

Book reviews

Title: **Understanding Disability. A Guide for Health Professionals**

Authors:

Sally French [DipGradPhys DipTP BSc(Hons) MSc(Psych) MSc(Soc) PhD]

Associate Lecturer, Open University

John Swain [BSc(Hons) PGCE MSc PhD]

Chair of Disability and Inclusion, School of Health, Welfare and Education, Northumbria University, Newcastle, UK

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Paperback, 244 pages

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Understanding Disability aims to give student and practicing occupational therapists and physiotherapists a more advanced understanding of the issues of disability. Based on the field of disability studies the authors look specifically at the practice challenges for both able-bodied and disabled clinicians who work within the health system. *Understanding Disability* covers issues that are often considered to be common sense and are therefore not discussed in terms of practice concerns. The authors propose that a more advanced understanding of disability and related issues will assist in the development of best practice for occupational therapists and physiotherapists when they work in collaboration with disabled people on issues of relevance to their lives.

The book is structured in a clear format that is easy to read. This makes the information and issues presented easy to follow and engage with. As the issues in the book are rightly confronting for therapists the way in which the book is written will assist them to engage with these issues in a way that reduces defensive behaviour while enhancing critical thinking about key aspects of practice. The activities that the authors provide for students and clinicians to carry out are particularly helpful in assisting the reflective process. The fact that the authors themselves are disabled people enriches

the content presented in the book. They use a sensitive approach whilst they confront the issues that should matter most in practice for therapists.

Chapter One: What is critical reflection?

This chapter covers different frameworks for critical reflection. It moves to looking at different factors that complicate reflective practice and examines who should determine what best practice is. This challenges the traditional therapeutic relationship and sets the tone for the book that focuses on power relationships in practice throughout. The chapter provides helpful principles for establishing an “enabling relationships framework” for use in practice.

Chapter Two: What is disability?

This is an important chapter for examining the way disability is constructed. It takes the reader through different models of disability in discussing the different ways in which the problem of impairment is often understood and thus approached during intervention. The chapter advocates for the use of the social model of disability in practice although is critical in its approach. It introduces the reader to the affirmative model of disability which is a new notion both in the disabled people’s movement and in clinical practice. Particularly helpful is the discussion on what disability means in clinical practice and why it is important to understand the construct on a deeper level.

Chapter Three: How did we get here?

This chapter covers the historical development of therapeutic practice in relation to impairment and disability. It deconstructs for the reader underlying reasons for why we understand therapy in particular ways and how we might practice as a result. Although the chapter focuses on the historical context in the United Kingdom it alerts the reader to the role historical developments in health care and therapeutic practice have influenced the way disability is constructed and thus the way disabled people are often treated by



health care professionals. It focuses too on the influence of policy in practice.

Chapter Four: Servicing the body

Since the orientation of health care services have arisen due to the rise of the biomedical model through time this chapter provides a thorough critique of the development and use of this model in practice. It questions the place of the biomedical model and the way this model has shaped the lives of disabled people along with the practice of medical professionals and professions allied to medicine. It challenges the powerful place that this model holds in practice and its pervasive influence on approaches in practice.

Chapter Five: Disabled people's experience of health care

This is a particularly thought provoking chapter which covers disabled people's good and bad experiences of health care. As a non-disabled professional reading this chapter there were times when I felt ashamed to be affiliated to a profession which has in many instances practiced in ways that have been detrimental in the lives of disabled people. While the stories of disabled people's bad experiences are difficult to read the authors do well to contrast these experiences with the good experiences that disabled people have had when working with physiotherapists and occupational therapists. There is thus no blaming – rather, a space is created for reflection and learning around how to go about constructing a therapeutic relationship that is a benefit, instead of a hindrance for disabled people.

Chapter Six: The experiences of disabled health and caring professionals

A topic not often covered in academic texts this chapter provides insight for the reader into the lives and therapeutic practice of disabled health and caring professionals. It looks specifically at the complexities of therapeutic practice and the way that disabled professionals provide a unique benefit for the people with whom they work. The chapter also chronicles the challenges that disabled professionals must face when working with their non-disabled colleagues. The authors acknowledge that more research is needed in this field to understand the issues for disabled professionals more deeply.

