</tr>
<tr>
<td>3</td>
<td>Joint protection</td>
<td>Games</td>
<td>Social skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Toys</td>
<td>Copper tooling</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Paper craft</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Movement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Music</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Time management</td>
</tr>
<tr>
<td>4</td>
<td>Homemaking</td>
<td>Social skills</td>
<td>Community reorientation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sensory integration</td>
</tr>
<tr>
<td>5</td>
<td>Social skills</td>
<td>Movement</td>
<td></td>
</tr>
</tbody>
</table>

Note: The former students responding to the survey were all practicing in either physical disabilities, developmental disabilities, or mental health.
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Activity | Physical Disabilities | Developmental Disabilities | Mental Health | Other
---------|----------------------|--------------------------|---------------|--------
Batik    | X                    | X                        | X             |        
Block printing | X                | X                        | X             |        
Candle making   | X                    | X                        | X             |        
Copper enameling |                    |                          |               |        
Hand weaving    | X                    |                          |               |        
Jewelry making  |                      |                          |               |        
Metal forming   | X                    |                          |               |        
Modeling       | X                    |                          |               |        
Plastic lacing  |                      |                          |               |        
Pottery-wheel work |              | X                        |               |        
Puppets        |                      |                          |               |        
Stenciling      |                      |                          |               |        
Table looms/weaving |              | X                        |               |        
Wood/soap carving |                      | X                        |               |        

Table 3 Treatment Activities Used Less Than Frequently by all Respondents in Both Groups

Note. Only fieldwork sites contained responses from the Other category.

Limitations and Future Research

It is not possible to generalize these findings to clinical sites elsewhere in the United States because respondents were primarily from the southeast region of the country; convenience rather than random sampling was used. In addition, to facilitate a high return rate, we kept the questionnaire simple by using the ratings of frequently, fairly often, seldom, and never, instead of a more objective scale. This may have affected the accuracy of responses.

In response to the limitations of our study, a national survey using random sampling could be conducted on a regular basis to maintain a current picture of the use of treatment activities across the nation. This would make comparisons possible. In addition, activities listed by two or more of our respondents could be added to expand and update the list of options. A study of how exercise and physical agent modalities are used might reveal a more complete picture of practice in physical disabilities settings.

An additional task for researchers is to determine how and why treatment activities are selected by clinicians. If clinicians' repertoires consist mainly of activities learned in training, instead of activities preferred by patients, a closed system of activity choice will result. Therapists will learn, and will teach students, what they learned during their own training, and students will go on to use these same activities in their practices. It is important that we consider patients' perspectives. Breines (1989) stated that if patients see their treatment activities as purposeful in terms of improving their ability to function, they will continue to engage in them. To ensure that activities are purposeful to clients, the array of choices must be vast and dynamic. For example, in both of our groups, copper tooling appeared among the top five positions of frequently used activities in at least one specialty area. The degree to which this activity is valued in our society today, and the number of patients who would freely describe this activity as highly desirable, should be determined.

We believe that therapists should consider appropriate treatment activities with input from patients, but no study of the activity selection process has been done. Research about patients' points of view would help us select treatment media and methods currently valued by patients.

References


