

5. Chiò A, Cocito D, Leone M, Giordana MT, Mora G, Mutani R, Piemonte and Valle d'Aosta register for Guillain-Barré Syndrome. Guillain-Barré Syndrome: A prospective, population-based incidence and outcome survey. *Neurology*, 2003; 60(7): 1146-1150.
6. McClellan K, Armeau E, Parish T. Recognizing Guillain-Barré Syndrome in the Primary Care Setting. *The Internet Journal of Allied Health Sciences and Practice*, 2007; 5(1):1-8.
7. Gonzalez-Suarez I, Sanz-Gallego I, de Rivera FJR, Arpa J. Guillain-Barre syndrome: Natural history and prognostic factors: A retrospective review of 106 cases. *BMC Neurology*, 2013; 13(95):1-6.
8. Govoni V, Granieri E. Epidemiology of the Guillain-Barré Syndrome. *Current Opinion in Neurology*, 2001; 14(5): 605-613.
9. Rajabally YA, Uncini A. Outcome and its predictors in Guillain-Barre syndrome. *Journal of Neurology, Neurosurgery and Psychiatry*, 2012; 83: 711-718.
10. Sulton LL. A multidisciplinary care approach to Guillain-Barré Syndrome. *Dimensions of Critical Care Nursing*, 2001; 20(1): 16-22.
11. Klein K, Boals A. The relationship of life event stress and working memory capacity. *Applied Cognitive Psychology*, 2001; 15(5): 565-579.
12. Shors TJ. Stressful experience and learning across the lifespan. *The Annual Review of Psychology*, 2006; 57: 55-85.
13. Blanco K, Cuomo N. From the other side of the bedrail: A personal experience with Guillain-Barré Syndrome. *Journal of Neurosurgical Nursing*, 1983; 15(6): 355-359.
14. Vargo JW. On counselling the physically disabled. *Canadian Journal of Counselling and Psychotherapy*, 2012; 13(1): 14-17.
15. Hirschberger G, Florian V, Mikulincer M. Fear and compassion: A terror management analysis of emotional reactions to physical disability. *Rehabilitation Psychology*, 2005; 50(3): 246-257.
16. American Occupational Therapy Association. Occupational therapy practice framework: Domain and process. *American Journal of Occupational Therapy*, 2002; 56(6): 609-639.
17. Koenig HG, Larson DB, Larson SS. Religion and coping with serious medical illness. *Annals of Pharmacotherapy*, 2001; 35(3): 352-359.
18. Hughes RAC, Wijdicks EFM, Benson E, et al. Supportive care for patients with Guillain-Barré Syndrome. *Archives of Neurology*, 2005; 62(8): 1194-1198.
19. Benditt JO. The neuromuscular respiratory system: physiology, pathophysiology, and a respiratory care approach to patients. *Respiratory Care*, 2006; 51(8): 829-837.
20. Laghi F, Tobin MJ. Disorders of the respiratory muscles. *American Journal of Respiratory and Critical Care Medicine*, 2003; 168(1): 10-48.
21. Forwell SJ, Copperman LF, Hugos L. Chapter 40: Neurodegenerative diseases. In Radomski MV, Trombly Latham CA (eds.). *Occupational Therapy for Physical Dysfunction*. 6th ed. Philadelphia: Lippincott, Williams & Wilkins, 2008.
22. Fan E. What is stopping us from early mobility in the intensive care unit? *Critical Care Medicine*, 2010; 38(11): 2254-2255.
23. Schweickert WD, Pohlman MC, Pohlman AS, Nigos C, Pawlik AJ, Esbrook CL, Spears L, Miller M, Franczyk M, Deprizio D, Schmidt GA, Bowman A, Barr R, McCallister KE, Hall JB, Kress JP. Early physical and occupational therapy in mechanically ventilated, critically ill patients: a randomised control trial. *Lancet*, 2009; 373(9678): 1874-1882.
24. Chaudhuri A, Behan PO. Fatigue in neurological disorders. *Lancet*, 2004; 363(9413): 978-988.
25. Garssen MPJ, Bussmann JBJ, Schmitz PIM, Zandbergen A, Welter TG, Merckies ISJ, Stam HJ, van Doorn PA. Physical training and fatigue, fitness, and quality of life in Guillain-Barre Syndrome and CIDP. *Neurology*, 2004; 63(12): 2393-2395.
26. Du Toit V. *Patient volition and action in occupational therapy*. 4th ed. Pretoria: The Vona and Marie du Toit Foundation, 2009.
27. Kielhofner G. *Conceptual foundations of occupational therapy*. 2nd ed. Philadelphia: FA Davis, 1997.
28. Kielhofner G. *Model of Human Occupation: Theory and Application*. 4th ed. Philadelphia: Lippincott, Williams & Wilkins, 2008.
29. Hinojosa J, Kramer P. Statement – Fundamental concepts of occupational therapy: Occupation, purposeful activity, and function. *American Journal of Occupational Therapy*, 1997; 51(10): 864-866.
30. Guidetti S, Tham K. Therapeutic strategies used by occupational therapists in self-care training: A qualitative study. *Occupational Therapy International*, 2002; 9(4): 257-276.
31. Law M, Cooper BA, Strong S, Stewart D, Rigby P, Letts L. The Person-Environment-Occupation Model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy*, 1996; 63(1): 9-23.
32. Baker SM, Marshak HH, Rice GT, Zimmerman GJ. Patient participation in physical therapy goal setting. *Physical Therapy*, 2001; 81(5): 1118-1126.
33. Baum CM, Law M. Occupational therapy practice: Focussing on occupational performance. *American Journal of Occupational Therapy*, 1997; 51(4) 277-288.
34. Donnelley C, Carswell A. Individualized outcome measures: A review of the literature. *Canadian Journal of Occupational Therapy*, 2002; 69(2):84-94.
35. Foster M. Skills for practice. In Turner A, Foster M, Johnson SE (eds.). *Occupational therapy and physical dysfunction: Principles, skills and practice*. 5th ed. London: Churchill Livingstone, 2002.
36. Royal E, Reynolds FA, Houlden H. What are the experiences of adults returning to work following recovery from Guillain-Barre syndrome? An interpretive phenomenological analysis. *Disability and Rehabilitation*, 2009; 31(22): 1817-1827.

