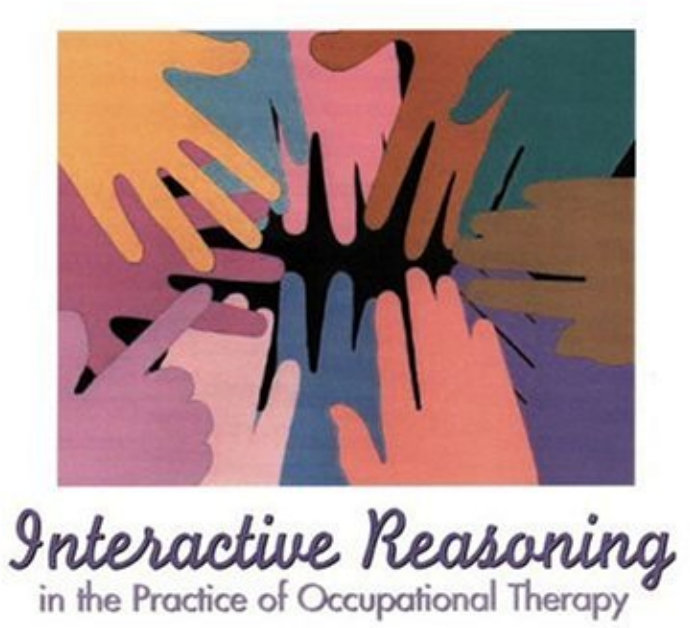
Interactive Reasoning in the Practice of Occupational Therapy

Sharan L. Schwartzberg EdD OTR FAOTA
*audiobook | *ebooks | Download PDF | ePub | DOC*



#4749208 in Books 2001-09-17Original language:EnglishPDF # 1 9.80 x .60 x 7.90l, .78 #File Name: 0130138266208 pages | File size: 67.Mb

Sharan L. Schwartzberg EdD OTR FAOTA : Interactive Reasoning in the Practice of Occupational Therapy before purchasing it in order to gage whether or not it would be worth my time, and all praised Interactive Reasoning in the Practice of Occupational Therapy:

0 of 1 people found the following review helpful. Good service, great conditionBy C. ProberBook was sent quickly and was in great condition. Would do bussiness with this business/person again.

This timely and innovative book relies on its author's experience in teaching interactive reasoning to explore the origins, the theory, reasoning, and clinical practice of interaction in occupational therapy. It is organized and based upon the belief that practice is a composite of philosophy, theory, and empirical data. Chapter topics cover essential requirements in the fieldbased on standards for certification and an accredited educational program for the Occupational Therapist or OT Assistantto give readers first-hand exposure to practice as it is thought about and

applied in 2001 and beyond. The book's four-section organization begins with philosophy, theory, and research base; portrays application to practice settings; covers population; and concludes with research, evidence, and education. For practicing occupational therapists, psychologists, social workers, counselors, and psychiatristsas well as clinicians from variety of related fields such as physical therapy, speech/language pathology, and nursing.

From the Back Cover Interactive Reasoning in the Practice of Occupational Therapy Comprehensive and relevant, Interactive Reasoning in the Practice of Occupational Therapy is organized and based upon the belief that practice is a composite of philosophy, theory, and empirical data. Organized into four sections - philosophy, theory, and research; application to practice settings; population; and research evidence and education - it explores the origins, theory, reasoning, and clinical practice of interaction in occupational therapy. Based on standards for certification for occupational therapists and occupational therapist assistants, features include: Original theories based on the experiences of 39 experts in the field. Unique interactive reasoning techniques applied throughout. Chapter-opening case studies. End-of-chapter reflective questions. Information checkpoint boxes that provide quick review of previous sections. Summary tables throughout. Excerpt. Reprinted by permission. All rights reserved. My interest in interactive reasoning began after hearing about the Clinical Reasoning Study initiated by Maureen Fleming and Cheryl Mattingly in 1986 (Fleming Mattingly, 1994; Mattingly Gillette, 1991). In collaboration with several of my colleagues at Tufts University and University Hospital, Maureen and Cheryl sought to describe the practice of occupational therapists. Fleming and Mattingly (1994) found that therapists used four modes of reasoning for different purposes. They labeled them procedural reasoning, interactive reasoning, conditional reasoning, and narrative reasoning. Fleming and Mattingly defined the modes of reasoning as follows: Procedural Reasoning. "Procedural reasoning is used when therapists think about the person's physical ailments and what procedures might possibly alleviate them or remediate the person's functional performance problems" (p.17). Interactive Reasoning. "Interactive reasoning is used to help the therapist to interact with and better understand the person. Interactive reasoning takes place during face-to-face encounters between the therapist and patient. It is the form of reasoning that therapists employ when they want to better understand the patient as a person. There are many reasons why a therapist might want to know the person better. The therapist might want to know how the person feels about the treatment at the moment; or what the patient is like as a person, either out of sheer interest or . . . to more finely tailor the treatment to his or her specific needs or preferences. Further, the therapist may be interested in this person . . . to better understand the experience of the disability from the person's own point of view" (p. 17). Conditional Reasoning. "Conditional reasoning, a complex form of social reasoning, is used to help the patient in the difficult process of reconstructing a life that is now permanently changed by injury or disease" (p. 17). Narrative Reasoning. Narrative reasoning is "making sense of the illness experience" (p. 18) through telling stories that evince a narrative reasoning process. From Fleming and Mattingly's work, Maureen and I, along with the faculty at the Boston School of Occupational Therapy at Tufts University, developed in 1986 the first curriculum of its kind based on clinical reasoning. This master's degree curriculum has continued to be refined over the past fifteen years. The research derived from Fleming and Mattingly's work is discussed in this textbook and widely applied to the education and practice of occupational therapists worldwide. The research on clinical reasoning in occupational therapy has continued to this day. This research, along with the author's study of occupational therapists' interactive reasoning, forms the empirical base of the book. Strong evidence persists that supports the original findings of Mattingly and Fleming's work as originally reported in their 1994 textbook on clinical reasoning in occupational therapy. Early on, these authors (1994) recognized that interactive reasoning was highly complex and that it is guided by knowledge of one's own feelings. They wisely recognized that this self-knowledge could be used to understand and even change the feelings of others. Mattingly and Fleming stated, "Careful monitoring and interpretation of one's own and one's clients' behavior must be guided by a particular kind of knowledge and a particular kind of reasoning, which is complex, sophisticated, and essential to therapeutic practice" (p. 196). This book is intended to unravel the complexity of interactive reasoning in occupational therapy. It is based upon the belief that practice is a composite of philosophy, theory, and empirical data. With this in mind, I decided to structure the book into three sections. The first part comprises three chapters that describe the interactive reasoning practice of occupational therapy. In chapter 1, The Philosophy, I attempt to answer a preliminary question: What are the founding philosophical and theoretical ideas that underpin interactions in occupational therapy? I looked to the literature in occupational therapy and my own education to select the works of philosophers, psychologists, and occupational therapists described in this chapter. In chapter 2, The Borrowed Practice, I explain the ideas of other professionals from which occupational therapists borrow techniques and theory. Chapter 3, The Occupational Therapy Practice, is central to the book. I believe that the only authentic way to describe interactive reasoning is to ask therapists about their practice and beliefs. This follows the tradition of Mattingly and Fleming's work. Chapter 3 also serves as a point of reference from which my ideas could be evaluated and validated and the contents of the book could be revised in this first edition. In June of 1999, with the support of a grant from Tufts University in the form of a Faculty Summer Research Fellowship, I began the research that eventuated in the basic concept of the book. After initial consultation with Mary Evenson and Mary Barnes, academic fieldwork coordinators in my department, I began

