

Community Occupational Therapy Interventions

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Contributor: Miguel-Ángel Talavera-Valverde

Evaluate the level of scientific evidence for the effectiveness of Community Occupational Therapy interventions is necessary.

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1. Introduction

According to the Ottawa Charter, health is a positive concept that underlines the importance of social and personal resources in order to achieve an adequate state of physical, mental and social well-being. The promotion of health is focused on populations or communities in order to create the necessary conditions for them to improve their health or exercise greater control over it ^{[1][2]}.

Today, occupational therapists adhere to this perspective, recognizing that health is supported and maintained when individuals are able to engage and participate in occupations and activities at home, school, the workplace and in their community ^[3]. Occupational therapy actively participates in programs and services to promote the health of communities and populations, developing and implementing occupational-based approaches that pursue the involvement and participation of a population in occupations that promote health in the community ^[4].

This community perspective of health and its relationship with occupation has given rise to an abundant source of literature in recent years ^{[2][5][6]} concerning various theoretical concepts that are proposed as a basis for the practice of Community Occupational Therapy ^{[7][8]}. All of these concepts have contributed to the emergence of a new approach to the practice of occupational therapy, emphasizing the promotion of community health as the center of the practice ^[9]. This approach has been named in various ways: community-based occupational therapy ^[10], community-centered occupational therapy ^[9] and Community Occupational Therapy ^{[7][8]}. It has been echoed by various models of practice and different institutions ^[3]. A preliminary review of the scientific literature has allowed us to identify Community Occupational Therapy interventions in different practice settings: primary care ^[11], geriatrics and gerontology ^[12], mental health ^[13], childhood ^[14] and hospital ^[15] were among the most relevant.

However, a literature review does not allow us to identify studies that rigorously and clearly describe the definition and characteristics of this type of practice. There are also no systematic reviews of the scientific literature that synthesize the scientific evidence regarding Community Occupational Therapy interventions. Accordingly, we believe that a scoping review is fully justified, since it allows us to delimit and describe an area of evidence regarding Community Occupational Therapy interventions. Only in this way can Community Occupational Therapy represent a solid base for occupational therapist practice, thus moving away from isolated interventions that blur its nature, ignoring the emerging reality that makes it such ^[16].

2. studies on Community Occupational Therapy

Regarding the first question of this study, from 2007 to the present, the number of studies on Community Occupational Therapy experienced a gradual increase, which may indicate growing interest in this area of research. Principally, this fact may be related to an aging population, and that there needs to be more outcome studies in order to evaluate the effectiveness of such an intervention ^{[17][18][19]}. In relation to this fact, we could confirm that research on Community Occupational Therapy currently constituted a consolidated line of research during the period studied.

According to the data obtained, it appeared that research in areas of geriatrics and mental health concentrated most of the research (exceeding 50% of the articles selected). In addition, the main objective of a quarter of the research in these areas focused on the evaluation of the effectiveness of different intervention programs. In geriatrics, such programs had

the main objectives of improving the functionality and quality of life, reducing the risk of falls and overloading caregivers, increasing autonomy in the performance of activities of daily living and independence in the home, and promoting the health and well-being of healthy older people residing in the community.

In the case of mental health, the main objective of intervention programs is to improve the performance of basic activities of daily life, provide independence in the community, social participation, quality of life, mood and general health, as well as reducing addiction relapse and caregiver burden. However, the average duration of such programs was short, with an average of 2.5 months, which considering the objectives, is usually achievable in the medium- or long-term once such programs are established [20]. In addition, the focus is on individual interventions within the community, to the detriment of actions aimed at promoting the health of communities and populations, distancing itself from the guidelines that direct the practice of occupational therapy in the community [3]. Surprisingly, the little research undertaken on interventions for health promotion and disability prevention has traditionally been linked to community health.

Therefore, in light of the results of this study, we advocate increased research on health promotion and prevention of disability in the community, with the aim of expanding the scientific evidence on the efficacy of Community Occupational Therapy related to these spheres.

