The aim of the *Irish Journal of Occupational Therapy* (IJOT) is to contribute and stimulate critical debate and evidence-based practice by disseminating research findings, expert opinion, theoretical arguments and developments within clinical practice and professional education in Ireland and internationally.

The journal will publish original articles that will add to the knowledge base within occupational therapy and further evidence-based practice and critical debate within the profession.

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Fáilte go dtí an chéad eagrán seo de thoirt 45 den Iriseabhar Piarmsiúnaithihe hÉireann Teiripe Shaothair. Welcome to this first issue of the 45th volume of the Irish Journal of Occupational Therapy (IJOT). It gives me great pride to write this Editorial given the milestone it marks. Over the past 40 years, many occupational therapists have given their time to ensure IJOT flourished. In recent years, the future direction of the journal has been discussed in all manner of means including Twitter! On-line publication was deemed to be the best way forward for the Journal, and thankfully, this idea gained the support of the AOTI Council. During 2016, negotiations were concluded with our new publisher Emerald Publishing Services.

I have high hopes for our partnership with Emerald. Under the new arrangement, articles published in IJOT will be done so under a licence know as CC BY 4.0. In short, this means that the content can be accessed and shared freely, including copying and redistributing the published material, once the original work is acknowledged; this is also known as “open access” (https://creativecommons.org/licenses/by/4.0). I anticipate that this will lead to a growth in readership and also a higher number of submissions. Importantly, this will increase the opportunity to showcase the occupational therapy research, education and clinical practice going on in Ireland to our colleagues around the world. Additionally, occupational therapists working in Ireland will have the opportunity to continuously improve their own professional knowledge through keeping abreast of the international content published in IJOT.

The journal has achieved much since the decision by AOTI to create an academic journal, OT Ireland, in 1977. I wish to thank IJOT’s current Associate Editors of Ms Carol Hills, Ms Sherrie Buckley, Ms Mary Tinley, Ms Rosaleen Kiely, Ms Bethan Collins and Ms Edel O’Neill for their work and continued support. They, and I, would like to take this opportunity to single out Ms Katie Cremin for special praise. Katie undertook the role of Editor of the Journal for many years and laid the foundation for taking this step to becoming an open access online publication. While she is taking a much deserved sabbatical from day-to-day Journal operations, she is keeping a watchful eye from the Editorial Board and will keep me on my toes. Joining Katie on this Editorial Board are Karen Jacobs, Professor, Boston University, USA; Pauline Burke, Chair of AOTI, Ireland; Judith Pettigrew, Senior Lecturer, University of Limerick, Ireland; Eithne Hunt, Programme Leader, University College Cork, Ireland; Elizabeth McKay, Reader, Brunel University, London, UK; Patricia McClure, Associate Head of the School of Health Sciences, Ulster University, Antrim, Northern Ireland; and Chris Lloyd, Senior Research Officer, Griffith University, Brisbane, Australia. I am very grateful to them for agreeing to come on board and assist IJOT in this time of transition and development.

Fittingly this issue commences with an article on the 100 years of Occupational Therapy in Ireland. This work has been completed as part of a programme of research underway in the University of Limerick headed up by Dr Judith Pettigrew. In this particular article, we are provided with fascinating details on the foundations upon which our profession has been built and some of the key of contributors to it (Pettigrew et al., 2017). Following on for this,
we have three research articles. In Brennan and Gallagher (2017), we are provided with the findings of a qualitative study on how contextual influences inform gendered occupational choice. A pilot study on equine-assisted therapy using a mixed methods approach by Heffernan (2017) provides us with insight into the impact such an intervention can have and the feasibility of undertaking an evaluation of a therapeutic programme. Views on role emerging placements are the topic dealt with by the research paper of Linnane and Warren (2017). Although widely used in clinical research, there is limited quantitative research on this topic, so I am delighted to be able to publish a paper on this educational matter. The final article is an opinion piece on Supported Employment in mental health. Submitted by Australian colleagues (Machingura and Lloyd, 2017) provide an international perspective on this topical issue for occupational therapists in Ireland. I would also like to encourage readers not to forget the Book Review included. The focus of the book, pain, is a feature of many conditions, and this new publication provides details of the approach of a Canadian occupational therapist, Christine Lefaivre. Thanks to Julie Flanagan for completing this.

Finally, I would like to mention that Emerald is also celebrating a special anniversary in 2017, as they celebrate their 50th birthday so lâ breithe shona duith to all at Emerald.

Niall Turner
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Major trends in the use of occupation as therapy in Ireland 1863-1963

Judith Pettigrew, Katie Robinson, Brid Dunne and Jennifer O' Mahoney

Abstract

Purpose – Major gaps exist in the documented history of occupational therapy in Ireland. The purpose of this paper is to contribute to filling these gaps by providing an overview of three major transitions in Irish occupational therapy in the century preceding the opening of St. Joseph’s College of Occupational Therapy in 1963. Research on occupational therapy’s past is valuable not only for recording and commemorating key events and individuals but also for allowing reflection on and questioning of contemporary practice and assumptions.

Design/methodology/approach – This descriptive paper draws on multiple documentary sources to present an overview of the first 100 years of the use of occupation as therapy/occupational therapy in Ireland from 1863 to 1963.

Findings – Three major transitions in occupational therapy in Ireland are presented: from moral treatment and the use of occupation as therapy to medical patronage of occupational therapy, from medical patronage to the early/pre-professional era and finally from the pre-professional era to the era of professionally qualified occupational therapists. To illustrate these transitions, a small number of individuals and their contributions are discussed including Dr Eamon O’Sullivan, Dr Ada English, Donal Kelly, Olga Gale and Ann Beckett.

Originality/value – This paper charts the foundations upon which the currently thriving profession of occupational therapy are built. The Association of Occupational Therapists of Ireland recently celebrated their 50th anniversary (AOTI, 2015a), and in 2017, it is 100 years since occupational therapy was formalised in Clifton Springs, New York, USA. Occupational therapy is a relatively young profession, and great opportunities exist to research its history in Ireland to capture the memories and experiences of the pioneers who laid the foundation of the profession as well as to situate the development of the profession in the broader social, cultural and scientific contexts within which it developed.

Keywords Ireland, Occupational therapy

Paper type Research paper

Introduction

The value and importance of recording and interrogating the history of healthcare services, professions and institutions is widely accepted. The history of occupational therapy internationally has been recorded and researched to varying degrees. With a
few notable exceptions, major gaps exist in the recorded history of Irish occupational therapy. Published research to date includes:

- interviews with two Irish occupational therapy pioneers, Anna King (Boland and Boyle, 1997) and Ann Beckett (Patterson, 1992);
- interviews with professionally qualified occupational therapists who started working in the 1970s in Ireland (Lynch and Pettigrew, 2014);
- a report on a memorial for Ann Beckett (Cremin, 2004);
- an appreciation of Ann Beckett (Butler and Ryan, 2004); and
- historical documentary research on the use of occupation in an Irish institution from 1890 to 1920 (Prendiville and Pettigrew, 2015).

In this paper, an overview of three major transitions in the history of occupational therapy in Ireland will be presented: from moral treatment to medical patronage of occupational therapy, from medical patronage to the early/pre-professional era and finally from the early/pre-professional era to the era of professionally qualified therapists.

Recorded histories of occupational therapy in other countries (Friedland, 2011; Paterson, 2010; Wilcock, 2002) have identified that occupation was used for therapeutic purposes long before the advent of professionally trained occupational therapists or professional training programmes for occupational therapists.

**Moral treatment**

Moral treatment was an approach to working with people who had a mental illness and were admitted to institutions that emerged in the late eighteenth century, based on humane psychosocial care, kindness, consideration for patients and the provision of work and other activities (Peloquin, 1989; Peloquin, 1994; Prendiville and Pettigrew, 2015; Schwartz, 2003). Moral treatment often assumed quite different forms in the different jurisdictions where it was practiced and frequently featured as one among several more traditional treatment alternatives (Charland, 2011). The primary features of moral treatment were:

- first, an aim to stabilise physical and mental health and wellbeing by ensuring proper rest, nutrition and activity in a therapeutic environment;
- second, a highly patient-centred approach to treatment; and
- third, in line with its name, moral treatment was supposed to be “moral”, therefore, special attention was paid to manipulating mental and psychological variables when formulating treatment plans (Charland, 2015).

The expression of humanistic values of the moral treatment movement marked the emergence of occupation as a treatment for people who had a mental illness (Wilcock, 2002), and ultimately created the conditions for the development of occupational therapy (Peloquin, 1989; Prendiville and Pettigrew, 2015). Dr William Saunders Hallaran was an early Irish proponent of moral treatment. He authored the first Irish textbook on psychiatry, published in 1810, and was concerned about the detrimental impact on patients who were obliged “to loiter away the day in listless apathy!” (Hallaran, 1810, p. 101). He advocated productive activities such as horticulture stating that such activity “seldom fails to confirm and to accelerate the prospect of recovery” (Hallaran, 1810, p. 101). Paterson (2014) identified that Hallaran’s (1810) textbook not only advocated for the use of occupation for the “convalescent manic” but also presents the first account of the benefits of painting. Hallaran describes a young man who
was admitted to the asylum[1] in a state of acute mania and three months later was being treated as a convalescent patient. Attempts to encourage the man to engage in light work had failed; however, he was by chance discovered amusing himself colouring on the walls of his apartment and when promised colours of a “better description” “this evidently gave immediate cheerfulness to his countenance” (Hallaran, 1810, p. 105). Hallaran further describes how after being provided with the “necessary apparatus” and beginning to paint, the patient:

[…] soon became elated with the approbation he had met with, and continued to employ himself in this manner for nearly two months after, with progressive improvement as to his mental faculties, when he was dismissed cured (Hallaran, 1810, p. 105).

Freebody, (2016) identifies that Hallaran’s book (1810) and a publication by Tuke, (1813) were the first publications to specifically advocate patient work; in later years (1820-1840), a significantly greater number of publications discussed the therapeutic benefits of work including Burrows, (1828) and Ellis, (1838). There were, however, other reasons for using occupation in psychiatric institutions. As Hall, (2016), p. 314 notes:

[…] a pattern of regular daily activity was seen as conducive to less disturbed behaviour (not necessarily as therapeutic); and […] the use of patient work in utility departments kept hospital costs down.

A select committee was appointed in 1817 by the House of Commons to inquire into the conditions of the lunatic poor in Ireland (Williamson, 1970). The decision to establish the committee was based on the need for public provision for accommodation of the Irish lunatic poor and the need to address the frequently appalling conditions of many publicly supported institutions in Ireland at that time (Williamson, 1970). The report of this committee and subsequent legislation led to the establishment of a network of district asylums between 1825 and 1835 in Ireland (Williamson, 1970). This network of asylums applied the enlightened principles of moral treatment (Williamson, 1970). In 1827, Elizabeth Fry (1780-1845), an English prison reformer and her brother, undertook a three-month tour of prisons, lunatic asylums, houses of industry and infirmaries in Ireland (Isba, 2010). Fry’s subsequent report describes appalling conditions in many Irish asylums (Isba, 2010); however, it also reports good practice in asylums at Limerick, Armagh and the Richmond, Dublin, where it was reported that the governors were enlightened and a large number of patients were employed in occupations including knitting, cleaning, spinning or needlework for women and gardening or weaving for men (Williamson, 1970).

By 1880, there were 22 district asylums in Ireland (Armagh, Ballinasloe, Belfast, Carlow, Castlebar, Clonmel, Cork, Down, Ennis, Enniscorthy, Kilkenny, Killarney, Letterkenny, Limerick, Londonderry, Maryborough, Monaghan, Mullingar, Omagh, Richmond, Sligo and Waterford). Inspectors of lunatics annually reported on the district asylums (Prior, 2012). Historical documentary research on the inspectors’ annual reports from 1850 to 1880 describes extensive use of work or occupation for curative purposes in these asylums (Conway, 2014). Examples listed in the reports include basket weaving, carpentry, gardening, farm work, repairing clothes and laundry. The reports reveal a view of work as vital to the patients’ health and wellbeing:

They [in reference to the farms] afford outdoor occupation, and if there be one curative or tranquilizing accessory better than another, it will be found in exercise, and the healthful employment of the insane out of doors (Inspectors of Lunatics, 1865, p. 12).

While work was largely viewed as curative and therapeutic, the working conditions were sometimes criticised. In reference to the Limerick Asylum, the inspectors stated:
I regret to observe on the wretched condition of the laundry, in which I see no less than twenty-three females actually jammed against each other at the wash tubs (Inspectors of Lunatics, 1864, p. 30).

Such reports continued and conditions often remained unchanged.

Moral treatment declined during the latter half of the nineteenth century. A number of factors contributed to its demise including dwindling optimism about recovery or cure, increasing patient numbers which defied treatment on moral principles and challenges attracting enough skilled attendants (Paterson, 2014; Scull, 1993). Overcrowding led to the necessity to employ more staff, often untrained, influencing the standard of care (Williamson, 1970). By 1835, most asylums were overcrowded, and financial pressures meant increased reliance on income from patients’ labour. Therefore, remunerative rather than therapeutically valuable work was emphasised and the focus on therapy was lost (Williamson, 1970). From the second half of the nineteenth century onwards, the use of physically fit patients for work as much for economic benefits as therapeutic benefits became widespread (for example, work in hospital kitchens and laundries) (Paterson, 2014).