interviewing therapists in the greater Boston area. Some of the interviews were done in person and others by telephone. The exact methodology is described in chapter 3. From these interviews, I distilled the complexities of practice. Themes and techniques characteristic of interactive reasoning in occupational therapy result from my analysis. Therapists gave me names of other therapists who became my informants. I was able to discuss the ideas with a group of occupational therapists and individually because of the generosity of James Sellers and his staff at the New England Hospital and Rehabilitation Center in Stoughton, Massachusetts. Pat Keck of the Beth Israel Deaconess Medical Center was generous in identifying several of her staff members as well as herself for interviews. I also discussed my ideas and the project with international colleagues and students during my sabbatical year 1999-2000. My travels took me to Sweden, where with the help of Mona Eklund I was able to discuss interactive reasoning with faculties and students of occupational therapy at the Universities of Lund, Goteborg, and Jonkoping. I also had the opportunity to go to London to discuss these ideas with my colleagues Jennifer A. Butler and Julia Foster-Turner, both faculty members at Oxford Brookes University. Obviously, this is a skewed sample. The therapists were all interested in the topic, many had studied with my colleagues or me, and all had a personal stake in the topic. It was not a geographically broad sample. The practitioners and faculty were all working in proximity of major academic centers. Nevertheless, what I found was a coherent picture of practice. It is of particular interest to note that this was a particularly tumultuous time for occupational therapists and service delivery agencies in the United States because of cutbacks in Medicare funding. This may reflect the pressured time frame of the practice, but the underlying beliefs remained constant. Believing in the strong influence of systems on practice, I decided to organize the second portion of the book around practice environments. Although there are other schemes for organizing types of intervention settings, this division flowed naturally from the interviews and underlying conceptual paradigms. In chapter 4, the influence of the medical model is demonstrated in the inpatient and outpatient setting. In chapter 5, The School, one sees a strong influence of an educational model as well as family involvement. In chapter 6, Community, we see a blend of ideas that involve multiple partners in the occupational therapy process. An additional thread central to my thinking is the role of development on interactive issues. This led me to organize the third part of the book around practice populations. Here I clustered age groups into chapters. In chapter 7, the focus is on children and their families; chapter 8, on middle- and later-aged adults, friends, families and partners; and chapter 9, on older adults and caregivers. The young child, older adult, and community move us into what are expected to be growth areas for occupational therapists. Being an educator, I felt it central to conclude the book in part IV with chapter 10 and a look toward the future. The chapter portrays means to education of occupational therapists and research areas for further investigation. Throughout the book, the reader will see the influence of occupational therapists interviewed for this project. There is no one best way to read this book or make use of the therapist reports. I have organized the information so as to understand three perspectives: (1) the meaning for the person receiving occupational therapy, (2) the recipient's use of the interaction with the therapist, and (3) the therapist's style of presenting therapeutic self to the recipient of care. I welcome the readers to make use of this book in a way that is meaningful to their study and practice. Sharan L. Schwartzberg 2001 Boston, Massachusetts