Regarding the methodological characteristics of the research, on the one hand, we considered that the range of research objectives was limited. This circumstance could be related to the meagre experience and poor tradition of the practice of Community Occupational Therapy, which implies a significant lack of tools and intervention strategies, as well as the necessary skills for the implementation of distinctive actions and proven effectiveness [4][21]. In this regard, we fully agree with the numerous authors [21][22][23] who have advocated the diversification of study objectives and the development of lines of research that make it possible to gather scientific evidence on the efficacy of the practice of Community Occupational Therapy.

On the other hand, it should be noted that the qualitative methodology of a descriptive nature predominated, since the percentage of quantitative studies (32.79%) was significantly lower than the percentage of qualitative studies (58.20%). This fact could be related to the suitability of this methodology, in relation to the objectives usually proposed in Community Occupational Therapy studies, which seek to apprehend the subjective experience of the health of members of the community. Considering the data obtained in this review, it appeared that research on Community Occupational Therapy has reached a period of consolidation, adopting a variety of both qualitative and quantitative approaches, although qualitative studies still predominated. However, we believe that it would be advisable to increase quantitative research in order to provide scientific evidence [24][25][26].

Nevertheless, it should also be noted that, according to the data analyzed in this scoping review, some of the studies identified had low methodological quality. Therefore, we consider it necessary to improve such quality. These findings seemed to indicate the need to improve the quality of evidence from the effects of Community Occupational Therapy programs in specific areas, in order to reduce the variability of the practice and improve its efficacy [27][28]. It should also be noted that research on Community Occupational Therapy has been carried out mainly in Anglo-Saxon countries. This circumstance could generate a possible bias in research on the selection procedure of the study population [29][30][31][32]. Therefore, we advocate increasing the number of countries in which this study objective is investigated, in order to collect information on the social and cultural particularities of the practice of Community Occupational Therapy.

Regarding the second question of this review, despite the fact that in recent years there has been a significant increase in evidence-based research as a fundamental basis for the best choice of occupational therapy practice in the community, the quality of evidence of efficacy for this practice is inconclusive or sparse. A high percentage of studies based on the efficacy of Community Occupational Therapy interventions showed a medium–low level of evidence. Therefore, not all the scientific studies analyzed had the same value with regard to decision making in choosing the best available practice. In fact, studies classified as 1- and 2- should not be used in the recommendation-making process due to their high potential for bias. However, it should be considered that the studies included were too small to detect this effect. It is possible that methodological limitations and the heterogeneity of the studies included meant that the effect was not detected.

In this same sense, it should be noted that, in the field of mental health, despite the high percentage of studies identified in the review, no randomized controlled studies, meta-analyses or systematic reviews have been carried out. Therefore, the scientific evidence gathered regarding the efficacy of occupational therapy interventions in this setting is sparse.

Along the same lines, due to the analysis carried out in this scoping review, we should consider the apparent contradiction between the characteristics of interventions considered as Community Occupational Therapy and the definition of this area in the specialized literature on occupational therapy.

In recent years, occupational therapy has suggested a profound transformation of the perspective toward the concept of health that changes from the individual to the community [33][34][35], which has been echoed by various models of practice [36] and diverse institutions [3]. From this new perspective, according to Wilcock and Townsend [22]: “[...] it is not only about reducing illness and disability in individuals [...] but about promoting a broad notion of health, understood as the ability and opportunity to live, work and play in safe communities that provide support”. In accordance with these guiding principles, Community Occupational Therapy stands as a paradigm of this change in a health perspective [7][37][38].

However, the results of this review show that scientific research on Community Occupational Therapy focuses on specific groups (mainly geriatrics and mental health), with time-limited interventions, which are fundamentally based on an individual concept of health. This circumstance could be related to the absence of a clear and precise definition of the notion and scope of Community Occupational Therapy [21].

From our point of view, the absence of this precise definition, as well as the health exegesis that accompanies it, can lead to the practice of Community Occupational Therapy based on short-term interventions, centered on individuals residing “within” the community, as the results of this scoping review seemed to show.