Despite its eventual decline, however, it is clear that similar to developments in other countries, moral treatment had a significant influence on the care of people with mental illness in Ireland in the mid-late nineteenth century. Occupation was in use for a range of reasons including for curative purposes. However, occupation was also essential to the economic survival of the institution, and people incarcerated in these institutions had little or no choice as to what occupations they could participate in. The use of occupation at this time was often only partly orientated towards therapeutic goals.

It was in the twentieth century that occupational therapy was formalised when the therapeutic use of occupation was combined with humanistic ideals. In March 1917, the founding meeting of the National Society for the Promotion of Occupational Therapy was held at Consolation House in Clifton Springs, New York (Quiroga, 1995); the name was changed to the American Occupational Therapy Association in 1923 (Licht, 1967). In the early years of the twentieth century, significant influences on the development of occupational therapy included the First World War and the resultant need for rehabilitation of soldiers and the international emergence of the idea of rehabilitation (Christiansen and Haertl, 2014; Wilcock, 2002). Rehabilitation of injured World War 1 soldiers in Ireland at British Military hospitals included the use of curative workshops which aimed to help physically disabled soldiers move from dependence to independence and employment. In the curative workshop at the Military Orthopaedic Hospital at Blackrock, Dublin, soldiers engaged in net-making (Manuel, 1918). The war also had lasting impacts on the development of psychiatry (Kelly, 2014c; Wilcock, 2002) and occupation was used therapeutically in the treatment of shell shocked soldiers including at Dublin's Richmond War Hospital (Kelly, 2014c; Reynolds, 1992).

Medical patronage
The first mention of occupational therapy identified through keyword searches of Irish newspaper archives is an article in the Irish Times in 1930 about services at Peamount Sanatorium near Dublin.

Dr Eamon O’Sullivan (1897-1966) was appointed Resident Medical Superintendent at Killarney Mental Hospital, Co Kerry in 1933. O’Sullivan developed an occupational therapy department at the hospital from the 1930s until his retirement in 1962 and was a proponent of the curative properties of occupation throughout his career. O’Sullivan described being inspired by the Simon method, (O’Sullivan, 1955). Hermann Simon, a German psychiatrist, proposed the concept of “active therapy” in 1923 to overcome detrimental consequences of living in an asylum. He advocated occupational therapy where inpatients had to work and be responsible for the results of their work and activities. Simon suggested that occupational
therapy enhanced patients’ energy, their capacity of resistance, tenacity, attention, self-esteem and responsibility (Schmiedebach and Priebe, 2004).

O'Sullivan published one of the first psychosocial textbooks of occupational therapy (O'Sullivan, 1955). The foreword to the book was written by Dr William Rush Dunton Junior (O'Sullivan, 1955), an American psychiatrist and a founding member of the American Occupational Therapy Association (Peloquin, 1991). In the foreword, Dunton states, “It is pleasant to be able to say that I know of no other work on the subject, hitherto seen, which is so complete and specific”. He also praises the emphasis on “the importance of consideration of the individual in prescribing occupational therapy for mental patients” (pp. 6-8).

In 1956, O'Sullivan was awarded an MD from University College Cork for his published work on occupational therapy.

Although his contribution to occupational therapy has not been acknowledged fully in contemporary Irish occupational therapy to date, his illustrious career as a County Kerry Gaelic Athletic Association (GAA) football trainer has meant that auto-biographical notes and a biography exist (Fogarty, 2007). His commitment to occupational therapy is supported by oral history interviews that have been conducted with his former colleagues who recall his use of farm work, printing and other activities as therapy and his then national reputation as a leader in occupational therapy (Cronin, 2015).

Dr D. Kelly (inspector of psychiatric hospitals) in his report to Killarney Mental Hospital Committee in 1932 reported in the Irish Press that he was very pleased with the “occupational therapy treatment” organised by O'Sullivan. Kelly described the occupational therapy department as a “hive of industry” and complimented the “magnificently” made carpets and other products such as baskets, toys, leather-work, matting and tweeds.

A major project completed as part of O'Sullivan’s occupational therapy programme was the construction of Fitzgerald GAA Stadium, Killarney, by patients of the Mental Hospital in the 1930s. This involved levelling the pitch and hard physical labour (Fogarty, 2007) and provoked public controversy about the potential exploitation of patients (Moran, 2011); however, interviews with former staff members from the Hospital refuted these claims (Cronin, 2015). No records of patients’ perspectives on this have been located.

Psychiatrist Dr Ada English (1875-1944) also pioneered occupational therapy. English’s political contributions and career as a psychiatrist have been extensively researched (Davoren et al., 2011; Kelly, 2014a, 2014b). English began working at Connaught District Lunatic Asylum in Ballinasloe, Co Galway in 1904; however, it was not until 1941 that she was appointed as Resident Medical Superintendent. During the four decades she worked at Ballinasloe, English championed the development of therapeutic innovations including occupational therapy, and her interest in occupational therapy was acknowledged in her obituary (Kelly, 2014b).

Jennifer Creek (2007) described how occupational therapists who worked under the direction of medical staff in the early decades of the twentieth century made a clear distinction between the use of occupation as therapy and other uses such as economic purposes. At this time, the occupational therapist provided practical skills to engage patients, while the doctor provided knowledge of medical theory which enabled occupations to be used therapeutically (Creek, 2007). In discussing medical patronage of occupational therapy, Creek cites Eamon O’Sullivan’s textbook (O’Sullivan, 1955) as an example.

**Pre-professionally qualified/early trained occupational therapists**

From the 1930s to the 1950s nurses, former patients of tuberculosis sanatoria, craft workers and others worked in occupational therapy departments as occupational therapists and used
the title occupational therapist frequently without formal qualifications or training (Caden, 2014; Cahill and Pettigrew, 2016). A number of these individuals completed a six-month course in occupational therapy at Cardiff Mental Hospital including those nurses who were employed at Grangegorman Mental Hospital in Dublin (Cahill, 2016; Kelly, 2016). Evening classes in occupational therapy were commenced in North Strand Technical School Dublin in September 1952 focusing on training by arts and crafts teachers in leather work, toy making, basket work and similar subjects. The Irish Occupational Therapy Association was established by these nurses and craft teachers in March 1951 (Fanning, 1951). Over a decade later, the Association of Occupational Therapists of Ireland (AOTI) was founded by professionally qualified occupational therapists.

Donal Kelly (born 1928) was appointed as an occupational therapist in Castlerea Sanatorium, Co Roscommon in 1952. Kelly was a former tuberculosis patient who had a lengthy in-patient stay in Castlerea. An oral history interview completed with him by Caden (2014) provided a rich description of his role in the Sanatorium facilitating craft work including marquetry, embroidery and leatherwork. Kelly had experience of occupational therapy as a patient where he had observed the benefit of craft work and was appointed as an occupational therapist based on his experience without any formal qualifications or training. Kelly worked subsequently as an occupational therapist in the regional sanatorium for tuberculosis in the west of Ireland, Merlin Park, Co Galway in 1955. When tuberculosis was brought under control, Merlin Park became an orthopaedic hospital, and Kelly continued to work there as an occupational therapist until his retirement. While working at Merlin Park, Kelly described less use of craft over time and how he used his creativity to devise assistive devices. He trained in splint making with a Merlin Park plaster technician (Caden, 2014).

Kelly retired in 1992 and described his experience of working alongside a professionally qualified occupational therapist in Merlin Park for the first time towards the end of his career. Despite his initial fears, they developed a collegial working relationship (Caden, 2014). This occurrence was repeated in institutions all over the country, as the era of early/pre-professionally qualified occupational therapists overlapped with the first appointments of professionally qualified occupational therapists (Cahill and Pettigrew, 2016); in some cases, relationships were collegial, as described by Kelly, but, in other cases, there was tension and sometimes competitiveness (Cahill, 2016).

Olga Gale (1926-2014) straddles the early/pre-professional and professional occupational therapy eras in Ireland. Gale enrolled at Dorset House School of Occupational Therapy, Oxford in 1944 (Dorset House archive, 1944). Although the Dorset House records indicate that she completed the course in 1947 (student number 326) (Dorset House archive, 1947), in her oral history interview, Gale stated that she undertook two years of the course but did not complete due to ill health (Gale, 2013). Gale’s account is corroborated by the fact that she did not register as a member of the British Association of Occupational Therapy (Communication with BAOT/COT archives, Wellcome Trust). Therefore, Gale was not a professionally qualified occupational therapist but did complete the majority of an occupational therapy training programme. The curriculum and exam papers from Dorset House at that time indicate that students such as Gale were examined on psychology, psychiatry and how to use activities (including crafts) to treat physical and psychiatric conditions (Dorset House Archive, 1946). Gale was employed as an occupational therapist at St. Patrick’s Hospital Dublin from 1946 to 1948 and from 1950 to 1952 (St. Patrick’s Hospital Board, 1947, 1948, 1950, 1952; Gale, 2013), and in her interview, she recalls using basketry, sewing, drawing, glove making and embroidery as occupational therapy for a variety of therapeutic aims (Gale,
Gale also held dances and invited her friends, where they and the patients danced together. These dances were very popular; she held them with the aim of reducing stigma and to give the patients an “opportunity for liberation”.

The need for occupational therapy services during the Second World War led to an increased number of educational programmes in the United Kingdom (UK) (Wilcock, 2002) and had an impact on Irish occupational therapy development, as the first professional occupational therapists began to work in Ireland post war, having trained in the UK.

Professionally qualified occupational therapists
Ann Beckett (1927-2002) was the first professionally qualified occupational therapist to practice in Ireland. An interview with Beckett conducted by Patterson (1992) and published in the *Irish Journal of Occupational Therapy* details her career. Beckett was introduced to occupational therapy through a magazine article with photographs of ex-servicemen being treated by occupational therapists (Patterson, 1992). Like Olga Gale, she studied at Dorset House School of Occupational Therapy. Beckett started her training in Dorset House in Bromsgrove, Worcestershire in 1945. The course was three years long, a third of which was spent acquiring and practicing clinical skills (Wallis, 1987). The first year was spent in intensive craft activities. In 1946, Beckett’s second year of training, Dorset House moved into premises on the grounds of the Churchill Hospital, Oxford – an ex-Emergency Medical Service hospital and later an Italian Prisoners of War Camp (Jones, 2013).

Beckett graduated in 1948, and on return to Ireland, she organised an interview with the then Minister for Health (Nóel Browne) to discuss the opportunities for occupational therapy in the health service. The minister could not see any possibilities for professionally qualified therapists due to the already established personnel who were working in the role (Patterson, 1992). Beckett was subsequently employed by the Irish branch of the British Red Cross, becoming the first professionally qualified occupational therapist to work in Ireland. Beckett worked with ex-servicemen and faced many challenges around clarifying the boundaries and scope of the profession (O’Mahoney, 2015).

In 1954, Beckett established an occupational therapy department at Cherry Orchard Hospital, Dublin, and two years later in the Central Remedial Clinic (CRC), Dublin (O’Mahoney, 2015). She spent 16 years developing the service in CRC and then moved to St. Joseph’s College of Occupational Therapy, Dublin where she taught practical classes – printing, woodwork, gardening and music (O’Mahoney, 2015).

Other professionally qualified early occupational therapists in Ireland include Sr. Eugene Butler, who initially worked at Cappagh Orthopaedic Hospital, Dublin (starting in 1959) and who subsequently pioneered a day service at St. Anthony’s Rehabilitation Centre, Dublin, and Anna King, who was the first professionally qualified occupational therapist at St. John of God’s Psychiatric Hospital, Dublin (Boland and Boyle, 1997; Ring, 2013).

The National Organisation for Rehabilitation and the Board of the National Medical Rehabilitation Centre (now the National Rehabilitation Hospital) established a professional training programme for occupational therapists at St. Joseph’s College of Occupational Therapy in Dun Laoghaire, Dublin in 1963 (AOTI, 2015a). This was a World Federation of Occupational Therapists-approved three-year diploma that was conferred on students by the Association of Occupational Therapists (for England, Wales and Northern Ireland). The AOTI was founded in 1965, and Ann Beckett, Sr. Eugene Butler and Anna King were among its founding members of (AOTI, 2015b). The first Director of Training at St. Joseph’s College of Occupational Therapy was Joy Rook who was previously the Director of Training at the Liverpool School of Occupational Therapy. The first cohort of students at St. Joseph’s included a large number of psychiatric nurses
who had been sent by their hospitals to become professionally qualified occupational therapists. St Joseph’s College of Occupational Therapy joined the Faculty of Health Sciences, University of Dublin, Trinity College in 1986.

Conclusion
In this paper, the first 100 years of the use of occupation as therapy in Ireland has been outlined. Similar to other countries, the inception of the profession of occupational therapy has been identified as inseparable from the moral treatment era in psychiatric institutions. From the early part of the twentieth century, the advancements made under medical patronage, which led to the establishment and more formal recognition of occupational therapy within institutions, have been described. The most recent transition involved a move to recruitment of professionally qualified therapists and parallel developments in the professional organisation and the establishment of St. Joseph’s College of Occupational Therapy in 1963.

Historical research is valuable not only for recording and commemorating key events and individuals but also for enhancing our understanding of contemporary practice. The AOTI recently celebrated their 50th anniversary (AOTI, 2015a), and in 2017, it is 100 years since occupational therapy was formalised in Clifton Springs, New York, America. Occupational therapy is a relatively young profession and great opportunities exist to research its history in Ireland to capture the memories and experiences of the pioneers who laid the foundation of the profession as well as to situate the development of occupational therapy in the broader social, cultural and scientific contexts within which this currently thriving profession developed.