### Corresponding author

**Shavaughn Brooks**  
shavaughnb@gmail.com

## POSITION PAPER

# Position statement on therapeutic group-work in occupational therapy Occupational Therapy Association of South Africa (OTASA)

## I. INTRODUCTORY STATEMENT OF THE PURPOSE OF THE PAPER

The purpose of this paper is to state OTASA's position on the way occupation-focused group-work relates to occupational therapy's scope of practice, with particular attention to mental health care. The position paper however still holds relevance for other areas of practice in the profession. The paper further serves to guide occupational therapists to define, plan, present and evaluate their groups. This statement however, does not preclude the use of other complementary frames of reference typically used in group therapy

in addition to an occupation-focused framework, for example developmental and psychodynamic approaches.

## 2. STATEMENT OF THE POSITION BEING TAKEN

The Occupational Therapy Association of South Africa (OTASA) affirms that occupational therapists are experts in the use of occupation as both a means and an end in facilitating health, and promoting participation in meaningful life roles. Occupation thus forms an integral part of occupational therapy group-work in all areas of occu-



pational therapy practice. The four criteria for occupation-focused groups that have emerged from occupational therapy group-work with specific reference to mental health-care practice are:

## 2.1 A focus on occupation

Group-work should address dysfunctional occupational performance area(s). In a mental health care setting, social participation is often problematic, impacting occupational performance areas such as play, schooling and work. The occupational therapist facilitates the group in such a way that each group member's poor social skills and impaired ability to build healthy interpersonal relationships, i.e. social participation<sup>1</sup>, are addressed. Irrespective of the theme that is presented, social skills are practiced when interaction is actively facilitated within the group context.