Therefore, we advocate for the practice of Community Occupational Therapy that implies a profound change in the intervention perspective, based on occupational justice and empowerment, which requires medium- and long-term interventions “in, with and from” the community. In other words, Community Occupational Therapy should understand the community as a unit of analysis and independent intervention [38][39]. Only in this way will we be able to modify the conditions that allow the community to carry out and engage in occupations that ultimately promote the health and well-being of its members.

In short, we defend a greater precision and clarity in the definition of the notion of Community Occupational Therapy, the ultimate support for a real change in the practice of our profession in this area.

References

1. OMS. Carta de Ottawa Para la Promoción de la Salud; OMS: Ottawa, ON, Canada, 1986.
2. Finlayson, M.; Edwards, J. Evolving health environments and occupational therapy: Definitions, descriptions and opportunities. *Br. J. Occup. Ther.* 1997, 60, 456–460.
3. American Occupational Therapy Association. Occupational therapy in the promotion of health and well-being. *Am. J. Occup. Ther.* 2013, 67, S47–S59.
4. Townsend, E.A.; Wilcock, A. Occupational justice and client-centred practice: A dialogue in progress. *Can. J. Occup. Ther.* 2004, 71, 75–87.
5. Malfitano, A.; Souza, R.; Lopes, R. Occupational justice and its related concepts. *OTJR* 2016, 36, 167–178.
6. Wilcock, A.A. *An Occupational Perspective of Health*; Slack: Thorfare, NJ, USA, 2006.
7. Zango, I. *Terapia Ocupacional Comunitaria*; Sintesis: Madrid, Spain, 2017.
8. Durocher, E.; Gibson, B.E.; Rappolt, S. Occupational justice: A conceptual review. *J. Occup. Sci.* 2019, 21, 418–430.
9. Crepeau, E.; Cohn, E.; Schell, B.; Willard, H.; Spackman, C. Willard & Spackman. *Terapia ocupacional*; Panamericana: Buenos Aires, Argentina, 2011.
10. Swarbrick, M.; Noyes, S. Effectiveness of occupational therapy services in mental health practice. *Am. J. Occup. Ther.* 2018, 72, 1–4.
11. Garvey, J.; Connolly, D.; Boland, F.; Smith, S. OPTIMAL, an occupational therapy led self-management support programme for people with multimorbidity in primary care: A randomized controlled trial. *BMC Fam. Pract.* 2015, 16, 59.
12. Clark, F.; Jackson, J.; Carlson, M.; Chou, C.; Cherry, B.; Jordan-Marsh, M.; Knight, B.G.; Mandel, D.; Blanchard, J.; Granger, D.A.; et al. Effectiveness of a lifestyle intervention in promoting the well-being of independently living older people: Results of the Well Elderly 2 Randomised Controlled Trial. *J. Epidemiol. Community Health.* 2011, 66, 782–790.
13. Rybski, D.; Israel, H. Impact of social determinants on parent sense of competence in mothers experiencing homelessness or housed poverty. *Am. J. Occup. Ther.* 2017, 71, 7111505143p1.
14. Fabrizi, S.; Hubbell, K. Promoting play participation and parent competence in early intervention: A program effectiveness study. *Am. J. Occup. Ther.* 2017, 71, 7111520312p1.