Note
1. Nineteenth century terminology (such as asylum, lunatic, etc.) has been retained to ensure fidelity to the historical sources.

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Expectations of choice: an exploration of how social context informs gendered occupation

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Abstract
Purpose – Occupational choice describes the process that leads to occupational engagement as a result of intrinsic and extrinsic influences. There has been a considerable amount of research concerning occupational choice, gender and adolescence. However, this has largely focused on the areas of career choice and engagement in risky health behaviours. This paper aims to expand on the literature by providing a broader scope of occupation more aligned with the concept associated with occupational science. Furthering this, the researcher aims to examine the influence of gender as an extrinsic influence on occupational choice. The researcher aims to explore how contextual influences inform gendered occupational choice.

Design/methodology/approach – An exploratory qualitative approach was used in the current study. Incorporating photographs as a means of elucidating conversation during the interview process, photo-elicitation interview techniques were used as part of the data collection. This involved using a collection of photographs to prompt participants to discuss their interpretations of various occupations. Six adolescent boys and girls aged 11-14 years participated in the study. Participants were recruited from mixed-gendered sports clubs in the West of Ireland. Thematic analysis was used to analyse the data. An occupational justice perspective was used to interpret the data.

Findings – Responses suggest that gender informs occupational choice through different mechanisms. These included social systems, physical and institutional opportunities as well as expectations participants held of themselves and others they considered to be within their social grouping. Social systems included groups such as friends and family. The ease of access to physical and institutional resources was another factor that informed choice. Participants projected views of expectations they perceived others held for them informed how the participants made their choices. These factors varied across gender. Despite opportunities being available to both sexes, choices were often restricted to particular occupations.

Originality/value – The findings suggest that factors informing the occupational choices of adolescents included a combination of intrinsic factors such as gender and perspectives, as well as external factors including peers, family and opportunities in the local community. Practical applications of this involve acknowledging and further understanding the contextually situated nature of choice to provide more equitable practice. The results of the study may provide more insight into the factors that enable and inhibit occupation. A further understanding of these influences can redirect how we view adolescent occupations in a way that promotes health.

Keywords Occupational choice, Photo-elicitation interview

Paper type Research paper
Introduction
Occupational choice describes the process that leads to occupational engagement (Galvaan, 2015). Using a keyword search of “Choice”, “Gender” and “Adolescence” identifies that research in relation to a teenage population and choice has largely focused on the areas of career choice and engagement in risky health behaviours. Health behaviours in adolescence often inform those later in life setting a trajectory going forward (Viner et al., 2012). As occupational therapists, we aim to promote health through autonomy and participation in occupation (Clark, 1991). As such, a deeper understanding on this topic would assist occupational therapists identify how one’s gender can affect their choices with regards to occupation in the broader context as understood by our discipline.

Occupational justice is the view that people have a right to engage in diverse and meaningful occupations which meet their values and needs. This concept is underpinned by the belief that participation in occupation can affect health (Gibson, 2013). Barriers to engagement can then be considered injustices when populations are occupationally limited or marginalised (Townsend and Wilcock, 2004). Using this perspective to explore how gender informs occupational choice could highlight social and institutional barriers to participation.

The purpose of this study was to develop a better understanding of how context informs the choices made by adolescents. This can provide us with further insights into how we can promote participation in occupations that adolescents consider meaningful, but inaccessible.

Literature review
Occupational therapy is a discipline that aims to promote participation in meaningful activities. This is for clients to achieve optimal health and well-being (Law, 2002; Townsend and Wilcock, 2004). Participation is achieved by enabling people to engage in occupation through client-centred means that accommodates their idiosyncratic needs (Law, 2002; Townsend and Wilcock, 2004). Occupational science has developed in parallel to occupational therapy as a means of grounding the discipline (Clark, 1991). The aim of occupational science is to identify what promotes and inhibits occupational engagement (Townsend, 1993). Occupational choice is a concept that explores this.

Occupational choice
Early conceptions of occupational choice first emerged in economics and refer to the process by which a person chooses a career as a result of the interaction of psychological, social and economic factors (Blau et al., 1956). In this model, occupational preference is what a person would like to do. Occupational choice is the interaction of intrinsic preference and what a person’s circumstance or environment allows them to engage in (Mitchell, 1974). A similar view is posited by the models within occupational therapy, which identify how the environment affects choice, but ultimately the locus of control, and the determining factor is the individual (Galvaan, 2015).

However, recent perspectives of occupational choice which are emerging in occupational science posit that choice is not with the individual, but entirely contextually situated (Galvaan, 2015). Choice has its basis in Social Role Theory which posits the environment positively reinforces stereotypes and that people behave in accordance with these stereotypes (Eagly, 1987; Eagly and Wood, 1991; Galvaan, 2015). This view suggests our expectations, and choices are influenced by patterns of occupational choice or the habitus, seen to be carried out by social groups (Galvaan, 2015). Habitus refers to the lifestyles, values, dispositions and expectations of social groups (Bordieu, 1990). This means that the
choice is never entirely with the individual, but tied in the cultural context in which the person is situated. This interaction between person and the environment is dynamic. Choices are co-constructed through the transactional nature of occupation with context, with one influencing the other (Galvaan, 2015). Research in this area has largely adopted an occupational justice perspective in relation to socially disadvantaged areas (Gallagher et al., 2015).

“Occupational Injustices” are when the individual needs of a group are not met to the extent that populations are occupationally limited or marginalised (Townsend and Wilcock, 2004). The injustices are not necessarily overt. They can be culturally bound and arise at the micro level as a result of the macro (Townsend and Wilcock, 2004). Increased knowledge of political, social and cultural influences can inform attempts to shape environments that maximise occupational possibilities and justice (Townsend, 1993).

**Occupational choice and adolescence**

There is a large body of research regarding Occupational Choice and adolescence. However, this has been largely in disciplines such as psychology, career development and adolescence studies has focused on career attainment and aspirations, and risky health behaviours. The findings have been developed towards a congruence with the contemporary view of choice suggesting that choices are contextually situated (Albert and Steinberg, 2011; Blakemore and Robbins, 2012; Cochran et al., 2011; Jodl et al., 2001; Rogers and Creed, 2011) and that individual references are not determinants of what a person will be able to do (Rojewski and Hill, 1998). In addition to choices made in relation to career and education, adolescence is a stage of identity formation (Erikson, 1963). As such, the choices made during this life stage are likely to have large implications for a person’s development going forward.

**Doing gender**

“Doing Gender” is the idea that gender is socially constructed rather than a biological characteristic (West and Zimmerman, 1987). This has since been integrated into Occupational Therapy literature (Goodman et al., 2007; Liedberg and Gunnel, 2011). Two studies exploring and examining the idea of “doing gender” found that occupational therapists and occupational therapy students were focusing on gender traditional roles when setting goals and interventions (Liedberg et al., 2010; Liedberg and Gunnel, 2011). This is an example of how the parameters can be set for the choices available to us by the social environment. In turn, we can be ascribed to occupations based on a socially constructed grouping.

**Gender and adolescence**

Gender has been suggested to play a major role in the occupational choices made by adolescents (Eccles, 1994; Fitzgerald et al., 1995; Rojewski and Hill, 1998). Sinclair and Carlsson (2013) found that there was a substantial difference in the occupational preferences of boys and girls and highlight that construction workers are predominantly male, and healthcare workers female. An Irish study using a quantitative design of time-use found that there were differences in how teenage boys and girls spent their time (Hunt et al., 2014). Klomsten et al. (2005) examined stereotypes and sport. They found that both boys and girls both believed a number of sports to be gendered. They suggest that boys were more inclined to engage in “masculine” sports, while girls were more engaged in “feminine” sports.
The current study

Should occupational injustices be taking place can have huge implications for the restricted development of a child’s occupational story throughout their life. The current study aimed to adopt an occupational justice perspective to explore how gender informs the occupational choices of a healthy population of adolescents in context to identify what factors may be setting the parameters for choice (Townsend and Wilcock, 2004). The context of the current study was a rural town in the West of Ireland. The researcher aims to expand on the current research in relation to how occupational choices are informed by contextual factors, to enable practitioners to be more equitable in their practice when working with adolescents.

The purpose of the current study

The aim of this study is to explore how gender informs the occupational choices carried out by adolescents in rural Ireland. This will involve:

- identifying the socio-cultural factors informing the occupational choices of the participants in the current sample;
- identifying how environmental factors inform the occupational choices of the participants in the current sample;
- identifying how gender informs choice in the current sample;
- identifying some of the expectations the current sample hold for themselves in relation to occupation; and
- exploring how adolescents construct expectations of occupations in relation to different social groups.

Methodology

Design

The study was an exploratory piece of qualitative research. This approach aligns with the research aim, which is to gain insight into the processes that take place when adolescents choose to engage in occupation. Semi-structured interviews were adopted as they allow for freedom within exploratory research (Seidman, 2013). The process of occupational choice cannot be directly examined through phenomenological means. However, adopting an emic lens, viewing the perspective of the participant, allows us to focus on the meanings that the participants ascribe to the choices that they make (Polgar and Thomas, 1995).

Participants

Six participants were recruited from two sports clubs in a rural town in the West of Ireland. Participants were recruited through a gatekeeper, who acted as a mediator between the researcher and participants providing information on the study. Informed consent was gathered from both participants and their guardians. Participants consisted of three boys and three girls between the ages of 11-14 years. All attended single sex schools. This age group was selected to compare and contrast with research carried out by other researchers on related projects examining occupational choice in different contexts. Participants were recruited from clubs that were not gender specific, in that training sessions within these clubs are not segregated based on gender.
Photo-elicitation interviews
This technique involves the researcher showing photos to the participant to provide a reference point for conversation. It provides a different medium for communication and allows the participant to interpret the image in their own way, thus producing an emic perspective to share with the researcher. Photos used in the current study showed adolescents engaged in various occupations, or equipment associated with occupations such as sport, technology and group interactions.

Data collection through photo-elicitation interviews (PEIs): When collecting data, it was important that participants felt it was safe to disclose information and to acknowledge the power dynamic between researcher and participants due to age (Seidman, 2013). PEI has been noted to be a useful tool for overcoming this, by acting as an ice-breaker, sparking adolescents’ interest in research and providing a feeling of flexibility to the interview (Epstein et al., 2006; Harper, 2002; Smith et al., 2012).

PEI has been found to be a useful method for collecting emic data about how adolescents create their self-identities within groups, as photographs can create a visual language provoking emotion and opinion, just as words can (Blackbeard and Lindegger, 2007; Moran and Tegano, 2005). Semi-structured interviews using PEI was considered an appropriate form of data collection for the current study due to its success within similar populations using similar theoretical approaches.

A set of photos was decided upon by those involved in the current study, along with other researchers involved in related research. A loose script was used in conjunction with the photos to structure the interviews and provide prompts for the participants. The script included the following list of questions:

Q1. Does this look like something you would choose to do?
Q2. Why might you choose to participate in this?
Q3. Is that something you do often or only once in a while?
Q4. What makes it something you do often?
Q5. Who might do this activity?
Q6. What makes it something you would never do?
Q7. Is there anyone who you think would not be able to take part in this activity?

A pilot study was carried out with an adult to assess the duration of the interview and the relevance of the questions (Epstein et al., 2006). Audio recordings were used to record the data prior to transcription.

Data analysis
Thematic analysis was used to analyse the data. This is a tool for identifying, reporting and analysing themes (Braun and Clarke, 2006). Holloway and Todres (2003) note the importance of making researcher biases explicit when conducting research. The researcher will attempt to acknowledge all biases. As noted, an occupational justice perspective was adopted. The epistemology directing the researcher’s belief largely follows a socialisation perspective, which suggests that culture has an impact on how adolescents make occupational choices. More specifically, the researcher set out to explore how gender differences inform the choices made by adolescents as observed within the literature.

Expectations of choice
Replicability has not been considered paramount to qualitative research (Glesne and Peshkin, 1992). However, precision, credibility and transferability are essential to evaluate the merits of this type of inquiry (Hoepfl, 1997; Winter, 2000). The measures to ensure these were undertaken are listed below.

Trustworthiness: Reflexivity was carried out using a reflective diary during the research proposal and interviews to ascertain the researcher’s biases and motives in relation to the study (Conneely, 2002). Data resulting from leading or closed questions was omitted from the data set. This was to ensure responses were participants’ emic perceptions rather than the researcher’s own biases (Finlay, 1998). This rigour was applied within the analysis when elucidating themes. This has been made explicit to ensure that the conclusions drawn from this study are placed in context and for the research to maintain credibility (Maxwell, 2012; Seidman, 2013).

Pseudonyms have been used to refer to participants’ comments in the findings. Ethical approval was also granted by the University of Limerick, Education and Health Science Research Ethics Committee.

Findings
Three themes emerged as informing and directing the choices of the participants in the current study: immediate social systems; physical/institutional opportunities; and expectations of socially constructed groups.

Immediate (micro) social systems

Family/friends. This importance of immediate friends and family was noted as informing choice. Colin noted how, “I’d do it if my friends were doing it”. As well as this, he tells us how he would be more likely to engage in occupation, “if you know people who are doing it and they’re like, they’re trying to get you involved in the sport”. Joseph reported that he felt his father and cousins had an influence on him joining the local soccer team. These provide evidence that family and friends can inform choice. Colin also developed an interest in contacting his friends when they came to own mobile phones, “As a child you find it boring […] as you get older you feel like doing it more because everyone has a phone”.

