EVELYN G. JAFFE / CYNTHIA F. EPSTEIN

OCCUPATIONAL THERAPY CONSULTATION

THEORY PRINCIPLES and PRACTICE

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Theory, Principles, and Practice

Evelyn G. Jaffe, M.P.H., O.T.R., F.A.O.T.A.
Cynthia F. Epstein, M.A., O.T.R., F.A.O.T.A.

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Dedication

To Bob Jaffe and Alan Epstein,
to Joseph Epstein,
and to Aliya Joy Jaffe Whitney, whose winsome smile brings true joy to all who meet her

Acknowledgments

The completion of this book is a celebration of professional development. It could never have been conceived and arrived at fruition without the encouragement and support of many people.

We owe much to those who fostered our professional growth and gave direction to our ideas. Willis West's mentorship and broad vision of occupational therapy's role in the health care system, particularly relative to prevention and consultation, fostered the growth and development of concepts that have guided Evie Jaffe's professional practice and Cynthia Epstein's entry into consultation. Ellie Gilfoyle strongly and consistently encouraged Evie to write a book to share with others my firm conviction that roles in primary prevention, health promotion, and consultation would be essential for occupational therapists in the future of health care. Ellie's inspiring views of occupational therapy and her interactions with both of us helped create the impetus for this book. It is only fitting that this book should start with some historical perspectives of consultation by Wilma West, our consultation role model and mentor, and end with the inspirational message of Elnora Gilfoyle about the future directions of consultation in occupational therapy.

Each of us has been influenced by many colleagues in the course of our professional growth. Of particular importance for Evie during her early professional development were three key individuals: Barbara Jewett, Elizabeth Boles, and Martha Moersch. Barbara Jewett's dedication to the profession instilled an understanding of the importance of occupational therapy in the health and care of individuals and provided Evie with some direction for future professional roles. Libby Boles, director of the occupational therapy program at the Neuropsychiatric Institute at the University of Michigan Medical Center, allowed Evie the freedom to explore some of her nontraditional ideas. These ideas included developing a community fieldwork program for occupational therapy students in the well-community, exploring primary prevention programming outside the medical institution, and studying and practicing principles and theory of consultation. Martha Moersch nurtured and reaffirmed Evie's professional ideas and firmly encouraged and prodded her involvement in professional organizational activities.

Mentors and colleagues who have played an important part in Cynthia's development include: Barbara Neuhaus, Ricki Cunninghis, Jerry Johnson, and Joan Rogers. Barbara Neuhaus' reflective counseling and support helped Cynthia ex-

pand vocationally oriented consultative skills, working within industrial and sheltered workshop settings. Ricki Cunninghis' collegial consultative relationship has spanned the years, providing Cynthia with objective encouragement along with extensive resources. Working with Jerry Johnson during the AOTA reorganization provided Cynthia with opportunities to refine her consultative skills while expanding knowledge of systems and organizational theory. A consultant's knowledge and skills are developed further through mentorship. Joan Rogers' mentorship to Cynthia has engendered continuous appreciation of the breadth and depth of consultation.

No project of this duration is possible without the understanding, patience, and encouragement of those closest to you. We owe many thanks to our husbands, Bob Jaffe and Alan Epstein, and to all our children for their steadfast love and support during this long-standing project.

Evelyn Jaffe and Cynthia Epstein

Foreword

Some two decades ago, a few occupational therapists assumed roles as consultants in public health programs. These roles required a duality of function that combined the previously more discrete role of therapist to individual patients with that of participant-adviser to systems. It also called for a changed setting of operations from the supportive environment of the self-contained hospital to the relatively unstructured teams of outreach personnel providing health surveillance and monitoring that typically led to case-finding in the medically indigent populations served. Contributions of therapists in these roles were principally evaluation of those at risk for developing physical and emotional problems—the initial therapist role—and participation, as integral members of the health care team, in referral and programming for treatment as indicated—the interdisciplinary consultant role. Although these roles were effective, thus supported in state services where they were modeled, and despite their description in the literature of the times, there was little real growth in the number of occupational therapists attracted or recruited to such positions.

Inevitably, however, as the health care system changed, similar and considerably greater needs for occupational therapy consultation in multiple other settings have become increasingly apparent in recent years. Visibility of these has been sharpened by major shifts in the employment settings of occupational therapists, which, in turn, have been occasioned by such trends as deinstitutionalization of the mentally ill, "mainstreaming" of handicapped children, establishment of a broad range of community-based treatment facilities, increase of day care programing for preschoolers and the elderly, and many other factors related to escalating costs of traditional medical care in hospitals. These trends have dramatically changed the locus of work for most categories of allied health personnel, including occupational therapists, and led to their entry into new arenas of practice. In these new arenas, traditional one-on-one treatment skills have been substantially supplemented by skills essential to intervention strategies and programs jointly planned and effected by a constellation of health care providers, many of whom have effectively combined treatment and consultation skills to extend the benefit of their

services to patients. Public health physicians and nurses are prime examples of such practices.