15. Comans, T.; Peel, N.; Cameron, I.; Gray, L.; Scuffham, P. Healthcare resource use in patients of the Australian Transition Care Program. *Aust. Health Rev.* 2015, 39, 411–416.
16. Martínez, M. Validez y confiabilidad en metodología cualitativa. *Paradigma* 2006, 27, 7–33.
17. Turcotte, P.L.; Carrier, A.; Roy, V.; Levasseur, M. Occupational therapists' contributions to fostering older adults' social participation: A scoping review. *Br. J. Occup. Ther.* 2018, 81, 427–449.
18. Berger, S.; Escher, A.; Mengle, E.; Sullivan, N. Effectiveness of health promotion, management, and maintenance interventions within the scope of occupational therapy for community-dwelling older adults: A systematic review. *Am. J. Occup. Ther.* 2018, 72.
19. Whipple, M.O.; Hamel, A.V.; Talley, K.M. Fear of falling among community-dwelling older adults: A scoping review to identify effective evidence-based interventions. *Geriatr. Nurs.* 2018, 39, 170–177.
20. Rappaport, J. *Community Psychology: Values, Research Action*; Holt, Rinehart & Winston: New York, NY, USA, 1997.
21. Braveman, B.; Bass-Haugen, J.D. Social justice and health disparities: An evolving discourse in occupational therapy research and intervention. *Am. J. Occup. Ther.* 2009, 63, 7–12.
22. Wilcock, A.; Townsend, E.A. Occupational terminology interactive dialogue. *J. Occup. Sci.* 2000, 7, 84–86.
23. Moruno, P.; Fernández, P. Análisis teórico de los conceptos privación, alienación y justicia ocupacional. *TOG (A Coruña)* 2012, 9, 44–68. Available online: (accessed on 3 January 2020).
24. Jarde, A.; Losilla, J.; Vives, J.; Rodrigo, M. Q-Coh: A tool to screen the methodological quality of cohort studies in systematic reviews and meta-analyses. *Int. J. Clin. Health Psychol.* 2013, 13, 138–146.
25. Mokkink, L.; Terwee, C.; Knol, D.; Stratford, P.; Alonso, J.; Patrick, D.; Bouter, L.M.; De Vet, H.C. The COSMIN checklist for evaluating the methodological quality of studies on measurement properties: A clarification of its content. *BMC Med. Res. Methodol.* 2010, 10, 10–22.
26. Ferreira, I.; Urrútia, G.; Alonso-Coello, P. Systematic reviews and meta-analysis: Scientific rationale and interpretation. *Rev. Esp. Cardiol.* 2011, 64, 688–696.
27. Harbour, R.; Miller, J. A new system for grading recommendations in evidence-based guidelines. *BMJ.* 2001, 323, 334–346.
28. Taylor, R.R. *Kielhofner's Research in Occupational Therapy: Methods of Inquiry for Enhancing Practice*, 2nd ed.; FA Davis: Philadelphia, PA, USA, 2017.
29. Tomlin, G.; Borgetto, B. Research pyramid: A new evidence-based practice model for occupational therapy. *Am. J. Occup. Ther.* 2011, 65, 189–196.
30. Berman, L.; Raval, M.; Goldin, A. Process improvement strategies: Designing and implementing quality improvement research. *Semin Pediatr. Surg.* 2018, 27, 379–385.
31. Manterola, C.; Otzen, T. Porqué investigar y cómo conducir una investigación. *Int. J. Morphol.* 2013, 31, 1498–1504.
32. Manterola, C.; Otzen, T. Sesgos en investigación clínica. *Int. J. Morphol.* 2015, 33, 1156–1164.
33. Sakellariou, D.; Pollard, N.; Kronenberg, F. Time to get political. *Br. J. Occup. Ther.* 2008, 71, 359.
34. Pickens, N.; Pizur-Barnekow, K. Co-occupation: Extending the dialogue. *J. Occup. Sci.* 2009, 16, 151–156.
35. Ramugondo, E.; Kronenberg, F. Explaining collective occupations from a human relations perspective: Bridging the individual-collective dichotomy. *J. Occup. Sci.* 2015, 22, 3–16.
36. Polatajko, H.J.; Townsend, E.A. *Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-Being & Justice Through Occupation*; Canadian Association of Occupational Therapists: Ottawa, ON, Canada, 2007.
37. Pino, J.; Ceballos, M. Terapia ocupacional comunitaria y rehabilitación basada en la comunidad: Hacia una inclusión sociocomunitaria. *Rev. Chil. Ter. Ocup.* 2015, 15, 1–15.
38. World Health Organization & International Disability Development Consortium. *Rehabilitación Basada en la Comunidad: Guías para la RBC*; World Health Organization: Genève, Switzerland, 2012.
39. Townsend, E.A. Muriel Driver Memorial Lecture: Occupational therapy's social vision. *Can. J. Occup. Ther.* 1993, 60, 174–184.