Chapter Seven: Controlling services

This chapter examines the way that services for disabled people are controlled and the issues of power which need to be considered. Access to services is understood on a deeper political level and the role that disabled people's organisations play in providing services is discussed in terms of the benefit for those involved. The chapter ends by looking at ways in which the provision of services might be understood in a new light.

Chapter Eight: What is empowerment?

As a professional working in the development arena I found this chapter interesting while it provided practical advice for the re-examination of the concept of empowerment in professional practice. The discussion examining issues of power and disempowering factors helps to understand the concept of empowerment in new ways. The chapter provides helpful principles for therapists to consider in their practice. These principles challenge good intentions that are often disempowering so that professionals can reorient the way that they understand empowerment to emerge in practice.

Chapter Nine: What is partnership?

This chapter covers key notions of the use of the word 'partnership' in practice and whether or not the underlying philosophy of the idea of a partnership emerges when professionals work in partnership with disabled people. To frame the discussion the authors use the following powerful quote in reference to the use of the word 'partnership':

"Because it creates a vogue image and an aura of moral superiority, it offers protection against criticism. Yet the term lacks specificity and is a 'social aerosol' covering up the smell of conflict and conceptual division."

Mullender & Ward, 1991 as cited in French & Swain, 2008, p. 156

The chapter challenges therapists and disabled people to redefine how they work in partnership with relevant role players in ways that equalise power and are for the benefit of disabled people.

Chapter Ten: How do services meet diverse needs?

This chapter covers issues of diversity within disability. This is helpful in terms of conceptualising the way diversity might manifest and how diverse needs can be considered and addressed in practice.

Chapter Eleven: How do professionals find out?

This chapter moves to a broader discussion regarding disability research. The authors challenge the use of research that is done 'to' disabled people rather than 'with' them. The authors unpack concepts linked to participatory research and research with an emancipatory agenda.

Chapter Twelve: Reflecting back to reflect forward

This chapter summarises the journey that has been covered by the reader. The authors ask readers to consider their intentions in reading the book and to examine how their understanding of disability has changed and the ways in which this has been done. The authors end by reflecting forward in providing a hopeful vision of social change. They suggest that the collective struggle for social change be considered together with anti-discrimination legislation and national policy, the control of support and services for disabled people and broad social, cultural and economic change.

Relevance of this book for the South African context

As a clinical educator in the Division of Occupational Therapy in the School of Health and Rehabilitation Sciences at the University of Cape Town I found myself becoming particularly excited as I explored the content of this book in depth. The issues that are covered are of relevance in the South African context as the authors look critically at issues that disabled people face on a global level. Although many of the practice examples given by the authors themselves originate from the developed world the activities provided for reflection throughout means that the reader is challenged to understand these ideas/issues in their own context. The process that happens for the reader is thus enriching as they are forced to confront the issues that they may have not thought of previously in terms of the oppression that disabled people encounter due to working in 'disabling' systems with professionals who often 'disable' further. The fact that the book is focused specifically for occupational therapists and physiotherapists means that the examples provided are easy for occupational therapists to identify with.

I would recommend this book for use in occupational therapy education. It provides a perspective on disability that in my opinion has previously been lacking for students. The critical reflection on disability in practice will move students away from focusing only on the therapeutic space to issues of relevance in the broader context. The strategies provided in the book in terms of empowerment and the development of partnerships will also be particularly helpful for students as they begin to negotiate the boundaries of the professional relationship and professional practice.

