Addressing occupational engagement difficulties in individuals with severe mental illness

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People with severe mental illness (SMI) and motivation for occupations

Objectives of the study

Methods

Results

Discussion/Conclusion

References
Occupational engagement in people with SMI

» Limited engagement in occupations

- Affected motivation
  - (Bejerholm & Eklund, 2006; Boydell, Gladstone, & Volpe, 2003; Pépin, Guérette, Lefebvre, & Jacques, 2008)

» Motivation:

- «… mediates occupational engagement… »
  - (Polatajko, et al. 2013)

- «…to be moved to do something…», when « someone […] is energized or activated toward an end”…(Ryan & Deci, 2000)

» OTs' clinical « mindlines» (Greenhalgh & Wieringa, 2011)  

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Objectives of the study

» General objective:
  - To make explicit the practice of occupational therapists relative to problems of occupational motivation in people with SMI.

» Specific objectives:
  - To explore how OTs describe their practice process,
  - To investigate the facilitators and challenges encountered in their practice with this clientele.
**Methods**

- **Descriptive qualitative study, based on a collaborative research approach**
  - Aims to gain a deeper understanding of the practice process based on the experiential knowledge of the participants, linking research and practice (Morissette, 2013)

- **Participants:**
  - OTs with experience working with people with SMI

- **Data collection:** 3 focus groups
  - 3 different areas in Quebec (Montreal, Quebec and Mauricie)
  - Results were presented in groups and individually for validation

- **Data analysis:**
  - Theoretical and inductive thematic analysis (Braun & Clarke, 2006)
RESULTS
### Participants and practice context

<table>
<thead>
<tr>
<th>Practice Context</th>
<th>OTs (n = 21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, mean (range)</td>
<td>39.6 (23-59)</td>
</tr>
<tr>
<td>Sex (f/m)</td>
<td>16/5</td>
</tr>
<tr>
<td>Experience with p. with SMI, mean (range)</td>
<td>14.5 (0.75-37)</td>
</tr>
<tr>
<td>Outpatient clinic</td>
<td>13</td>
</tr>
<tr>
<td>Inpatient unit</td>
<td>10</td>
</tr>
<tr>
<td>Community</td>
<td>2</td>
</tr>
</tbody>
</table>

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Describing their practice experience

» Passionate, engaged

» Values/attitudes oriented

» Approaches/theory,strategies oriented

» Overall…

- intervention is about meaning and relationship

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First stages

» Developing a relationship
  ▪ Being in contact
  ▪ Just being there
  ▪ Through the use of the activity

» « Finding out the opening »
  ▪ major challenge
  ▪ Sense the person, try, adjust…
  ▪ Interests and values
  ▪ Elicit a sparkle, an emotion
  ▪ Intrinsic and extrinsic motivation

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« I think there are many « openings » and as therapists, it is our challenge to know, « break down », or at least try to find the « path » that will be the « most winning one » for this patient at that time, at that momentum of the illness.»

OT participant
Facilitating attitudes

» Use of self:
  • Listening “position/attitude”
    - having no expectations
    - non-judgmental
  • Creating a positive experience
    - Talk “the same language”
    - Be willing to take the time
    - Offer to be the « hope keeper »

» Use of environment

» Professional values

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Assessing and evaluating

Highly individualized process

• “No standards”

Informal:

• Non-verbal behavior
• Informal discussion in different contexts
  - « Taking a ride »
  - Meeting at the apartment

Formal:

• Questionnaires
• Time use diaries
• Semi-structured interviews
• Observation

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Intervening

A creative and interactive process

- Assessment and intervention are closely linked

Following the « opening »

- Exploration of possibilities
- Facilitating success and modeling
  - Leading to a better sense of competency
Intervention contexts

Continuum of autonomy
- Having no choice  →  Being responsible for their choice

Continuum of interaction
- Just being there  →  Doing with other people

Continuum of task complexity
- Step by step  →  Complex challenge
Specific interventions

- Life balance
- Motivational Interviewing
- Action over inertia (Krupa, et al., 2010)
- Cognitive-behavioral strategies
Challenges

» The person
- Personality
- Habits
- Communication difficulties

» The environment
- Attitudes and rules of society
- Organisation of services
  - Lack of time for intervention
  - Different priorities of the team
  - Lack of continuity
- Context of intervention

• The OT
  - Attitude
  - Difficulties relative to the intervention
  - Be able to explain the intervention process
  - Need for exchange and education

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DISCUSSION

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Practice process and therapeutic relationship

» Values/attitudes intertwined with theory/strategies
- "Therapeutic relationship intersects the therapeutic process" (Price, 2009)
- "Interaction becomes procedure" (Ward, 2003)

» Meaning making, more than skills developing
Model for assessment:
- MOHO: Volition (interests, values, self-efficacy)

Theory for intervention:
- Self determination theory (Deci & Ryan, 1990)
  - Intrinsic motivation: Need for competence, autonomy and relatedness
- Remotivation process model (de las Heras, et al., 2003)
  - Three stages: exploration, competency and achievement
  - Objectives and strategies for each stage

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Challenges and conclusion

Recovery supporting practice

“occupational engagement is an important dimension of the process of recovering in the context of mental health issues.” (Doroud, Fossey, fortune, 2015)

Personal and external factors (Carrier, et al. 2010)

- Advocate for different service priorities
- Create space for exchange
  - Community of practice

Take home message:
« Relationship, time and meaning »


Reference


Thank you!
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