Physical/institutional opportunities

School. School provided a great place to trial novel occupations through various classes, PE (physical education) and school clubs. However, this could be very specific, “We don’t swim at school, we don’t do the tennis, or the rugby. We do soccer and volleyball ‘mentioned Jane’”.

Niamh mentions how she played volleyball primary school but that it was only available for one term. She reported that because she enjoyed the sport, “I’ll definitely do it in secondary school”.

Access in the community. Opportunities were also seen to be available through the facilities and resources available in the community. While the community provided various services and clubs, it also restricted choice and availability. Sarah reported that “I used to play tag rugby but I got told that no I can’t anymore” “it stopped doing it when you were 12. I mean for girls”.

John discussed how his sister could not play soccer as there was a low level of interest of girls of her age who wanted to join a local club. “There’s no girls. Because not enough of
them are doing it. That happens in loads of sports”. Despite this, there was a club available for boys of the same age.

**Expectations**

**Expectations of others.** The participants’ expectations had for others and themselves informed choice. Sarah would not engage in Tennis as she felt it was “kind of more of a kid’s sport”. She also felt that rugby was a “quick sport, and kind of rough as well” and so believed that boys would be inclined to engage in it. In contrast, Joseph noted that “girls play it, because it’s a girl’s ‘sport’”. Jane felt that pool was something “men like to play in pubs and stuff”. When considering video games, Joseph reported that “there’s a lot of shooting games and there wouldn’t be much [. . .] whatever girls like to do”.

**Expectation of engagement.** Differing views of why you would engage in a sport occurred for the girls and younger boy than did for the older boys. Niamh noted that “if you’re good at something you enjoy it more”. Jane reported that she would choose an occupation “because it’s fun”. John, the youngest participant in the study commented that he chose to play football “to kick the ball around and have fun”.

When asked why he would engage in an occupation, Joseph responded, “It’s a sport”, as though it was implicit that he would choose this occupation for this reason. Colin remarked that “because I’m part of a club and I want to get better and to train harder”.

Some participants did not follow the expectancies they observed. Niamh, who was in primary school and part of the swimming club noted that “I’ve loads of friends in first year as well, and loads of them swam”, despite the fact that “girls in my class aren’t as active”. She also played rugby, “just with lads”.

**Expectations on themselves.** The participants placed an emphasis on the importance of school. This was seen in their view that they had to choose to engage in schoolwork over other more enjoyable occupations.

Colin looked forward to the school holidays as an opportunity to exercise choice over how he spent his time, “(You have) less time during the school year when you finish doing your homework”.

Choice was interrupted as classes, schoolwork and homework were occupations that demanded a lot of time. Referring to her local Gaelic football team, Niamh noted that “People just drop out because of exams and stuff like that”. Also, in relation to Gaelic Football, Sarah remarked that, “I’d keep playing because it’s enjoyable and it’s good. But like, if it got to the point where I was like, doing too much or I was like, with schoolwork and stuff”.

**Discussion**

Following a deductive line of reasoning (Hyde, 2000), the themes that arose in the current study can be better understood by interpreting them through the Canadian Model of Occupational Performance and Engagement (CMOP-E) model identifies the dynamic interaction of personal factors such as physical, cognitive, affective and spiritual components of the individual, with environmental factors including physical, social, institutional and cultural factors through the process of occupation. The themes noted are considered to have implications both promoting and inhibiting choice.

Friends and family can be seen to be social environmental factors within the CMOP-E influencing choice (Townsend and Wilcock, 2004). These individuals could act as either advocates or opponents of choice. This could occur overtly by asking the participants to engage in occupation, or subtly, by acting as examples within a person’s social circle who were, or were not engaging in a particular occupation. We can also see how this was dynamic over time, as expectations changed and children were defined by new social
categories. This was evident as Colin began to subscribe to the habitus he sees being carried out by his friends and other adolescents as they came to own mobile phones (Bordieu, 1990).

School can be seen as physical and institutional characteristics of the environment which shape the choices that are made by the person. More importantly, the findings display how institutional factors not only provide and take away opportunities, but that they can inform choices we make in the future. Niamh’s plan to engage in volleyball when she began attending her local secondary school displays this. While opportunities were available, choice was largely determined by school policy, administrators and staff rather than lying with the participants. In this way, schools could be seen as enforcers of occupation where the locus of choice was largely held by the institution rather than the individual.

Beyond this, we can see how contextually situated physical/institutional factors such as clubs and local resources in the community were seen to be catering for gendered preferences. This created occupational marginalisation and restricted choices for some of the girls in the current study (Townsend and Wilcock, 2004).

The expectations held by participants can be seen to arise from cognitive and affective interpretations of what the environment provided to them based on their physical characteristics such as age and gender. These expectations reduce the occupational possibilities of those who hold them (Galvaan, 2015). These were seen to change and develop through occupation.

Sarah’s view of tennis as childish may have been reinforced by the habitus she observed in her local community (Eagly, 1987; Galvaan, 2015). Sarah had played tennis in the same club as Niamh, who continues to play regularly. Niamh noted how large numbers attended introductory tennis camps for children, but that numbers fell over time. She felt this was due to the intensity of the training involved. This shows us how different choices can construct entirely different expectations. Similarly, expectation of a sport as gendered has been suggested to inform whether an adolescent will engage in that occupation (Klomsten et al., 2005).

Differing views of why you would engage in a sport occurred for the girls and younger boy than did for the older boys in relation to self-efficacy and preference. For the girls and younger boy, being competent enough to engage in and enjoy an occupation was enough to inform and promote choice. In comparison, for the older boys, the opportunity to excel and improve one’s own ability through sport and competition was a more decisive factor informing choice. The difference between learning and mastery. Here, we can see how different groups derive different meanings from occupation (Barbalet, 1999). Whether these expectations are the result of choice or vice versa is hard to discern.

A study exploring the occupational choices of adolescents from disadvantaged areas in Ireland found that dedication to sport informed the male participants, while maintaining a positive appearance informed the girls’ choice (Gallagher et al., 2015). Similar findings arose in the current study as an eagerness to participate and improve at sport for the boys, and the reluctance of the girls to take part in occupations that they were unskilled at. This suggests that this may be a broader cultural theme. It also reflects the findings that boys are more likely to engage in sports and outdoor activities than girls (Hunt et al., 2014).

The importance Sarah places on schoolwork means that Sarah will need to redefine her occupational lifestyle due to a cultural expectation that school is more important than football. This highlights how expectation can limit choice and while opportunities are available to engage in an occupation, they may not be chosen due to the values and expectations of individuals (Galvaan, 2015). The individuals’ expectations of how one “needs” to appropriate oneself to institutional and cultural norms, is removing the locus of control from Sarah, and ensuring that she chooses school over Gaelic football (Eagly, 1987;
Galvaan, 2015). This prioritisation of school activities is in contrast to that found by Gallagher et al. (2015).

As noted earlier, choice is a transactional process between the individual and the environment with one influencing the other. While context influences expectations, preference and choice, the opposite can also be seen to happen through the process of occupation. Choosing occupations belonging to "others" allows Niamh to extend beyond two socially constructed categories based on her stage of education and gender. These categories were "primary school student" and "girl". This in turn allows Niamh to assert control over her own choices rather than allow them to be contextually determined or socially expected resulting in her swimming with older peers and playing rugby with her male friends.

Within this view of choice as framed by the CMOP-E, spirituality is seen to be heavily influenced by environmental factors which in turn determines occupational choice. It is not to say that the participants in the study did not have autonomy over the choices that they made, rather that the choices are all contextually situated, and so locus of control is never entirely with the individuals as there are always physical, social, cultural and institutional factors informing choice.

**Application to practice**

It is important to consider the influence of socio-cultural factors and how this constructs the expectations and biases which we see the world. This is particular relevant in relation to the expectations we may be creating within our own practice as therapists and how we ascribe gender traditional roles when designing interventions (Liedberg et al., 2010; Liedberg and Gunnel, 2011). We should also aim to try and promote groups that are "gender neutral" and do not differentiate between boys and girls so as not to contribute to social constructions and expectations which can limit choice. It is important to acknowledge that adolescence is a time of identity formation (Erikson, 1963), when adolescents are more susceptible to the influence of social expectations (Dumas et al., 2012).

It is also important to acknowledge that there are structural and organisational injustices that prevent certain groups from engaging in occupation. While a variety of opportunities were available, locus of choice largely belonged to the institutions such as school and club organisations or was shaped by the habitus within the participants’ immediate microsystem. Choice was also restricted by the participants’ values which the researcher suggests are contextually bound (Galvaan, 2015; Jodl et al., 2001). Alternatively, the influence of friends, peers and families was evident as active agents informing choice.

Acknowledging the social influences that family members and friends may have on choice can enable the therapist to create a sustainable intervention plan for those that are difficult to engage in occupation. By including individuals who are closely involved with a client in the intervention plan, and applying changes to their occupational lifestyles, we may facilitate novel occupations that have reduced perceived barriers to choice, and that are more suitable to the expectations that the client holds for themselves and for others.

**Limitations**

The sample in the current study was a convenience sample as participants all belonged to the same sports club (Seidman, 2013). The study was qualitative with a small sample. As such, it is difficult to make generalised conclusions. Photos were chosen by the researcher and so may have overlooked some aspects of occupation that may have been meaningful to the participants. Coupled with this, the researcher made limited deviations from the script which was intended as a prompt. Areas that may have been overlooked included creative or artistic pursuits. Future research may consider the use of photo-voice as a methodology,
where the participants take the photographs themselves and explain them to the researcher (Cook, 2005).

**Future research**

The current study focused on the influence of local context on choice. Future research could explore the influence of the broader culture on occupation. Cultivation theory is a variation of social role theory that explores how the media, particularly television contributes to the expectations we hold for ourselves and for others (Gerbner et al., 2002). There has been much consideration as to how gender is portrayed within the sports media. The media portrayal of competitive sport tends to focus on male sport, with lesser time given to female sport. As well as this, reporters tend to be men which further reinforces this expectation (Bernstein and Kian, 2013). It is the view of the author that this may explain some of the perspectives held by the older boys and the girls with regards to what was appealing about the sports occupations. Using this theory as a guide for future research on the occupational choices of adolescents may shine more of a light on the matter.

Laliberte-Rudman (2005) used discourse analysis of newspaper articles to gain insight into how political, social and cultural influences create subjectivities, with subjectivities referring to socially constructed parameters for ways of being and constructing identity (Dean, 1995). Adopting this methodology in relation to occupations directed towards adolescence may provide a better understanding of how political and larger cultural influences inform adolescent choices.

**Conclusion**

Adopting an occupational justice perspective, the current study explored how gender informs the occupational choices of adolescents in rural Ireland. Thematic analysis highlighted the complexity of choice. Our observations of the local habitus and context informs the expectations we hold for ourselves and other. This in turn informs choice. While opportunities are available, adolescents are orientated towards particular occupations based on these expectations. In this way, the locus of choice falls largely in the constraints of the environment, rather than the individual. This can restrict us from engaging in occupations that we consider meaningful.

Understanding and addressing the messages that adolescents receive from the environment can allow us to ensure that we are providing adolescents with the optimum level of autonomy when making their own choices. We can enable them to go against the grain to create their own enriched occupational lifestyle. Future research may look at how the broader cultures and politics inform the choices of adolescents in Ireland through media.

**References**


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Further reading


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The effect of an equine assisted therapy (EAT) programme on children’s occupational performance – a pilot study

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Abstract

Purpose – Equine-assisted therapy (EAT) uses the horse and its environment to achieve therapeutic goals as designed by an allied health professional (Taylor, 2010). The benefits of these interventions affect areas such as motor skills (Bass et al., 2009; Silkwood-Sherer et al., 2012), sensory processing (Ward et al., 2013), learning, social interaction and socioemotional development (Bracher, 2000). It was felt that occupational therapists could offer valuable input in this area. This paper aims to investigate the impact of a specific six-week EAT programme on six participants’ occupational performance.

Design/methodology/approach – Mixed methods were used in this pilot study, consisting of a pre- and post-design with two follow-up periods. Participants were aged between 5 and 10 years with a diagnosis of a visual impairment, and some had additional diagnoses. The Canadian Occupational Performance Measure (COPM) was administered to parents pre-programme, post-programme and approximately six weeks after the programme ceased. Additional information from notes that contained children’s and parents’ reports was analysed thematically.

Findings – Five of the six children were rated as having clinically significant changes in their occupational performance. Analysis of parents’ and children’s reports on their experience of the programme showed the main themes to be: peer interaction, taking on new challenges, feelings towards EAT and change.

Originality/value – Although there are many practitioners of EAT in Ireland, there is little research, and none was found in relation to the role of occupational therapists within this context. These results indicate that EAT may be effective in assisting some children to reach a variety of goals. This pilot study not only suggests that EAT is worth further research but also begins to explore the role of occupational therapy in this form of intervention.

Keywords Children, Equine assisted therapy, Occupational performance

Paper type Research paper

Introduction

This study was undertaken in a setting for children with sensory and other disabilities and used horses to complement therapy. As an occupational therapist with over 20 years’ experience with horses, it was of interest that children seemed more willing to engage in...
tasks that they may have otherwise avoided and reached some goals quicker in the equine environment. Much of the literature in this area focuses on the physical and sensory benefits of the horse; however, there appear to be further unexplained occupational-based gains.

There are many forms of equine-assisted therapy (EAT) carried out by different professionals with varying qualifications, but the role of occupational therapy is not well established. The occupational therapy department wanted to explore the effect of a structured group-based equine therapy programme among children who may be experiencing occupational dysfunction.

