In 2007, in Kingston, Ontario, a group of occupational therapists passionate about the community lives of people with serious mental illness designed a workbook they could use with clients who experienced barriers to full activity participation. The result of these efforts was the published time use intervention, *Action Over Inertia* (AOI; Krupa et al., 2010). The AOI workbook uses the theoretical underpinnings of the Canadian Model of Occupational Performance and Engagement (CMOP-E) as well as the recovery model. It also incorporates a time-use perspective with a focus on occupational balance and engagement.

AOI is unique as an intervention in its focus on activity health and participation, articulating the many benefits of daily activity participation and drawing on an existing evidence base related to time use and activity participation. It is focused on the assertive engagement of clients in activity participation and relies on occupational therapists’ expertise and reasoning to tailor the program to their clients’ needs (Krupa et al., 2010). This approach is congruent with the recovery model in promoting client empowerment and choice, with a focus on supporting well-being for people who experience mental illness (Rebeiro Gruhl, 2005).

Since its publication in English, AOI has gone on to be translated into French, German and Hebrew, with work continuing on a Mandarin translation. It has been sold in 16 countries, most commonly in Canada, the United States and Australia. Training workshops for the workbook have been held across Canada. Several positive reviews of the AOI workbook have been published, including in the *Psychiatric Rehabilitation Journal* (Kinley, 2010), the *British Journal of Occupational Therapy* (White, 2011) and the *Canadian Journal of Occupational Therapy* (Walsh, 2012). Reviewers noted the applicability of the workbook to many areas of mental health practice as well as possibilities for its use with other populations who might benefit from increased occupational engagement.

In 2011, the results of a randomized controlled pilot study of AOI were published (Edgelow & Krupa, 2011). The pilot study included 18 participants who had a serious mental illness and a history of extreme activity disengagement and who were receiving services from Assertive Community Treatment teams in southeastern Ontario. The treatment group increased their time spent engaging in activity by 47 minutes per day, on average, after 12 weeks, a statistically significant difference (p<.05). All treatment participants gave positive feedback and stated they would recommend AOI to others with similar challenges; equally positive feedback was received from the occupational therapists who delivered the intervention. Some of the changes in time use seen during the study were normalized sleep patterns; participation in volunteer work, leisure activities and social programming; improved home management and increased participation in spiritual activities.

Research has continued in other contexts. In 2015, four student occupational therapists at Queen’s University partnered with Dr. Terry Krupa to investigate the Activity Engagement Measure, an outcome measure embedded in the AOI workbook. This measure is organized around key elements of occupational engagement, including occupational balance, physical activity, structure and routine, meaning, satisfaction, social interactions and accessing community environments (Bejerholm, Hansson, & Eklund, 2006; Bejerholm & Eklund, 2007). Twenty-five individuals with serious mental illness and the same number of individuals from the general population completed the measure. Results showed that there was expert agreement related to the experience of health through activity, it has good internal consistency and acceptable test-retest
reliability. Results are currently in preparation for dissemination.

Also in 2015, the Do-Live-Well framework was published (Moll et al., 2015). This new Canadian tool was developed by occupational therapists to demonstrate the link between activity patterns and health and well-being outcomes. The framework uses a health promotion approach to empower individuals to reflect on their activity patterns and health and to optimize their patterns of activity engagement. AOI contributed to the theoretical formulation of this framework as one of seven occupational therapy sources used in its development (Moll et al., 2015).

There are several Canadian and international studies on the clinical application of AOI in various stages of design, data collection and data analysis, and more information will be available when results reach the dissemination stage.

The primary authors of AOI are regularly contacted by occupational therapists inquiring about the use of the workbook for populations other than those with serious mental illness, for whom it was initially designed. Since 2014, groups of student occupational therapists at Queen’s University have been working with this author to design new content that builds on the time-use approach and is tailored to a variety of populations. To date, new content has been written for people who experience anxiety, post-traumatic stress disorder, dementia and chronic pain, as well as for at-risk youth. The development of new content related to mood disorders, intellectual disability and acquired brain injury will continue into 2017, with the goal of publishing an add-on package that extends the original content to address additional occupational engagement issues.

Since the development of AOI began in 2007, much progress has been made on the publication and dissemination of the workbook and related research. The authors of AOI hope that their example of collaboration with the goal of developing a tool to increase activity participation for their clients, and a view to client recovery, can inspire other occupational therapists to take similar approaches in their practices.

References


About the author

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