

EVALUATING THE EFFECTIVENESS OF OCCUPATIONAL THERAPY WITHIN THE 'BOLSOVER RECOVERY MODEL'

The Bolsover Recovery Model was first published by OT News eleven years ago (Stewart & Wheeler 2005) and continues to operate within the Bolsover & Claycross Community Mental Health team. Occupational therapy is profession specific, person centred and socially inclusive, grading activities according to individual need (Appendix 1). In 2013 a grant was successfully secured from CLAHRC-NDL RIPple 2013* to oversee an occupational therapy service evaluation. This was designed to gather evidence as to the effectiveness of occupational therapy, and continued relevance of the Bolsover Recovery model, via a small study of semi-structured interviews with twelve service users. From those interviews, six themes emerged about occupational therapy and the way it promoted recovery:

1. Occupational Therapy has a distinct role - all participants described it as providing activity and social interaction. They said it was *'a more practical approach to recovery, other than just cognitive, it's doing rather than just thought processes'*. This was affirmed by a fellow participant who said *'occupational therapy is something to keep me busy, so I'm not on my own so much, wanting to self-harm. So I get out and meet people.'*

2. The service structure enables recovery - themes emerged which were consistent with the five underpinning principles of the recovery process (Slade 2009):

I. **Finding and Maintaining Hope** - this usually began at assessment and continued through the occupational therapy process. As fears were overcome a belief that new things could be achieved began to grow, exceeding initial expectations and enabling participants to make life choices for their greater long term good. One person commented that *'there are still a lot of opportunities, but I've made a start. I feel OT has a lot to offer.'* and another said *'If it hadn't been for my OT I wouldn't be here'.*



II. **Personal Responsibility** - this matured as participants engaged in activity and experienced the accompanying emotions that went with it. They learned from each other, their tutors and therapists, and as their confidence grew, so did their self-awareness. Comments included *'I'm beginning to understand myself better, it makes me stronger to cope with it'* and *'it has improved my patience with people. I'm not so selfish with my own wants, demands and expectations'*. Participants felt they were *'seeing my short comings and strengths'* and *'taking responsibility for myself and my emotions'*.

III. **Self-advocacy** - being able to communicate fear, expectations, needs and wants was also an ability that grew. The enabling therapeutic relationship formed a vital part of that process, illustrated in comments such as *'It felt important that it was me that made the decision'* and *'It encourages decision making, but also recognises when help is required'*. Negotiating goals and interventions formed the basis - *'Setting goals and then reviewing them. We would discuss whether to make a new one and how to go about it.'*, along with comparing events with strategies taught in individual sessions *'I'm learning to assert my needs, negotiate'*.

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- IV. **Education** - learning new skills was noted by many as important - *'I've got really bad eating habits - she encouraged me to try new foods and see if I liked them', or 'in Countryside Skills with the Forestry commission I learnt lots of things - building fires, making a shed, having a coffee together etc. It was very confidence building'*. Some participants measured activities as *'not very good'* if they didn't learn anything.
- V. **Support** - participants described occupational therapy as a 'help' and 'support', enabling them to overcome fears and try new things. One person described this as *'Opening up doors, or helping me through closed doors'*. It was that process of change that built confidence and courage shown by the comment *'I've sometimes done things I didn't want to do, but never done anything I wished I hadn't looking back.'* **Courage** grew through engaging in new occupations *'I really liked the activities. I even went in the water - even though I couldn't swim. That was the activity I was most bothered about'*. Thus the constraints of habitual fear were gradually reversed *'Friends noted I was having a go at things I wouldn't normally do and feeling achievement at doing it - like abseiling.'* and began to generalise into everyday life - *'Each time I try something new I get better. My natural instinct is to say 'no'. Gradually I've started to take on more responsibilities'*.

3. Safety is vital - linked however, with that gradual growth of courage, was the need for safety. This was something participants had to have first in order to step out into the unknown. It was their relationship with the occupational therapist that enabled that to take place, shown in comments such as *'it's very important to have someone to talk to who is safe....trustworthy'* and *'I went with the OT (in the canoe) as I trusted her not to sink it'*. This safety also included social situations *'Occupational therapy helps you to mix socially in a safe way'* and employment issues *'at work, it helped me cope with the changes, having an OT to talk to about it gives stability'*.

4. The Intentional Relationship is key to success - this dynamic therapeutic relationship between occupational therapist and participant has been described as an 'intentional relationship' (Taylor, Renee R Phd 2007). Some participants required a directive approach *'I didn't get much choice - perhaps the occupational therapists saw that I would have said 'no!'* whereas for others, a careful non-directive stance was effective *'not being pushed into it was very important though. It felt important that it was me that made the decision'*. Harnessing engagement and cooperation included:

- **graded interventions** *'The OT told me to do stuff to start with then gradually gave me more options and now I'm doing stuff by myself'*
- **a sympathetic pace** *'The OT didn't want to put me on a timetable as I would have rebelled against it. She knew what she could and couldn't do and made the best of it. She let me go at my own pace.'*
- **with active listening** *'Her approach is different - no nagging. She listens more and only intervenes if need be. She explains things differently, in different ways and I respond better to it'*
- **that was reflective and clarifying** *'OT helped define my thoughts and emotions. I felt heard even though I didn't know what I was saying. OT reflected it back and made it real'*.



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5. Social interaction is crucial - participants linked occupational therapy with '*mixing with people*', feeling that '*getting out*' was very important. One person said '*I stayed in from the age of 19-33. I'm now rebuilding my social life. I've made good friends through Pleasley Vale.*'. Group work was an important aspect of this, enabling the growth of self-esteem, illustrated in this comment: '*being sociable, talking to people, including the instructors. After a couple of sessions I could talk to them liked I'd known them for years. It increased my self-esteem.*' However, the choice of group work was vital as activities that worked for one person, created anxiety and aversion in another. For instance, Outdoor Pursuits drew enormous positive comment from the majority of participants, with some commenting that it had a '*very significant impact upon me*'. Yet one participant declared he '*dreaded it, bouncing around*'. He felt he '*did not belong*' and '*quit eventually*'. That experience of belonging and having a sense of social identity was another recurrent trend and thankfully, the participant who quit Outdoor Pursuits commented about Equine Therapy: '*It was a turning point for me. More than you think. It boosted my mood. Something to look forward to - even the goats! By far the best I've done*'.

6. Occupational therapy involves occupational change - all participants described sustainable change and its impact upon their self-esteem. This was emphasized by saying how their life had been or might have been. One participant said '*OT sessions were not just about work readiness. I also joined the gym, did volunteer work, and she organised for me to go on Raising Aspirations course, the Active Confidence group, and get back to work. It's all been helpful. I would have sat at home in the house and gone crazy. It gave me something else to focus on.*' Another commented that '*I've always been independent in myself and OT has brought it back out of me. All I've had from it has been good things*'.

The evaluation therefore affirmed that the Bolsover Recovery Model continues to be an effective service structure, with profession specific working by all members of the multi-disciplinary team, integral to its success. Service users viewed occupational therapy as vital, an effective treatment option that complimented other disciplines and helped to facilitate their recovery. The specialist knowledge of occupational therapists and the opportunities and networks developed by them, enabled progress and change. For many, it was the key to restored independence and quality of life.

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BOLSOVER RECOVERY MODEL
Collaborative Working for Social Inclusion