This EAT programme was created from a blend of therapy associated with the use of horses as well as specific knowledge and skills unique to occupational therapy. Using the movement of the horse to target motor skills and sensory processing linked with much of the research in relation to hippotherapy (Bracher, 2000; Henry and Sava, 2006). Comparable to therapeutic riding (Equine Facilitated Education and Therapy Association [EFETA], 2015), some basic riding exercises and pony games were drawn on to target attention, gross and fine motor skills. Personal development and responsibility were explored by using suitable horse care activities which linked to theories related to equine-assisted learning (EAL) (Bracher, 2000).

Although this therapist is not a qualified sensory integration therapist, the sensory integration frame of reference played a significant role in designing preparatory activities and sensory rich experiences on the horse (Parham et al., 2007). This led to rollers being used in the sessions rather than saddles to ensure the children had more contact with the horse and facilitated increased movement of the pelvis. Most importantly, this programme was designed as a top-down, occupation-based intervention. All activities aimed to be meaningful and therefore motivating for the children, making this a complex multi-faceted intervention.

As therapists, many of us face the problem of delivering an effective intervention that will transfer to the children's everyday life on a long-term basis. Based on a review of the literature and personal experiences, it was queried whether occupational gains could be made with a structured group-based EAT programme. It was also thought that some gains may be beyond explanation of the physical benefits of the horses.

**Literature review**

According to Fine (2010), using an animal as a central part of intervention is known as animal-assisted therapy (AAT). There are many forms of AAT with various species (Henry and Sava, 2006). One of the more popular therapies in recent years is through the use of horses. However, the valuable effects of horses have been noted as far back as the ancient Greeks and Romans (EFETA, 2015). Different forms of equine-based therapy require different training and have different treatment objectives. Some of the most popular types of EAT in an Irish context appear to be therapeutic riding, EAL, equine-facilitated psychotherapy (EFP) and hippotherapy.

Therapeutic riding is one form of equine therapy that involves the use of mounted riding activities to help people achieve therapeutic outcomes (EFETA, 2015; Taylor, 2010). According to these sources, therapeutic goals are set by the qualified therapeutic riding coach. EFETA (2015) states that a therapeutic riding coach can have a background in equestrian coaching, in allied health professions or extensive equine experience. Funk and Smith (2000) investigated why the use of therapeutic riding was dominated by physical therapists rather than occupational therapists. They found that occupational therapists felt that they lacked knowledge in this area and time to pursue this treatment modality. Bracher’s (2000) review of the literature found that therapeutic riding can motivate people with disabilities to reach their full potential and sensory processing goals.
Candler (2003) used the Canadian Occupational Performance Measure (COPM) to explore the effectiveness of a therapeutic riding summer camp for children with sensory modulation disorders. This study reported improvements in personally relevant occupational performance goals. Participants who engaged in a therapeutic riding programme demonstrated improvements in sensory integration, directed attention and social motivation (Bass et al., 2009). A control study found that children with autism who participated in therapeutic riding made significant improvements in self-regulation behaviours as well as expressive language and motor skills (Gabriels et al., 2012). Ward et al. (2013) found that therapeutic riding could help improve social interaction skills and sensory processing in children with autism. However, they noted that these gains were not sustained over time.

EAL is another form of equine therapy led by a specifically trained professional that uses non-mounted horse-related activities to provide informal education that builds transferable skills (EFETA, 2015). Trust, social skills and self-esteem can be effectively targeted in EAL (Bracher, 2000). EFP is a ground-based equine therapy focusing on one’s mental health and human development facilitated by a trained psychotherapist (EFETA, 2015). Caring for the horses in this way is reported to develop transferable skills that positively affect personal and domestic activities of daily living.

Bracher (2000) stated that hippotherapy involves using a horse to target balance, muscle strength and control, particularly in relation to the pelvis and trunk. Hippotherapy is a form of equine therapy that can only be carried out by physical therapists, occupational therapists or speech and language therapists with sufficient practical experiences and who have completed a recognised hippotherapy course (American Hippotherapy Association, 2010). Henry and Sava’s (2006) parent interview found that hippotherapy helped with the child’s sensory regulation, ability to process instruction and desire to interact with others. Motor skills such as balance can have statistically significant improvements through the use of hippotherapy (Silkwood-Sherer et al., 2012). Although Hamill et al. (2007) did not find significant improvements in the sitting balance of children with cerebral palsy, parents in this study continued to rate hippotherapy positively, reporting improvements that were not detected by the standardised measures. Cohn (2001) found that parents who perceived treatment as beneficial noted positive changes and suggested that improvements in social participations and changes in daily occupation be assessed to explore the effectiveness of an intervention.

EAT does not have a consistent definition across the literature and at times is used as an umbrella term for the different therapies associated with horses. Taylor’s (2010) explanation of EAT being “treatment that incorporates equine activities and/or the equine environment […]” to achieve therapeutic goals as designed by a therapist (i.e. occupational therapist) is used for this study.

The purpose of this study is to explore the impact of a structured EAT programme facilitated by an occupational therapist on children’s occupational performance. This pilot study aims to begin adding to the limited research in this area in an Irish context.

**Methods**

**Research design**

This pilot study used mixed methods using pre- and post-design with two follow-up periods, one immediately after the intervention and the other approximately six weeks after the termination of the intervention. As well as this, anecdotal evidence was gathered from a thematic analysis of clinical notes. The total duration of this project of each group was 12 weeks.
Ethics
Ethical approval was granted by the voluntary organisation’s Ethics Committee. The gatekeeper provided the therapists with the list of parents of the children who met the relevant criteria and were both interested and available to take part in the research. Informed consent was obtained from the parents involved.

Due to the small population, additional measures were taken to ensure the participants’ anonymity such as not directly linking the children’s ages to their diagnoses or sex. Data collected were stored on password-protected computers, and codes were used instead of participants’ names. Thorough risk assessments were carried out, including investigation into medical background to ensure there were no contraindications to participating in this intervention. Parents were advised to link with their children to explore whether they would like to engage in this programme. Both children and parents provided frequent feedback to ensure that they were happy to continue to participate. It was anticipated that there would be therapeutic benefits and all children who met the criteria in this service were offered the opportunity to participate.

Participants
A limited sample of ten children was identified from the service. These children were selected as they were previously identified by the team (i.e. therapists, teachers and parents) as having sensory processing and occupational performance difficulties. The gatekeeper phoned the parents directly and parents who expressed an interest were sent written information on the study and intervention. Parents were then invited to meet with the programme facilitator. Due to the time and access to transport, only six children participated in this study.

Structure of the programme
The duration of each session was approximately 1 h 30 min due to the time required to carry out the range of activities within the programme. Beforehand training of the equine staff took place. Each child had equine staff to lead the horse and a side-walker. A minimum of one occupational therapist facilitated the session. Due to limited resources, there were two groups of three children in this project.

The children were first introduced to the routine and rules using visual and tactile timetables. Children often requested the horse that they would like for the session. Basic stable work (e.g. mucking out) followed this, ensuring that there was the opportunity for proprioceptive input (e.g. pushing a heavy wheelbarrow). Children put on their riding equipment (e.g. hat, body protector and wet gear) at the equipment spot, and then they mounted their horses in the arena. On the horse, the children engaged in co-ordination and body awareness activities (e.g. Simon Says). Proprioceptive and vestibular input (e.g. trotting) was increased if deemed appropriate by the therapist. In the fields, the children participated in teamwork (e.g. relay races) and social interaction games. The children engaged in fine motor and attention activities (e.g. carrying a full cup of water over even ground) at the sensory trail. When they returned to the arena, the children dismounted and finished up with grooming and feeding the horses. To end the session, the children were facilitated to reflect on their own and their peers’ achievements.

Before and after each session, the children rated their mood on 1-5 Likert scales (1 = very sad and 5 = very happy), depicted with enlarged sad to smiling faces or basic tactile mouth expressions for non-visual participants. This aimed to gather information on the children’s moods before and after sessions. It enabled the facilitator to modify the sessions to maximise the children’s engagement.
Each week, the structure remained the same with activities being adapted to support each child to meet their goals. Within this setting, a block of therapy ran within the academic timetable with one session per week for an average of six weeks. This programme mirrored the familiar therapy block of once a week for six weeks.

**Canadian Occupational Performance Measure (COPM)**

The COPM was designed to be client-centred and enable people to create meaningful goals based on their priorities from self-identified occupational performance issues (Townsend and Polatajko, 2007). The COPM has several strengths, as it has a broad focus, can be used with various populations and allows for individualised goals.

The COPM was administered to the parents; therefore, the goals were set and scored by parents. Parents can complete the COPM as part of the assessment process (Law et al., 2004). The COPM was chosen to be completed by parents because the programme aimed to be fun for the children and to reduce the pressure to perform that can sometimes be associated with clinical tasks. Each parent was encouraged to prioritise three goals due to the time constraints of the intervention. Reducing the number of goals from the recommended five has been of benefit to other short-term interventions (Candler, 2003). Some valued goals were too large and needed to be broken down further; therefore, one parent set four goals, while the other set five.

Approximately one week before the programme, semi-structured face-to-face parent interviews were held using the COPM. Copies of the goals were sent home to parents. At the end of the six-week programme, semi-structured interviews were carried out over the phone with parents to review the COPM. This process was repeated in the same manner at the second follow-up.

**Analysis**

The COPM scores were assigned by parents on a scale of 1 to 10. The scores given for each goal were added, and the total was divided by the number of goals. To calculate the change in performance and satisfaction, the initial scores were first subtracted from the scores in performance and satisfaction at the end of the programme, and then the initial scores were subtracted from the second follow-up scoring. Clinical significance was determined if the change in performance or satisfaction score was greater than or equal to two (Candler, 2003; Law et al., 2004). Statistical significance was not deemed valuable due to the small sample size.

A thematic analysis was also carried out on the clinical notes that contained children's and parents' reports. During sessions, interesting statements from the children were recorded. Similarly, during the semi-structured interviews with parents, statements were also recorded.

**Results**

At baseline, there were two males and four females participating in the study. The age range was from 5 to 10 years and the mean age was 8.3 years. All the children who participated in this study had a diagnosis of a visual impairment. Four of the six children had additional diagnoses including autism, brain injury and a diagnosis associated with a specific syndrome. There were no dropouts throughout the study.
Table I contains the participants’ unique and varied goals, including areas such as peer interaction, dressing, homework, functional play and feeding by coping with mess.

Changes from the initial scoring to the first and second follow-ups are recorded in Table II.

At the first follow-up, three participants had clinically significant changes in performance and satisfaction scores. This indicates that the parents of these three participants noted visible and practical changes in the children’s occupational performance. The mean change in performance was 3.03 and the standard deviation (SD) was 2.39. The mean change in satisfaction was 2.78 and the SD was 2.48.

At the second follow-up, four participants showed clinically significant changes in performance and satisfaction scores. Similar to the above, parents noted visible changes in occupational performance after the programme had terminated. The mean change in performance was 2.9 and the SD was 2.27. The mean change in satisfaction was 2.88 and the SD was 2.06.

Themes

Drawing on the anecdotal data four main themes emerged. The themes below transpired while the children were participating in sessions or the COPM was administered to parents. These themes are as follows:

**Interaction with others.** While on the horses, all of the children shouted greetings to their peers or asked questions about them. Parents reported incidents such as their children “wanting to know what others are doing” when they previously showed no interest in initiating conversation with unfamiliar children. Children and parents talked about visiting each other’s houses and being “best friends”. The children were heard using more socially acceptable phrases, for example instead of referring to a person as “her” in their company a child began saying “excuse me what is your name”.

**Taking on new challenges.** One parent reported that their child who originally disliked water began requesting to water the plants at home. In sessions, this child was given the option to shelter from the rain, but the child opted to wear their wet gear and continue. Another child who initially declined offers to trot the horse reported that they were now “working up to 10 trots”. A parent recalled their child telling them to “close her eyes” so that the child could complete a task by themselves and surprise their parent. At the first session, one child did not want to go near the horse’s head in case “his teeth bite fingers off” and later suggested “hugging his neck” rather than feeding the horse. One child reported that they were “very brave” as they fed the horse.