Liesl Peters, BSc(OT)

Clinical Educator, Division of Occupational Therapy, School of Health and Rehabilitation Sciences, University of Cape Town

Title: Occupational Therapy and Mental Health (Fourth Edition)

Edited by:

Jennifer Creek (MSc Dip Cot FETC)

Freelance Occupational Therapist, North Yorkshire, UK

Lesley Lougher (BSc Soc Dip COT)

Freelance Occupational Therapist working in the voluntary sector, Peterborough, UK

Publisher: Churchill Livingstone Elsevier Limited

Publication Date: 2008

ISBN number: 978 0 443 10027 7

Price: Paperback, 601 pages

£39.99

This book serves as a textbook for occupational therapy students as well as occupational therapists working in the field of mental health. The aim of the book is to "build on the strengths of previous editions while adapting to changing circumstances and needs". It also serves to alert occupational therapists to the important changes in policies in the United Kingdom. Contributors include experienced clinicians and academics.

The book is divided into six sections and 30 chapters and includes commentary from persons who use occupational therapy services in some of the chapters. This provides insight and a critique on the profession from a service user's perspective.

The book content is presented as follows:

Section 1: Philosophy and Theory Base:

This section has three chapters, the first deals with a short history of occupational therapy in the field of psychiatry prior to and after the 19th century in primarily England, Scotland, and the United States of America. The second chapter gives an occupational perspective on mental health and well-being and covers topics such as terminology, factors contributing to mental health and ill health as well as occupational therapy and health promotion. The third chapter addresses the philosophical development of the modern profession, various theories of occupation and moving from occupational therapy theory to practice.

Section 2: The Occupational Therapy Process

Section 2 has four chapters which cover issues related to the scope practice and the population served by the occupational therapist, the skills of the therapist including clinical reasoning, the occupational therapy process and various frames of reference. It also addresses assessment and outcome measurement as well as planning and implementing occupational therapy intervention. Finally, this section addresses issues related to record keeping, including electronic records and access to information.

Section 3: Ensuring Quality

The three chapters in this section include information on clinical

governance and the clinical audit designed to improvement of patient care. It also addresses management and leaderships within an occupational therapy department, research, evidence-based practice and professional effectiveness.

Section 4: The Context of Occupational Therapy

This section consists of four chapters which address ethics, various influences on the roles of the occupational therapist, the developing student practitioner, promoting cultural awareness and transcultural occupational therapy practice.

Section 5: Occupations

Section 5 comprises six chapters which focuses on various aspects related to occupation, and the relationship between mental health and physical activity and enabling the client in a mental health setting to participate. Also covered is cognition and cognitive approaches in occupational therapy, the use of Cole's seven steps for client centred groups. Creative activities, play and the role thereof in the field of mental health, life skills and the occupational therapist's role in skills training are discussed.

Section 6: Client groups

The ten chapters in this section cover the various diagnoses, conditions and groups of clients, such as clients dealing with loss and grief, acute psychiatry, approaches to severe and enduring mental illness, aged people, child and adolescent mental health, learning disabilities, community mental health, forensic occupational therapy, substance misuse, working with marginalised populations and lastly discusses a political role for the occupational therapist.

Each chapter has a comprehensive list of references.

This book focuses on the service context in the United Kingdom and throughout the book reference is made to legislation of the United Kingdom and Scotland. Although it applies to the practice settings in the United Kingdom, it provides valuable insights to the international development of occupational therapy in the field of mental health as well as more recent concepts and developments in this field.

Although this book would not be a primary reference for training in South African, it provides valuable information for students and clinicians and would be very beneficial as an additional resource of information. It would be invaluable to clinicians wishing to practice abroad, particularly in the United Kingdom.

Reviewed by

MS van Niekerk

B.Arb (UP) Dip Voc Rehab (UP)

Occupational therapist: School of Achievement.

Title: Occupational Therapy Evidence in Practice for Mental Health

Edited by:

Cathy Long and Jane Cronin-Davis

Publisher: Blackwell Publishing

Soft Cover, 600 pgs

ISBN number: 1-4051-4666-4

Price: £26.99

Aim:

Evidence-based practice (EBP) and person-centred services in mental health are often mutually exclusive concepts. The editors and authors' aim is to address the challenges involved in providing scrupulous service when working with people with mental health difficulties. This is firstly done by using case studies in all the chapters. The occupational therapist's clinical expertise within a practice-relevant context is then supported by explicit evidence or alternative options most appropriate to the specific case discussion.