The 1990 Member Data Survey conducted by the American Occupational Therapy Association contains figures that support the relevance and usefulness of this book to several groups of occupational therapy personnel. Most obvious among these are the 39.6 percent of OTRs and 26.3 percent of COTAs who list consultation as their primary or secondary work function. Somewhat less evident but implicit in the nature of function required is the need for communication and consultation skills by several other groups of occupational therapy personnel classified by employment setting or form of work. For example:

In the school system, which employs 18.6 percent of OTRs and 17.0 percent of COTAs, consultation to teachers, special educators, parents, and administrative personnel has become a function superceding direct treatment.

In rehabilitation hospitals/centers and rehabilitation units of general hospitals, which are the primary work setting of 16.7 percent of OTRs and 16.4 percent of COTAs, the multidisciplinary character of staff and the interdisciplinary nature of function require communication and consultation skills of an above average level.

Skilled nursing homes and intermediate care facilities, the primary workplace of 6.4 percent of OTRs and 20.1 percent of COTAs, characteristically utilize the consultation of a broad range of medical and allied health disciplines.

For the 7.7 percent of OTRs and 2.7 percent of COTAs in private practice, consultation to parents, caregivers, teachers, and other medical and allied health personnel is essential to effective therapeutic and related functions.

Finally, smaller, but in the aggregate, significant percentages of the occupational therapy workforce are employed in acute care, day care, and community mental health centers where collaborative and consultative skills are essential if the total needs of patients and clients are effectively served.

These data offer quantification of the need for consultation skills in the repertoire of significant numbers of today's occupational therapy practitioners. Over time, many other changes, both philosophical and real, have affected our concepts of optimal health care, and will inevitably have further impact on occupational therapy roles of future practitioners.

Among philosophical changes are the premises that health, like education, is a basic human right; that tomorrow's health care will be designed for the community as well as the individual; and that health care of the future will be as concerned with prevention as with rehabilitation. In the category of real changes, there may be listed shifts from institutional, clinical, and medical care models to broader community-based delivery systems designed to promote health and well being and prevent disease and disability.

The indicated need for occupational therapists to utilize consultation skills in public health and other community, out-of-hospital service settings was one motivation for undertaking this book. Another was the increasingly apparent need for the skills of consultation in programs addressing disability prevention and health promotion.

The already plausible case for occupational therapy's role in prevention of disability and promotion of health is given additional credence in this book by the authors' perceptive postulates that such a role is a natural extension of the profession's traditional role—that is, from improving function of the individual to helping improve function of the health care system. Agnostics of this goal raise the dilemma of proving the value of prevention efforts by asking how either the cost or the effect of prevention can be measured. Such doubts are reminiscent of questions raised about the cost and effectiveness of rehabilitation more than 50 years ago. The economic validity of rehabilitation that transformed the severely disabled from the role of tax burden to that of taxpayer has long since been demonstrated, and similarly creative logic and computations could do much to strengthen advocacy for prevention.

A third persuasion of the Jaffe-Epstein team to compile this book was their conviction of the need for a text for occupational therapy courses in both basic and graduate educational programs. To the extent that they convincingly document the need of current practitioners for knowledge of consultation theories, principles, and practices, they justify a corrective need in professional preparation for the future.

An important final feature of this book is Part II. To supplement their well-researched and clearly presented rationale for occupational therapy consultation, Jaffe and Epstein invited more than 30 contributing authors to describe models of occupational therapy consultation specific to their respective areas of expertise and practice. Thus, a considerable portion of the book is devoted to examples applied in the wide variety of settings indicated by titles in Part II, which concludes with technological, legal, and ethical issues in consultation. The total result is a comprehensive model for occupational therapy consultation practice.

No less should have been expected from these two respected colleagues. With 70 years of occupational therapy experience between them, the majority of which for both has been in consultation, they assuredly know whereof they write; and their separate and co-authored sections in both Parts I and II of this book display knowledge that highly qualifies them to discuss their subject in the depth that characterizes this publication. I concur with their premises, commend the results of their efforts, and believe this book will make a substantive and valuable contribution to the professional literature.