**Feelings towards equine-assisted therapy.** One child arrived to the session after being absent from school as the parent reported that they “really wanted to come”. Several parents reported that their children were talking about the horses at home and one stated that their child was “very enthusiastic” about the programme. Two parents noted that their children had recently begun withdrawing from other hobbies but continued to show interest in the horses. One parent felt that it was more than just riding, rather their child was responding to the routine and specific activities. Another parent stated that this gave their child a new interest as it had been hard to get them “into doing something other than Minecraft”. One child stated that she loved the horses – “everything about them but especially the fizz of trotting”. All parents reported that they would like their children to participate in this programme again.
| Participant 1 | 1. To participate in an activity that is of interest to their peers | 2. To initiate putting on their clothes | 3. To tolerate a small amount of water on their clothes |
| Participant 2 | 1. To listen and respond to instructions consistently with a maximum of two verbal prompts | 2. To attend to their reading/homework for more than 5 min | 3. To demonstrate an increased awareness of responsibilities (e.g. cleaning up after themselves) |
| Participant 3 | 1. To demonstrate an understanding of boundaries with others (e.g. to respect others’ personal space) | 2. To react appropriately and immediately to instructions related to safety (e.g. move away from the horse’s rear) | 3. To tolerate dirt on their hands appropriately (e.g. when working with the horses) and only need to wash them once after being dirty |
| Participant 4 | 1. To complete their homework in 30-40 minutes three of four days per week with adult support | 2. To complete 15-20 min of their homework independently | 3. To listen and respond to instructions eight of ten times with no additional prompting | 4. To demonstrate increased confidence in activities that challenged their balance (e.g. transferring to and from the bath) | 5. To dress themselves with increased speed (e.g. from 20 to 15 min) |
| Participant 5 | 1. To initiate appropriate interaction with their peers | 2. To manipulate shapes to fit into a shape sorter with minimal adult prompting | 3. To engage in a colouring activity consistently for 10 min | 4. To organise objects in space to enable them to carry, transport and relocate them accurately (e.g. when setting up for dinner) |
| Participant 6 | 1. To orientate their clothes correctly four of five times with verbal prompting | 2. To demonstrate increased safety awareness | 3. To sit/lie while listening to a preferred story for 10-15 min |
When the children rated their feelings, four of these children reported feeling “really happy” (i.e. a five on the smiley face scale) after the session for a minimum of five of the six sessions. On three occasions, the children wanted to modify the scale to “super happy” or give a score of “100” or “155”. On nine occasions, the children gave lower scores before the session. One child reported that they initially scored low because they were “kind of sad because it was the last day”. There were four incidents of the child rating themselves lower after the session but these scores aligned with “Okay” or “happy” faces.

Change in the children. Two parents stated that there were “no dramatic changes” in their child, but these parents also reported “improvements” in the children’s occupational performance. Four parents described their child as being “calmer”. One parent reported that “everything is so settled” and they were “over the moon” with their child.

Discussion
According to the results of the COPM, this structured EAT programme showed clinically significant improvements in five of six participants. Parents’ scores showed three children with improvements in their occupational performance and satisfaction after the programme ended, and a total of four had clinically significant improvements in these at follow-up two (i.e. six weeks after the programme ended). This raises the question: are these occupational gains connected to participation in this programme and are gains sustained after the intervention has ceased? An experimental study by Bachi et al. (2011) found that ratings of general life satisfaction increased in the group that participated in EFP at the year follow-up, while the control group’s rating decreased.

These changes may have been due to an attitudinal change by the children (e.g. wanting to be more independent) and parents (e.g. understanding that their child was capable of improving). Another reason for possible improvements may be related to Silkwood-Sherer et al. (2012) findings that new movement patterns established on the horse enhanced functional abilities. One participant showed little to no improvement in their occupational performance rating. It is possible that this intervention was not suitable for this child. It is also queried whether some parents were biased towards getting additional or novel therapy for their children. The literature in this area has focused on the positive effects of mounted equine activities

<table>
<thead>
<tr>
<th>Participant ID</th>
<th>Change in performance (Follow-up 1)</th>
<th>Change in performance (Follow-up 2)</th>
<th>Change in satisfaction (Follow-up 1)</th>
<th>Change in satisfaction (Follow-up 2)</th>
</tr>
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<tr>
<td>Participant 1</td>
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<td>+3.3*</td>
<td>+1.3</td>
<td>+4*</td>
</tr>
<tr>
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<td>+0.4</td>
<td>−0.3</td>
<td>+0.6</td>
<td>+0.3</td>
</tr>
<tr>
<td>Participant 4</td>
<td>+1</td>
<td>+2.6*</td>
<td>+1</td>
<td>+3*</td>
</tr>
<tr>
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<td>+3.5*</td>
<td>+3*</td>
</tr>
<tr>
<td>Participant 6</td>
<td>+4.7*</td>
<td>+6.7*</td>
<td>+5*</td>
<td>+6*</td>
</tr>
</tbody>
</table>

Note: An * denotes a clinically significant change greater than or equal to 2
on regulating the sensory system (Bass et al., 2009). There were certainly the opportunities for sensory regulation to occur during these sessions, and this could also contribute to children being able to learn new skills and increase their awareness of their environment.

Candler (2003) used the COPM and focused on occupations, as they related to an equine summer camp. In contrast, this study addressed occupational goals in an equine-based intervention that could also be applied to the children’s daily life. Transferable skills that applied to activities of daily living were reported to derive from caring for a horse (Bracher, 2000). Interestingly, a variety of goals that contributed to areas such as peer interaction, feeding, dressing, productivity and leisure could be explored in this group setting and yield some preliminary positive results. Carricker (2013) stated that EAT can benefit a wide range of disabilities and that many aspects of an individual’s life are affected, which could be applied to this study.

Based on anecdotal data, there were suggested developments in relation to social interaction and awareness. Three parents prioritised a goal related to this area; however, all of the children engaged with their peers or their parents reported to notice a change in this area. This may be compared to Gabriels et al.’ (2012) study of children with autism that reported unexpected outcomes in relation to communication and interaction possibly due to the human–horse interaction. Other studies involving children with autism have reported improvements in social interactions (Bass et al., 2009; Ward et al., 2013). A parent’s testimonial highlighted that hippotherapy helped her child with “reciprocity of interactions” (Henry and Sava, 2006).

At times, some fears and anxiety were reported to be present, but several children chose to engage despite these. For example, stating they would hug the horse’s neck regardless of a reported fear of the horse biting. The researcher’s original hunch was that children were willing to engage in new challenges in the context of EAT and the subjective data suggested that this may have occurred. According to Taylor et al. (2009), volition ranges from exploration to competence which involves the motivation to take on challenges. Their anecdotal data indicated a motivational change in children with autism who participated in hippotherapy.

Parents and children discussed their feelings about the horses or the related activities. Words such as “love”, “enthusiasm” and “excited” were used. Carricker’s (2013) qualitative study on EAT reported that eight parents specifically stated that their children “loved” their experiences. Several parents reported that their children had an interest in this area. It is possible that interest developed in this area due to the accessibility of riding for people with disabilities (Bracher, 2000). Hamill et al. (2007) stated that they felt a hippotherapy programme was worthwhile as parents wanted to continue with this. Parents in this study also reported to want their children to participate in the EAT programme again.

Gabriels et al. (2012) study found that parents reported that their children were “calm” the day of riding. Many parents acknowledge small changes in their children beyond occupational-based achievements, describing them as “different”, “settled” or “calm”. Again, it is queried whether information not captured in this study contributed to this change.

EAT can be analysed as both occupation as means and ends. Occupations by nature are meaningful and specific to the person (Trombly, 1995) which is what this EAT programme aimed to replicate. Funk and Smith (2000) asked the question as to why occupational therapists are not more involved in therapeutic riding and felt that
greater exposure to the benefits of this intervention may help motivate therapists to become more involved. By beginning to explore the possible application to occupational goals, we can better define and encourage occupational therapy involvement in this area.

Further research may help to determine whether occupational gains can be made using a structured group-based EAT intervention by replicating this study on a larger scale. Other studies offering sessions once a week have longer programmes from 10 to 16 weeks (Bass et al., 2009; Gabriels et al., 2012; Hamill et al., 2007; Taylor et al., 2009). It would be interesting to expand the number of sessions from 6 to 12 to explore the effect of increasing the duration. Alternatively, it may be useful to explore the effect of an intensive EAT programme with multiple sessions per week, similar to Candler’s (2003) summer camp study. Qualitative data may better help understand the phenomena that continue to be unexplained by standardised measures. Ward et al. (2013) suggested that future research should explore parent and teacher reports in relation to social interactions. This project began exploring this possibility but a rigorous qualitative piece, including parent and teacher diaries would be of great value. Comparing an EAT intervention facilitated by an occupational therapist with a therapeutic riding intervention would also add to our understanding of the role of occupational therapy in this area.

**Limitations**
The small sample size and the children’s varying and complex needs mean that these findings cannot be generalised and limit external validity. Parents’ scoring may reflect changes only in parental perception, and additional measures would be necessary to quantify functional changes. Positive association may have been made with a novel therapy or the fact that children were engaging with what appeared to be a mainstream hobby away from the clinic setting.

The use of a control group would help define if the intervention itself was the agent of change. Comparing a group receiving an EAT intervention with other group-based activities or interactions with a different animal would be of value. Children involved in this study continued with other therapies they had been receiving for several years. Although it is possible that these influenced the results, it is unlikely as these therapies were consistent over a long period and did not report similar effects.

Even though this is a pilot study, it must be acknowledged that the data were collected from limited sources and is open to bias. It mostly relied on parent reports and interviews were not recorded; rather, data were extracted from clinical notes and reviewed by only one coder.

**Conclusion**
This study provides preliminary evidence that an EAT intervention may enhance some children’s occupational performance. Children’s and parents’ reports suggest interaction skills and volition may also be impacted. Overall, EAT was viewed positively by all participants which is a consistent trend in the literature.

The areas explored in this study marry with many of occupational therapy values and beliefs. This author is in agreement with Bracher (2000) who felt that occupational
therapists have a lot to offer within this area and more evidence and education is required. In conclusion, this is an emerging area of practice in Ireland that could offer effective, transferable and long-lasting benefits using horse-related occupations to enhance an individual’s everyday functioning.

References


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Apprehension and interest
Therapist and student views of the role-emerging placement model in the Republic of Ireland

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Abstract

Purpose – Role-emerging placements have been used internationally within occupational therapy education but are relatively new to Ireland. At times, there has been a debate in the profession regarding the use of this placement model. This paper aims to generate views from both occupational therapists and occupational therapy students on the use of role-emerging placements in the Republic of Ireland.

Design/methodology/approach – Electronic surveys were administered to occupational therapy students and occupational therapists in Ireland. Quantitative data were analysed using the SPSS Statistics software package and the content of the open question responses were analysed into themes.

Findings – Occupational therapists (n = 60) and occupational therapy students (n = 45) indicated that there were inconsistent views surrounding role-emerging placements. It is deemed as an effective method for student learning, but apprehension exists around inclusion within occupational therapy programmes in the Republic of Ireland. Preference was indicated towards inclusion of role-emerging placements on a part-time basis within formal occupational therapy education.

Originality/value – Both respondent groups viewed that role-emerging placements can positively influence new areas of occupational therapy practice and concern over the use of the placement model requires further exploration and debate. This study is from an Irish context, although there are similarities with other countries’ use of the placement model. There is a need for research through an in-depth exploration of the learning experience of undertaking role-emerging placements from the students’ perspective and identification of supports required to promote an optimal learning experience.

Keywords Occupational therapy, Education

Paper type Research paper

Introduction

Role-emerging placements are described as taking place in a non-traditional setting where there is no occupational therapist currently employed. Students receive on-site supervision from an employee of the host organisation and are supported through distant supervision from an occupational therapist (Wood, 2005).

As documented in the literature, the use of role-emerging placements is not a new phenomenon internationally. Such placements have been discussed and incorporated into...
occupational therapy professional qualification for decades (Friedland et al., 2001) with encouragement for the revival of the placement model since the 1990s (Alsop and Donald, 1996). In relation to the Irish context, service learning with community organisations is well established in some university programmes, with the University of Limerick commencing their first full-time role-emerging placement as part of the graduate entry master’s programme in 2009 (Warren et al., 2010/2011). Currently, there are restrictions on the timing (only to occur in the second half of professional programmes) and a limit of hours allocated to this placement model on programmes in Ireland (maximum of 300 of the 1,000 placement hours) [Association of Occupational Therapists of Ireland (AOTI), 2010].

Literature review
A review of the literature highlighted the use of this placement model in North America (Bossers et al., 1997), the United Kingdom (Alsop and Donald, 1996; Clark et al., 2014a; Thew et al., 2008; Wood, 2005), Australasia (Rodger et al., 2009; Thomas et al., 2005) and Ireland (Warren et al., 2010/2011). Craik and Turner (2005) propose that new ideas for practice education provision are necessary within occupational therapy. Students require preparation for diverse and challenging working environments (Huddleston, 1999). The World Federation of Occupational Therapists (WFOT) developed practice education standards to include settings that do not have an on-site occupational therapist (Hocking and Ness, 2002) and globally role-emerging placements are being incorporated into occupational therapy professional programmes. It is important to note that there are different models of role-emerging placements in terms of how the supervision is structured and delivered (Thew et al., 2011).

Several reasons for the development of such placements have been highlighted (Clarke et al., 2014a). An increase in the amount of occupational therapy students resulting in a greater demand for placements (Thomas et al., 2005). Also, the shift from traditional hospital based positions to community settings (Cooper and Raine, 2009; Friedland et al., 2001; Quick et al., 2010; Strong et al., 2003; Thomas et al., 2005) has reduced the availability of practice education sites for students (Casares et al., 2003).

Role-emerging placements have both positive as well as challenging aspects. Research, mainly qualitative in nature, into the experiences of students who have completed role-emerging placements highlight areas of growth including greater independence, understanding the complexity of collaborative working (Dancza et al., 2013), beneficial preparation for future practice (Bossers et al., 1997), increased confidence in abilities (Thew et al., 2008), the opportunity to be creative (Mulholland and Derdall, 2005) and linking theory to practice (Fieldhouse and Fedden, 2009). More personal reflective, descriptive accounts revealed that students through doing a role-emerging placement further developed their own professional identity while also developing the skills to work independently (Alecock, 2010; Kinghorn et al., 2006). Students viewed their experiences as an opportunity to grow in confidence (Alecock, 2010; Marson, 2007), develop core clinical skills (Anderson et al., 2010; Hook and Kenny, 2007; Kinghorn et al., 2006), deepen their understanding of the profession (Doherty and Stevenson, 2009; Jamieson, 2009) and develop communication skills (Chandler, 2010).