Content:

This is an interesting and highly readable book for anyone looking for evidence to support their work in the mental health field. Nine authors with diverse clinical backgrounds, and currently associated with four different tertiary training institutions in the United Kingdom (UK), contributed to this publication. Chapter 1 gives an overview of the contents of the book and tracks the most recent developments within mental health practice in the UK. The context of EBP is scrutinised and the inappropriateness of quantitative research (e.g. randomised controlled trials) in client-centred approaches is discussed. A five-level hierarchy for evidence is quoted where level V acknowledges/includes expert opinion (of health care professionals, service users and carers).

Chapter 2 provides an especially practical example of intervention involving one child and his family who are affected by ADHD. Chapter 3 commences with a literature review of the appropriate evidence relating to treatment protocols for the use of cognitive-



behavioural therapy (CBT) to enhance self-efficacy in managing major depression. Application of appropriate evidence is illustrated by means of a case example. In chapter 4 another approach is presented where psycho-social interventions (PSI) for schizophrenia are considered. A tabled account of PSI and an associated evidence base is followed by an interpretation of the use of the Canadian Occupational Performance Measure as a point of departure for a person-centred occupational therapy pathway.

Chapter 5 addresses the emotional and uncomfortable topic of childhood sexual abuse. As a result of the issues relating to control and authority, the KAWA (river) Model was applied in the case study. Chapter 6 illustrates the journey of a newly appointed occupational therapist working with a client with a personality disorder. Specific issues included are occupational alienation, deprivation and disruption – all associated with a forensic setting. This chapter also includes reference to the ICD 10 and DSM IV classification of personality disorders.

Chapters 6, 7 and 8 focus on persons with dementia. In chapter 6 the dual diagnosis of dementia and learning disabilities is considered while using Reed and Sanderson's 'Adaptation through occupation model' to guide the clinical reasoning process. Chapter

7 and 8 focus on institutional versus home care. Person-centred care in the different settings is carefully considered. Life-story work and the issue of independence in contrast to interdependence are highlighted. The role of reflexivity in EBP to address the subjective experiences of well-being for maintained personhood is put into perspective.

This book could easily be disregarded by South African occupational therapists because of its Eurocentric origin. It is, however, highly informative and practical. It could be of great value in the training of undergraduate students, specifically due to the inclusion of various approaches and models that are applied to guide critical reasoning in practice.

Reviewed by:

Dr Sanet du Toit

Part-time lecturer at the Department of Occupational Therapy, University of the Free State

Consultant Occupational Therapist at Ons Tuiste Residential Care Facility and Tshimologo Centre for Blind Adults

Title: Cognitive-Behavioural Interventions in Physiotherapy and Occupational Therapy

Edited By:

Marie Donaghy, PhD BA (Hons) FCSP ILTM, FHEA

Professor of Physiotherapy

Dean of School of Health Sciences

Queen Margaret University, Edinburgh, UK

Maggie Nicol, PhD MPhil FCOT Cert FE Dip COT

Professor of Occupational Therapy

Head of Occupational Therapy

Queen Margaret University, Edinburgh, UK

Kate Davidson, PhD CPsychol FBPsS

Professor of Psychology,

Director of Glasgow Institute of Psychosocial Interventions

University of Glasgow, Gartnavel Royal Hospital, Glasgow, UK

Publisher: Butterworth, Heinemann, Elsevier

ISBN number 13: 9780750688000

Pages: 176

Paperback

Price: 176

Publication Date: R876-00

This book aims to provide an evidence based guide to implementing cognitive-behavioural treatment techniques (CBT) in occupational therapy and physiotherapy. The recommendations made will assist therapists in using their expertise to help patients best understand their problems. Methods of working together to reach a shared understanding of how these can be best managed are described. The value of the clients understanding of their condition is taken into account and balanced with the therapist's intervention skill.

Evidence has shown that there are aspects of CBT which can be implemented across diagnoses but research findings also make it clear that there are important differences between clinical problems which require specific strategies to be flexibly applied. This book deals with a number of conditions commonly seen in practice, highlighting the specific approaches which have been found to be effective with each diagnosis.