## 2.2 The group has a clear goal

A goal is selected according to group members' problem areas and needs. The goal can address psycho-social factors or any other underlying performance component that impacts negatively on occupational performance or participation in meaningful life roles.

## 2.3 An activity is presented

The term "activity" refers to any activity, task or occupation; for example games; pen-and-paper exercises; drama; drawing; participating in a craft activity; Activities of Daily Living; work. Once the occupational therapist has selected the goals for the group session, an appropriate activity(ies) is(are) selected which allows the goal to be achieved **through participation** in the activity(ies), **within** the group. Together, group members are provided an opportunity to practice selected skill(s), for example problem-solving and social skills **simultaneously within the Here-and-Now context**.

## 2.4 Questions are intentional and specific

The questions asked by the occupational therapist during a group, are used with a specific intention. They focus either on the problem areas identified, goal of the group selected, group dynamics displayed, specific behavior occurring **within** the group or any problem pertaining to occupational performance areas. Questions that focus on the "here-and-now" are recommended; "What?", "What impact?", "When?", "Whom in the group?" - emphasising group members' experiences within the group. These questions are powerful in that they facilitate reflection and insight into each group member's experience, problem areas and on the group dynamics, with ease, which then bridges to real life situations, informing future treatment goals.

If an occupational therapist's occupation-focused group-work meets all the above criteria, then she/he can be confident that his/her practice falls within the profession's scope and has something unique to offer patients.

## 3. SIGNIFICANCE OF THE POSITION PAPER TO OCCUPATIONAL THERAPY

This position paper is significant to occupational therapy as it emphasises occupation as the primary focus of practice. Clarity of occupation-focused group-work in occupational therapy, particularly in mental health settings, provides for a clearer description of role and the unique contribution made by occupational therapists in mental health care.

## 4. STATEMENT OF THE SIGNIFICANCE OF THE POSITION TO SOCIETY

This statement clarifies and highlights the unique contribution occupational therapists offer clients, particularly mental health care users, through occupation-focused group-work which centers on practically addressing occupational performance and/or participation in meaningful life roles.

## 5. CHALLENGES AND STRATEGIES

There are challenges that face the implementation of the position paper.

## 5.1 Dissemination and national progress

Strategies to raise awareness among occupational therapists nationally will include, among others; publication in the South African Journal of Occupational Therapy and requesting the Professional Board of Occupational Therapy, Medical Orthotics and Prosthetics and Arts Therapy, to evaluate whether the "Minimum Standards for the Training of Occupational Therapists" cover the above criteria sufficiently.

## 5.2 Research

Evidence-based research in occupation-focused group-work within occupational therapy practice is critical. Occupational therapy education and training programmes should encourage research in this area.

## 6. CONCLUSION

Occupational therapists have particular expertise and a set of skills which translate into a unique practice of group-work. Within mental health care settings, occupation-focused groups have emerged as one group practice specific to occupational therapy. While the uniqueness of occupation-focused groups transcends all areas of occupational therapy practice, community based occupational therapy -for example may have other forms of group-work not fully covered by the above guidelines. The unique characteristics of occupation-focused groups described in this position paper should give occupational therapists confidence in defining, planning, presenting and evaluating group-work as part of occupational therapy practice in all settings.

## REFERENCES

1. American Occupational Therapy Practice framework. *American Journal of Occupational Therapy*. 2008; Vol 62(6): 625-683.
2. Draft Scope of Profession and Practice Document for Occupational Therapy in South Africa.
3. Yalom, I.D. *The theory and practice of group psychotherapy*. 4<sup>th</sup> ed. Basic books. New York. 1995.

## ACKNOWLEDGEMENTS

- ❖ Ms Louis Fouche – the proponent for the current position statement.
- ❖ The Psychiatric Occupational Therapy (POTS) Group, OT-Grow and all occupational therapy programs in South Africa for giving input into the development of the position statement.

Date Ratified: 31/03/2014