Challenging aspects with this placement model include a lack of appreciation for non-traditional skill development (Friedland et al., 2001), feelings of isolation (Cooper and Raine, 2009; Wood, 2005), the settings’ lack of understanding of the profession (Hook and Kenny, 2007) and the lack of structure to supervision (Mulholland and Derdall, 2005). Other noted issues were role blurring (Chandler, 2010), the lack of an existing occupational therapy
process (Anderson et al., 2010), the emotional reactions of students (Dancza et al., 2013) and unrealistic expectations of the students (Thew et al., 2008).

Healy (2006) expressed that a main aim of having student placements in role-emerging setting is to create links between services and the profession. Overton et al. (2009), from a critique of the literature, also stated that these placements provide students with a chance to take the profession to new areas and are consequently laying out the future for occupational therapy practice. Occupational therapy practice education experiences influence the job preference of graduates (Lee and Mackenzie, 2003; Simhoni and Andersen, 2002; Thomas et al., 2007) and likewise role-emerging placements have resulted in the development of occupational therapist positions (Kearsley, 2012; Overton et al., 2009; Thew et al., 2008). Therefore, it is important to investigate new, emerging areas of occupational therapy practice through the use of innovative placement models.

Overall, there is a scarcity of research and published information surrounding the perspectives of the use of occupational therapy role-emerging placements in Ireland. This study aimed to investigate occupational therapists’ and occupational therapy students’ perceptions of the strengths and challenges of role-emerging placements and whether a role-emerging placement should be part of occupational therapy programmes in Ireland.

Methodology

Design

Descriptive research is valuable for highlighting explanations and areas for further research (De Vaus, 2014). The method of a self-completion survey was used in this particular study as data were required from a large group of respondents from a wide geographical area (David and Sutton, 2011). A national survey was chosen, as role-emerging placements were relatively new to Ireland at the time of the survey; therefore, a wider scope of respondents was required.

Surveys

The survey had mainly quantitative elements with some open-ended questions to provide an opportunity for both research groups to expand on their responses in text boxes. This method was used, as much of the current literature surrounding the topic of role-emerging placements is mainly qualitative and this research aimed to generate views from a larger sample of occupational therapists and occupational therapy students. The surveys were developed with key themes from the literature and from one of the author’s experience of developing and supervising with role-emerging placements. To eliminate bias surrounding interpretation of a “role emerging placement”, a definition was provided within the survey.

Both surveys began by accruing basic demographic information for example gender, background of qualification of occupational therapists and for the occupational therapy students, number of placements completed. Closed questions focused on the experience and opinions of role-emerging placements followed by open ended questions allowing respondents to elaborate and add any additional comments at the end of the survey. Two separate surveys, one for occupational therapists and one for occupational therapy students, were used and distributed electronically through the use of an internet-based survey tool: Survey Monkey (Survey Monkey, 2010). The same questions were used in both surveys to aid in the comparison of results with any differences relating specifically to qualified occupational therapist roles. As experience in completion of a role-emerging placement within Ireland is limited, an exclusion criterion for participation within the study was omitted as the research aimed to gain an overall view of opinions.
Quantitative data were analysed through coding using the SPSS statistics package version 16.0 (Pallant, 2007). Closed question responses included both categorical and ordinal forms. These were then coded and comparisons were made where appropriate between both research groups. In relation to the open-ended questions, the responses were collated and analysed to highlight similarities and differences in the key themes emerging from the data (Silverman, 2010).

**Reliability and validity**

A survey was specifically designed for the purpose of this study, as there was no existing survey which addressed the study aims. The surveys were piloted with two occupational therapists and two occupational therapy students, to evaluate the data collection tool and to increase its internal validity (De Vaus, 2014). From the pilot testing, there were no suggestions made to address any ambiguity and so the original survey was used in this study. Reliability was increased through using non-ambiguous terms within the survey and the inclusion of a definition of a role-emerging placement to avoid interpretation bias.

**Respondents**

The occupational therapists were accessed via the system established by the Association of Occupational Therapists of Ireland (AOTI, 2014) to access members for the purpose of research. A description of the research and a cover letter containing the survey link was emailed by AOTI to all of the occupational therapists on their database who had agreed to take part in research (n = 150). In relation to the student respondents, an email providing information about the study and containing a link to the online survey was emailed to the practice education co-ordinator within each of the four universities in the Republic of Ireland who deliver occupational therapy programmes. A total population of 420 occupational therapy students were sent this survey. In an attempt to enhance the response rate, a reminder email was sent to both research groups approximately two weeks after the initial email.

**Ethical considerations**

Ethical approval was obtained from the Clinical Therapies Research Ethics Committee, University of Limerick. In relation to consent, both occupational therapists and occupational therapy students were informed through the introductory email that by completing the electronic survey, this provided evidence of their consent and the data collated was anonymous.

**Results**

The following section displays the results derived from the completed questionnaires of both the occupational therapists and occupational therapy students who took part in the study. The results include the views of role-emerging placements as well as some demographic information on the respondents.

**Demographic information**

A total number of 60 therapists: 51 female/8 male (1 unaccounted for) and 45 students and 44 female/1 male completed the online surveys. The occupational therapists qualified from a number of countries including Ireland, England, Australia, the Philippines, India, South Africa, Zimbabwe and the USA. Their length of time from graduation ranged from those newly graduated to those qualified over 20 years. Eleven of a possible 60 occupational
therapists had completed a role-emerging placement. Just under half of the occupational therapists ($n = 26$) had been employed to establish a new occupational therapy service, although the majority were in traditional occupational therapy settings.

The student research respondents had completed from one to four placements. In total, 25 of 45 students were interested in completing a role-emerging placement. Two occupational therapy students had already completed a role-emerging placement in Ireland. Following from this, the students and therapists were questioned on their views of the effectiveness of role-emerging placements on the development of occupational therapy students and whether such a placement should be part of the occupational therapy professional qualification. Figures 1 and 2 display the responses.

**Figure 1.**
Perceived effectiveness of role-emerging placements

**Figure 2.**
Role-emerging placements in occupational therapy programmes
Figure 1 indicates the broad and varied views of the perceived effectiveness of role-emerging placements from both occupational therapists and occupational therapy students. In Figure 2, both groups of respondents were asked whether the role-emerging placement should be a part of the occupational therapy professional qualification in Ireland with the majority responding negatively to this suggestion.

Following on from this question, respondents were asked whether they thought such a placement should be full time or part time. There was a poor response rate to this question, but both occupational therapists (n = 24) and students (n = 11) indicated a preference for part-time role-emerging placements (Figure 3).

The majority of respondents viewed role-emerging placements as positively influencing the development of the profession into emerging areas of practice. Occupational therapy students were interested in completing role-emerging placements with a range of populations including the homeless, refugees, teenager mothers and within mental health settings. Analysis of the open-ended questions led to benefits and concerns relating to role-emerging placements.

Benefits
Commonly viewed benefits of involvement with role-emerging placements expressed by both occupational therapists (n = 37) and occupational therapy students (n = 41) fell under the sub-categories of gains for students, the profession and the wider community.

The majority of occupational therapists and occupational therapy students expressed gains for students including putting new theory into practice, the opportunity to be more creative, to develop evidence-based practice, increased independence, diversity of experience, the development of skills and developing their understanding of the occupational therapy role:
It would be a great opportunity for an OT student to hone skills which will be utilised when they begin work as a basic grade (Student 28).

Some occupational therapists and occupational therapy students expressed gains for the profession through promotion leading to the development of new areas of practice and new occupational therapy post:

Emerging areas of practice tend to be practiced before they are officially recognised. This is the nature of the evolution of the service. It is essential to its’ development (Therapist 3).

Several occupational therapist and occupational therapy students iterated gains for the wider community through meeting the needs of clients, highlighting the needs of the community and in some cases providing health promotion interventions.

Concerns
Concerns expressed by occupational therapists (n = 47) and occupational therapy students (n = 41) related to supervision, role challenges and the setting generally.

The majority of occupational therapists and students had concerns related to supervision including the lack of a role model onsite and observation of a qualified occupational therapist. “Imagine a doctor being supervised by a radiographer or the hospital administrator” (Therapist 39).

The difficulty in grading students was raised and the lack of clear goals established for the placement. Learning style suitability and that the student may not be practicing in the correct way was also expressed as a challenge. The role-emerging placement is viewed as one which should not be undertaken in the early years of a programme. Concerns were raised that students may be missing out on developing basic occupational therapy skills and the solitary nature of the placement was highlighted to be testing:

One of the biggest challenges of the role-emerging placement was the lack of direction on the ground (Student 10).

The majority of occupational therapists and occupational therapy students expressed concern that students experience difficulty finding the appropriate role within the setting. Some occupational therapists and students highlighted issues including role conflict and that the non-occupational therapist supervisor may lack the ability to reflect on occupational therapy expertise. Concern was raised that the setting may not fully understand the role of occupational therapy and may have false expectations of the student.

Some occupational therapists and occupational therapy students expressed concerns relating to the placement setting including communication difficulties between all the parties involved, the lack of structure to the placement, limited client contact and the quality of the role-emerging setting overall.

Discussion
While almost two-thirds of respondents to the survey held strong views that role-emerging placements should not be completed as part of occupational therapy programmes in Ireland, the majority acknowledged that there are benefits to the use of the placement model. This was mainly evident in the open-ended questions which highlighted value in students linking theory into practice, being creative and independent that could positively influence their development and supports findings from previous research (Clarke et al., 2014b). Interestingly, a sizable proportion of the occupational therapy students (25/45) surveyed expressed that they would be interested in completing a role-emerging placement if the possibility arose. This survey also highlighted a preference for part-time role-emerging
placements which is already used in occupational therapy programmes in the UK and Canada (Thew et al., 2011).

A benefit of the role-emerging placement as highlighted through this study is diversity of experience. This is a requirement for placement experience as outlined by the WFOT in the standards for practice (Hocking and Ness, 2002). There is discussion within the literature supporting flexibility in the types of practice education experiences provided for students (Bossers et al., 1997; Doherty et al., 2009; Huddleston, 1999), thus equipping students with the skills necessary for future practice (Rodger et al., 2007; Thomas et al., 2005). Occupational therapy education needs to focus towards preparation for modern practice challenges and students that experience alternative placement models may expand their vision for career opportunities (Knightbridge, 2014).

Respondents indicated a reluctance to incorporate role-emerging placements into professional education which was also noted by Huddleston (1999) in the United Kingdom. An area of concern raised by therapists’ and students’ groups within this study included the possibility that the student through completing a role-emerging placement may be missing out on the development of core occupational therapy skills due to a lack of direction and limited client contact. Similar concerns were raised by Friedland et al. (2001) where students who had completed a role-emerging placement viewed skills acquired in the community setting to be of lesser value to skills acquired in more traditional settings.

The lack of an on-site occupational therapist was also expressed by the research respondents due to the lack of a role model or access to supervision. This was also evident in research by Cooper and Raine (2009) and Mullholland and Derdall (2005). This implies that other professionals or staff in the organisations are not viewed as potential role models for occupational therapy students which contrasts with the values of interprofessional education of learning through cross-disciplinary opportunities. In line with statements from regulators of the profession, it is essential that occupational therapy students have access to occupational therapists for professional supervision, but their competency development can be supported by others including service users. Research into the use of role-emerging placements has demonstrated that students develop as critical, reflective thinkers who can problem solve (Dancza et al., 2013; Thew et al., 2008) which is essential for working as a professional in the twenty-first century (Doncaster and Lester, 2002). Through being too apprehensive about using the placement model, it could stifle the competency and capability development of occupational therapists and lead to the profession overlooking-emerging areas of practice.

The issue of misinterpretation of the role of the student and of occupational therapy by the placement setting was found to be a concern by these respondents. This view was supported by Hook and Kenney (2007) where students commented on the role-emerging settings lack of understanding of the occupational therapy role which can be resolved through discussion of expectations when preparing sites for placements and the implementation of relevant guidelines (COT, 2006; Warren, 2011). Although there is apprehension over the use of role-emerging placements, a growing body of research has highlighted the strengths of the placement model (Clarke et al., 2014a). Where there is concern that students may not have a clear understanding of the occupational therapy role, it may be useful to only have role-emerging placements when students have already completed placements. This is the case in the Republic of Ireland where students can only experience a role-emerging placement in the second half of the programme (AOTI, 2010). Although it could be suggested that this may reduce the student’s creativity in applying their interpretation of occupational therapy theory in new contexts if already influenced by previous placement experiences.
Study limitations
The findings from this survey cannot be regarded as representative, as sampling bias must be acknowledged in this research, as the occupational therapists and students who completed the survey may have strong views on the use of role-emerging placements. Also, there was a low response rate by students (45/420) which may have improved with a more extensive pilot of the survey to add clarity, as it was not a requirement to have completed a role-emerging placement to participate in the survey.

This research identified some benefits to be harnessed if using role-emerging placements, but it is important to note that these comments are based on minimal exposure or experience of the placement model due to only 11 occupational therapists and two students actually experiencing the placement model during their professional programme. The therapist and student views were also included to gain insights into views on this placement model to move beyond anecdotal discussion. This study is only from within an Irish context, although there are similarities with other countries use of the placement model. A further limitation of the survey tool led to the inability to differentiate between those respondents who had completed a role-emerging placement and those who had not leading all data being consolidated into either a student or therapist response.