Wilma L. West, M.A., O.T.R., F.A.O.T.A.
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Preface

The concept for a textbook and practical guide to occupational therapy consultation evolved during the early 1970s. As our consultation activities expanded, we noted an increasing need for broader understanding of consultation theories and principles. While the importance of consultation was recognized in the occupational therapy literature, a substantive work on occupational therapy consultation was not available to guide us. The need for this information was reflected in comments from many of our colleagues. During the 1980s, the demand for occupational therapy consultation services continued to escalate and broaden. A comprehensive text addressing the multiple issues emerging in this field was needed. We were encouraged by colleagues and leaders in health care to develop a text that would draw on our consultation knowledge and experience as practitioners, lecturers, and authors.

This encouragement translated itself into *Occupational Therapy Consultation: Theory, Principles, and Practice,* a comprehensive book written for occupational therapy faculty, students, and practitioners. The text encompasses many of the theoretical concepts inherent in consultation, the dynamics of consultation, including basic process and procedures, and current models of occupational therapy consultation practice.

Today's health care delivery system has changed the role of the occupational therapist. It has expanded from practice in traditional clinical arenas to broader health care settings. As we move into new or nontraditional arenas, there is a growing need for increased communication skills, information, and expertise in the field of consultation.

Many therapists now are engaged in community health care services, while others are involved in political lobbying for health care legislation, consumer advocacy activities, and regulatory and reimbursement areas. Our rapid growth in private practice has led to an increased need for consultation skills. Occupational therapy managers in hospital facilities now collaborate closely with community and other health agencies. Additionally, the greatest number of occupational therapists who are considered "consultants" are currently working in the public school systems. With the enactment of Public Law 94–142, many therapists moved into

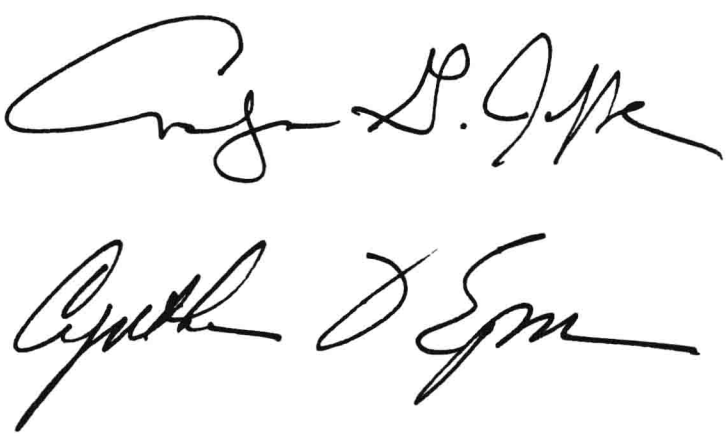
the schools with little or no experience or training in consulting, a role required of them.

Academic occupational therapy programs do not uniformly include coursework on either the theory or practice of consultation. Therefore, graduates of many of these programs are not prepared with the theoretical background nor the technical skills needed to engage in consultation activities. *Occupational Therapy Consultation: Theory, Principles, and Practice* is directed to intermediate and advanced students, at both the undergraduate and graduate level, and will most likely be used in administration and/or management courses.

Occupational therapy administrators, directors, and therapists will find this book a useful resource as they develop or enhance the consultative aspects of their practice. The section Models of Occupational Therapy Practice, presented by experts in each of the settings described, will help the reader view the breadth of areas available to therapists choosing a consultation practice.

This book is organized to provide a comprehensive overview of consultation, including a historical perspective and basic theoretical concepts. It will provide an understanding of the background and skills required. Examples of occupational therapy consultation, provided by contributing authors in the Models of Practice section, follow a format allowing the reader to compare and contrast consultation practice settings. The appendix will provide additional resources, sample forms, and suggested readings.

The generic concepts presented provide the reader with background in the consultation process. The theory of occupational therapy consultation practice that we present is based on the philosophical principles and tenets that form the core of all occupational therapy practice. Our purpose is to offer a comprehensive context from which to develop a practice that is appropriate and current with trends in the health care system.



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Contents

Foreword *xiii*
Wilma L. West
Preface *xvii*

PART I
Theory and Principles of Consultation 1

Chapter 1
The History of Professional Consultation: An Overview 3
Evelyn G. Jaffe and Cynthia F. Epstein

Chapter 2
Theoretical Concepts of Consultation 15
Evelyn G. Jaffe

Chapter 3
Related Theories: Challenges of the 1990s 55
Evelyn G. Jaffe

Chapter 4
Approaches to Consultation 86
Evelyn G. Jaffe

Chapter 5
Preparation for Consultation 118
Evelyn G. Jaffe and Cynthia F. Epstein