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The Occupational Therapy Toolbox

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In the previous chapter, we referred to an occupational therapy (OT) toolbox (Figure 3-1). The toolbox is a metaphor for a system to sort the various types of tools that occupational therapists have at their disposal. Like the toolbox of a carpenter, our toolbox helps us to find the tool that we need to be able to think about the client, the problem, and its context. Just like in carpentry, tools do not do the job by themselves, but they assist us to do it. It is possible to use a number of different tools to do the same job; however, the correct tool does the job best and makes it easiest. Conversely, one tool may have applications in a variety of different situations. Different workers will have preferences for particular tools, with which they are most comfortable and familiar. Some people try to use the same tool for every application. I am sure you have seen people use a screwdriver to take the lid off a paint tin, to pry two surfaces apart, or to scrape off old paint. On the other hand, I am sure you have seen people use a knife or a dime to do the job of a screwdriver. If the only tool you have is a hammer, it is amazing how every problem begins to look like a nail!

The carpentry metaphor demonstrates the flexibility of tools, but it also shows how tools become compromised when used in applications for which they were not intended. Occupational therapists have at their disposal a broad array of tools, some of which are more appropriate for specific occupational problems than others. Most occupational therapists have favorite tools, preferences usually based on the area in which therapists practice, the tools favored by their colleagues, the tools that were prevalent when they were educated, the accessibility of particular tools, and the opportunities available to learn more about the tools.

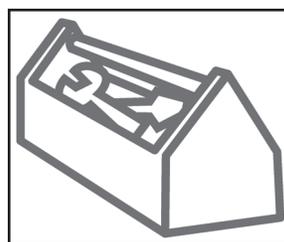


Figure 3-1. Toolbox.

OT tools may be separated into two main groups: tools to help us *understand occupation* and tools to help us *change occupation*. The former offer us ways to think about occupation, and the latter offer us ways to act therapeutically in relation to occupation. We call these two types of tools *conceptual models* and *models of practice*. Conceptual models help us think about occupation, what it is, what factors affect it, and what healthy and unhealthy occupation looks like. Conceptual models are made up of concepts, definitions, and principles about relationships between concepts. Models of practice help us act therapeutically to understand how occupation changes and how therapists may use this knowledge to help clients achieve their occupational goals.

Ideally, there should be relationships between conceptual models and models of practice; that is, we should be able to trace the link between the tools used for thinking about a client's problems (conceptual model) and the tools used for helping to overcome the problem (model of practice). A practice approach should reflect the conceptual ideas on which it is based. Assessments and interventions should mirror the understanding of occupation and human health on which they are based.