Although a definition of role-emerging placement was provided within the study, ambiguity around the use of terms within the survey such as “effective”, “strengths” and “challenges” may have led to interpretation bias.

Implications for education research and practice
Through this study occupational therapy students in Ireland have expressed interest in undertaking a role-emerging placement which should be supported by educational institutions to provide a range of placement experiences which has the potential to influence career choice and the expansion of the profession.

Further research into the in-depth experience of undertaking a role-emerging placement from the students’ perspective would be valuable. Such research may highlight areas in which students could be supported to promote an optimal learning experience. A survey to establish current and emerging areas of occupational therapy practice in Ireland would also be of benefit for both student learning and the development of the profession to reach a wider community.

Role-emerging placements fit well with current trends in higher education in Ireland that focuses on community engagement, promoting creativity and innovation (Hunt, 2011). These aims of higher education are universal and often begin with service learning which has been incorporated into many occupational therapy programmes. Role-emerging placements can be another educational method to connect with the focus of community engagement and promoting entrepreneurial approaches by graduates. In order that the placement model is successful, all stakeholders need to be prepared, supported and involved in regular reviews of placements. Following relevant guidelines on the introduction of role-emerging placements can reduce the replication of mistakes and assist in setting out clear expectations and learning outcomes (COT, 2006; Warren, 2011). As with any placement, the structure and quality requires regular review.

Conclusion
This research highlighted that occupational therapists and occupational therapy students’ views encompass both gains and apprehensions regarding role-emerging placements. There are undoubtedly concerns surrounding the topic and it is important that these views are raised and addressed in a professional forum to facilitate more
understanding surrounding the topic. Change is occurring within health care and such change requires a focus on preparing occupational therapy students for diverse practice to reach a wider community.

Occupational therapy has the opportunity to emerge into new areas of practice and create new posts in diverse settings with the use of this placement model. If role-emerging placements continue to be underused in Ireland and other countries then, opportunities to expand and develop the profession in new areas will have been missed and student learning opportunities lost.

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Mental health occupational therapy and supported employment

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Abstract
Purpose – The individual placement and support (IPS) model is an evidence-based approach to employment support for people with severe mental illness that functions by co-locating an employment consultant from the local disability employment service within a community mental health team to assist service users to find work. This paper aims to examine the unintended impacts of implementing IPS on occupational therapy practice and offer some suggestions.

Design/methodology/approach – The authors performed a narrative literature review on the IPS model, employment and occupational therapy. Authors then analysed and discussed impact on occupational therapy practice and concluded by making suggestions based on current evidence and practice.

Findings – The authors concluded that implementation of IPS has resulted in some unintended changes of practice in mental health with occupational therapists taking a less active role in enabling employment outcomes than previously. This paper concludes by calling upon occupational therapists to re-establish their role of enabling employment.

Originality/value – This paper offers an original viewpoint on employment and occupational therapy based on current evidence and authors’ expertise.

Keywords Occupational therapy, Mental illness, Employment approaches

Paper type Research paper

Introduction
Occupational therapy and employment
Meaningful employment has been shown to improve self-esteem, increase personal empowerment and social contact, social identity and status (Marwaha et al., 2014). Reduced clinical symptoms, the development of personal wellbeing and higher levels of functioning have also been associated with employment (Dunn et al., 2008; Siu et al., 2010). However, despite the value that work has for people with a mental illness, competitive job tenure remains relatively brief. Williams and Lloyd (2016) looked at the job tenure of young people with psychosis and found that receiving support from a specialist disability support
provider did not protect the person from losing his or her job. Waghorn et al. (2015) suggested that post-employment support was the most important phase of supported employment when the focus shifts to job retention and career development. In a further publication, Waghorn and Hielscher (2015) suggested that occupational therapists working in public mental health services and supported employment programmes are well-qualified to become involved and lead the implementation of such evidence-based practices.

Occupational therapy has a long history of recognising the value of work and other productive activities to maintain and enhance health (Arbesman and Logston, 2011). Kirsh et al. (2005) stated that occupational therapists have been advocates for people with a mental illness who are entering or re-entering the workforce. Based upon their knowledge and understanding of the person-occupation-environment, occupational therapists are able to provide job matching, individualised environmental supports, skill development and on-the-job training (Kirsh et al., 2005). Occupational therapists have expertise in designing compensatory strategies and accommodation based on individual need, use activity analysis to break down skills so that they can be gradually mastered and help people resume past roles or assume new ones (Arbesman and Logston, 2011). Woodside et al. (2006) suggested that occupational therapists should continue to focus their attention on listening to their clients to understand where they are on their recovery journey. Clinicians need to encourage hope for recovery by being aware of the potentially damaging implications of one’s own lack of hope for the service user’s recovery, being someone who believes in recovery, facilitating access to narratives of recovery and providing new ways of understanding difficulties (Hobbs and Baker, 2012). This is particularly important in the area of employment where traditionally many people with a mental illness were not supported in the area of finding work.

Winstead (2009) explored the ways in which occupational therapists are able to provide a range of different vocational services to people with a mental illness. She discusses issues such as disclosure and various accommodation options that could be implemented, for example social skills training, stress management and time management skills. Further work has been conducted in the area of disclosure, and McGahey et al. (2016) conducted a research project which looked at the usefulness of the Personal Management Plan which gives people with a mental illness the opportunity to talk in detail about their abilities in the workplace, regardless of their insight into diagnosis. This plan enables service users to maintain a sense of control over their own information and labelling of their experience. It was found that those who had completed a plan to manage their personal information had 4.9 times greater odds of employment at six weeks than those who preferred not to disclose any personal information.

In New Zealand, Liu and Wilson (2009) suggested that occupational therapists have a significant role to play in providing vocational rehabilitation services. They considered that this was due to the expertise of occupational therapists in enabling occupation, including work-related activities, which are a key occupational area. In the UK, (Martin et al., 2011) explored occupational therapists’ perceptions about their role within mental health, vocational rehabilitation, individual placement and support (IPS). They suggested that occupational therapists offer a unique professional understanding of the individual’s performance and participation in current or future worker roles. Occupational therapists have developed standardised assessment tools which may be useful in the provision of IPS services to better understand individual clients’ perspectives of psychosocial and environmental impacts on work (Martin et al., 2011).

Current trends in employment and occupational therapy
While occupational therapists are regarded to have a professional and ethical responsibility to consider work-related issues for all clients (Occupational Therapy Australia, 2013), there
has been a tendency to leave this to supported employment consultants. In many cases, this has come about with advances in supported employment in which an employment specialist shares office space with mental health clinical staff and attends case reviews (King et al., 2006). Mental health staff have been quick to refer people to employment specialists for all their vocational needs without taking into account the valuable role that occupational therapists could potentially play in this area. Employment specialists are not clinically trained to identify or deal with the illness-related barriers to employment that people with mental illness present (Waghorn et al., 2007). While identification remains a role of clinical staff, particularly occupational therapists, the practice among mental health staff suggests that this is left to employment specialists. This practice has disadvantaged mental health service users, delays recovery and also devalues the role of occupational therapists. Despite the introduction of evidence-based supported employment interventions such as the IPS, workforce participation rates among people with a mental illness in many countries such as Australia still remain significantly lower than that for people with other types of disabilities and those with no disabilities (Australian Bureau of Statistics, 2012). Occupational therapy has real potential for improving workforce participation rates of people with a mental illness. Occupational therapists should continue to work with service users who are interested in finding work and address the barriers to employment that they might be experiencing.

The case for occupational therapy role in employment

Occupational therapists have expertise in the employment service area because occupation is central to the frame of reference of occupational therapy, and this includes employment (World Federation of Occupational Therapy, 2012). Therefore, occupational therapists have the expertise to holistically consider the persons physical, behavioural, cognitive, social and emotional capacity in relation to employment. Task analysis is a core skill of occupational therapy and allows the identification of barriers and enablers to work. Consequently, occupational therapists are able to determine the necessary interventions to enhance the job-person fit.

Occupational therapists have many assessment tools such as the occupational performance history interview (Kielhofner et al., 2001), the occupational self-assessment (Kielhofner et al., 2010), the volitional questionnaire (Chern et al., 1996), the worker role interview (Fenger and Kramer, 2007) and the work environment impact scale (Ekbladh et al., 2014) that they are trained to use to accurately identify strengths and barriers to employment. Occupational therapists possess the knowledge and skills to adapt the job environment together with the person to achieve their maximum capacity for work (World Federation of Occupational Therapy, 2012). When service users are not seen by occupational therapists, then there is a risk that consumers’ skills and barriers may not be adequately identified, and job person-fit may not be fully realised. The recommended role of occupational therapists is summarised in Table I.

Occupational therapists should continue to support individuals who want to work to choose, get and keep a job in the open labour market, working alongside employment consultants and using occupational therapy skills to perform job assessment, task analysis and job matching to make recommendations and improve the potential of successful and safe re-engagement in the workforce. It is also recommended that occupational therapists should support employers to help consumers stay at work or return to work using a range of employment and rehabilitation approaches in accordance with individual needs or preferences (Occupational Therapy Australia, 2013).
<table>
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<th>Supported employment process</th>
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| Referral/intake               | - Assess individual’s performance and participation in current or future worker roles (Baxter et al., 2012)  
- Vocational assessment (Chan et al., 2009)  
  - provide information about the client’s mental state and mental health issues impacting on work performance  
  - explore interests, vocational history and experiences and goals  
  - determine blocks to employment performance and develop collaborative plan to address these  
  - perform environmental assessments of work and workplace demands  
  - refer to and liaise with the employment specialists and clinical teams |
| Individual employment plan    | - Determine financial planning and management strengths, weakness, barriers and opportunities (Chan et al., 2009)  
- Collaborative goal setting with job seeker  
- Develop a personal management plan with each job seeker (McGahey et al., 2016)  
- Design compensatory strategies and accommodation (Arbesman and Logston, 2011)  
- Provide job matching (Kirsh et al., 2005)  
- Improve occupational performance related to securing a job  
  - improving interview performance  
  - improving job search skills  
  - improving social skills  
  - improving time management  
- Motivate job seeker by promoting self-determination (Ziviani, 2015)  
  - promote choice “autonomy” of type of job and need to work  
  - personal closeness with helping staff “Relatedness”  
  - personal causation or belief in skill “competence”  
- Motivate job seeker using motivational interviewing  
- Advocate for people with a mental illness |
| Obtaining employment         | - Provide individualised environmental supports, skill development and on-the-job training (Kirsh et al., 2005)  
  - improve occupational performance in the area of finances/ budgeting (Chan et al., 2009) |
| Follow-along supports        | |

Table I. Recommended role of occupational therapists
Conclusion
The occupational therapy profession needs to re-affirm the rights of people, regardless of their ability to participate in productive occupations such as paid work and to affirm that occupational therapists have the expertise in the employment service area to enable this participation.

References


Further reading


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The author of this book, Christine Lefaivre, is a Canadian occupational therapist with 26 years of clinical experience with clients with traumatic brain injury (TBI). In the introduction, Lefaivre explains that early in her career, she realised that TBI clients were being placed in inappropriate environments such as mental health group homes, so she started advocating for people with TBI to remain at home.

She went on to develop the Lefaivre Rainbow Effect (LRE), which she describes as a ground-breaking treatment for people with TBI. She emphasises that the model focuses on the cognitive retraining of the brain not only based on the organic damage to the brain but also based on the individual’s pre-injury lifestyle. She describes how the treatment is individually designed for each client. Although this is a positive feature of the model, it doesn’t appear to be anything very new or different to other models. As therapists, we always try to individualise our treatment for each client, and a key part of the occupational therapy process is gaining information about the person’s pre-injury lifestyle and taking this into consideration during the treatment process.

The main concept of the LRE is its formula: the “total sum” (pre-injury function) minus the “loss” (diagnostic and observable changes) plus the “intervention” (therapy) equals the “residual loss”.

Lefaivre focuses closely on the concept of the “human spirit”. She emphasises the underlying belief that our motivations are spawned from the human spirit. She highlights the need for health care professionals to get to know their clients as individuals and step into their world. She identifies that preserving hope is essential to recovery and is key to motivating the client to engage in the therapeutic process.

Lefaivre writes a nice chapter on educating the family. It is important that this issue is given some consideration, particularly in the case of TBI clients where they may rely greatly on family to provide structure and implement strategy use. She also provides some good tips on how to prepare for a family meeting.

Some suggestions in the book appear unrealistic. Lefaivre emphasises that it is important that the family does not assume the role of care provider, but rather goes on with life as

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usual, thus providing the framework of familiar activity and routine for the brain-injured family member. While this concept is interesting, in most circumstances, it would be highly difficult to implement, especially in an Irish context where due to limited funding for care packages, families are more often than not left to perform the burden of care tasks.

In reviewing the Lefaivre Rainbow Effect, it is important to consider the context in which Lefaivre works. She continues to work as an occupational therapist in Canada and provides occupational therapy services to clients through third-party funders such as insurance companies and litigators. There are many references to the “funder” in the book, implying that financial resources are available if the case for them is argued strongly enough. The focus of treatment is therapy provision in the community, for up to six years. It is apparent that Lefaivre is not working within a publicly funded system, which makes it difficult to evaluate how the LRE might be implemented in an Irish, publicly funded system with limited resources.

Overall, the book is an interesting read. It doesn’t appear to suggest anything entirely new or radical in terms of the treatment of clients with TBI, and on the whole, it seems difficult to imagine how some of the ideas could be implemented in an Irish context due to current limitations of therapy available to clients with TBI, particularly within a community setting.

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