This book is presented in two parts.

Part one introduces the concept of cognitive behavioural therapy and defines terminology and key concepts. Models of practice in both occupational therapy and physiotherapy are explored and case studies are provided to explain these models. The Model of Human Occupation (MOHO) is dealt with in detail. The main characteristics and common myths about CBT are discussed. The biomedical links between cognitions and behaviour are examined

with the relevant Neuroanatomy and Neurobiology associated with mood and emotion being well detailed. This section helps the reader gain a wider understanding of the complexities of the interaction between the brain, the body, beliefs, emotions and behaviour from a theoretical perspective.

Part two is more practical. Each chapter focuses on a specific problem and makes recommendations about the way in which cognitive behavioural interventions can be used to address each disorder. Diagnoses discussed include depression, anxiety, alcohol addiction, chronic pain and Fibromyalgia. The chapters are very well laid out and easy to read. Each chapter starts with an overview of the condition with references to recent research findings. An objective look at the efficacy of CBT for each condition is examined, using an evidence-based approach. Detailed case studies are provided together with a formulation of suggestions for therapy sessions.

This is a very practical and useful introductory text, which would benefit any therapist working with adult patients. Cognitive-behavioural therapy has an extensive evidence base and it is useful to therapists requiring a structured, time-limited psychosocial approach to therapy. The theoretical information and practical techniques provided in this book are relevant and applicable in the South African context.

Reviewed by:

Megan Spavins

BSc O.T. (Wits), Dip Voc Rehab (UP), Adv Dip OT (Wits)

OT in private practice

Title: Model of Human Occupation Theory and Application (Fourth edition)

Author/s:

Gary Kielhofner DrPH,OTR,FAOTA

Book details: Lippencott Williams and Wilkins (2008)
Soft Cover; 565 pages
ISBN number: 13: 978-0-7817-6996
10: 0-7817-6996-5
Price: R932.50

Aim:

With this new edition of the Model of Human Occupation (MOHO), Gary Kielhofner endeavours to provide a comprehensive overview of contemporary MOHO theory, application and research.

Content:

At last an encyclopaedia's worth on the Model Of Human Occupation (MOHO)! In addition to an extensive list of contributing authors, international case studies and photos from Jordan, Japan, Poland and even South Africa support the multinational and multicultural claims of this model. The first of the four sections in the book covers MOHO theory. The nine chapters comprising the first section do not only cover the basic concepts of the model, but also conclude with how the essence of doing and becoming supports occupational change and development.

The next four chapters in the second section of the book relate to the application of MOHO. Topics included are therapeutic reasoning, assessment, occupational engagement and therapeutic strategies for enabling change.

Section 3 focuses on various structured methods for gathering client information (using observation, self-reporting or interview assessments). Case studies supported by completed questionnaires provide detailed information.

Fourteen case illustrations are used in the fourth section of the book to illustrate the application of MOHO. The main focus of these cases is to demonstrate *'the nature of the therapist's reasoning, the actual course of intervention and the client's outcomes'*.

The final section of the book is a practical guide containing resources that could support an occupational therapist in applying and developing the use of MOHO in practice. It deals with matters relating to communication and discussion, programme development, evidence-based practice and MOHO-based research.

This book provides a wealth of information and could just as easily entice as it could divert interest. For those who have followed the development of MOHO with interest, it is encouraging to see that the human occupational issues from the developing world are acknowledged. It is, however, still debatable whether the contexts of the assessments are wholly applicable to many South African settings in which occupational deprivation dominates the focus of occupational therapy intervention. This is a debate that may not be entered into soon, as financial restrictions in most occupational therapy departments would deter access to the range of MOHO assessments available commercially.

Reviewed by:

Dr Sanet du Toit

Part-time lecturer at the Department of Occupational Therapy,
University of the Free State
Consultant Occupational Therapist at Ons Tuiste Residential Care
Facility and Tshimologo Centre for Blind Adults

