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Areas of Knowledge and Skills Essential to Occupational Therapists in Clinical Psychiatry --A Critical Study of 395 Performance Examples

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AREAS OF KNOWLEDGE AND SKILLS ESSENTIAL TO OCCUPATIONAL THERAPISTS IN CLINICAL PSYCHIATRY--A CRITICAL STUDY OF 395 PERFORMANCE EXAMPLES

by

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INTRODUCTION

Occupational therapy, an allied medical discipline, has experienced rapid growth in the slightly more than forty years of its existence. The impetus given to this field through the training of World War I reconstruction aides, the forerunners of professional occupational therapists, has been described by Willard and Spackman.[1] These authors state that the inauguration of the first collegiate training program took place at Milwaukee Downer College in 1913. By 1921 a national professional organization had been formed,[2] and by 1938 four schools of occupational therapy had been accredited, based on standards set up by the American Medical Association. Further expansion occurred during World War II.

According to West,[3] 1947 brought "a new national registration examination, the first textbook, the first master's degree course in our field and publication of our own official organ." Moreover, the period since World War II has been one of even more extensive growth. The number of approved occupational therapy curriculums in the United States increased to thirty-one by 1963. These figures do not include

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[1]Willard, Helen S. and Spackman, Clare S., Occupational Therapy. Philadelphia: J. B. Lippincott Company, 1947. pp. 1-3.

[2]loc. cit., p. 7.

[3]West, Wilma L., "Synthesis." The American Journal of Occupational Therapy, XII (July-August 1958), 226.

the mushrooming educational programs evolving in many foreign countries and those in this country awaiting American Medical Association approval.

The preparation of occupational therapists includes four years of undergraduate education leading to a bachelor's degree. Either incorporated in or in addition to academic courses, at least nine months of supervised work in clinical occupational therapy is required. Fulfillment of these prerequisites qualifies new graduates for taking the American Occupational Therapy Association registration examination and acquiring the title of Registered Occupational Therapist. Of the clinical affiliation period twelve weeks must be spent in psychiatry.

Although the educational system produces many well prepared occupational therapists, certain discrepancies between educational background and the requirements for clinical work exist. Azima and Wittkower state[1], "As happens so often in rapidly growing disciplines there has been a time lag between the development of modern psychiatry and the development of occupational therapy." Moreover, occupational therapy must follow the changing concepts in psychiatry, which in itself is a rapidly changing field. According to Ham[2], "The striking growth in the past two decades of psychiatry as a medical specialty needs little documentation." Therefore, curriculums must be revised frequently in order to keep pace with the requirements of clinical work in psychiatry.

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[1]Azima, H. and Wittkower, E.D., "A Partial Field Survey of Psychiatric Occupational Therapy." The American Journal of Occupational Therapy, XI (January-February 1957), 6.

[2]Ham, George C., "Psychoanalysis and Medical Education." Current Psychiatric Therapies, I Masserman, Jules H. (ed.) New York: Grune and Stratton, 1961. p. 125

The committees on education of the American Occupational Therapy Association have discussed repeatedly the need for better coordination between education and clinical practice. A specific attempt to study these differences in more detail has been made by the staff of the American Occupational Therapy Association Curriculum Study Project, henceforth identified as the Curriculum Study Survey. The goals of this study were defined in a report[1] issued in June, 1959, as follows:

> The AOTA has had, as one of its major objectives for several years, the initiation of such a curriculum evaluation to test and determine how effectively the present occupational therapy curriculum is integrated with current clinical practice. It is felt that such a study is the best way to determine how effectively the present occupational therapy curriculum is integrated with current clinical practice. It is felt that such a study is the best way to determine whether or not it adequately furnishes the students with skills and knowledge required of occupational therapists in their day-to-day performance in patient treatment.

Literature concerning the content of specific curriculums is available to a limited extent in university catalogues, course outlines and similar publications. However, corresponding information about clinical practice is not readily at hand and many variations exist from center to center in that the staff of each clinical center makes use of basic psychiatric theory according to the beliefs of its own medical authorities. The material collected by the Curriculum Study Survey staff is a valuable effort to overcome the drawback presented by the lack of systematically secured data regarding specific curriculums and the details of clinical practice.

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[1]American Occupational Therapy Association, Curriculum Study Project, A Report Prepared by the Curriculum Study Project Staff. New York: American Occupational Therapy Association, June 1959. p. 1.

STATEMENT OF THE PROBLEM

Concern has been expressed frequently by both educators and clinical personnel in professional meetings about the apparent discrepancy between the education of occupational therapists and the requirements of psychiatric clinical practice. An attempt will be made in this thesis to discern and enumerate areas of knowledge and skills essential to the practice of clinical occupational therapy in psychiatry without regard to the specific schools of psychiatric thought dominating various settings in the hope that the data may serve as a basis for suggested curriculum changes.

PREVIOUS INVESTIGATIONS

Search of the Literature

Search of the literature disclosed four studies concerned with the functioning of occupational therapists in psychiatry. The Allenberry Conference[1] in 1956 made specific recommendations for the education of occupational therapists at both the academic and clinical levels. One year later Azima and Wittkower[2] published the results of their field survey concerning "the extent of dynamic orientation of occupational therapy and the degree of participation of the occupational therapist in the therapeutic team." A third investigation completed by Conte and Shimota[3] in 1961 dealt with responses made by patients, occupational therapists and psychiatrists regarding their views of occupational therapy in reply to a questionnaire sent out by the American Psychiatric Association Subcommittee on Occupational Therapy.

A fourth project, the Curriculum Study Survey[4], has been concerned with the specific consideration of areas of knowledge and

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[1]West, Wilma L. (ed.), Changing Concepts and Practices in Psychiatric Occupational Therapy. New York: The American Occupational Therapy Association, 1959. pp. 181-4.

[2]Azima and Wittkower, op. cit., p. 2.

[3]Conte, William R. and Shimota, Helen E., "The Relationship Between Psychiatry and Occupational Therapy." The American Journal of Occupational Therapy, XVI (May-June 1962), 119-23.

[4]American Occupational Therapy Association, Evaluation of the Occupational Therapy Curriculum Through an Assessment of Current Clinical Practice and Instructional Procedures. A Nine-Month Progress Report. New York: American Occupational Therapy Association, 1961.

skills used by occupational therapists in clinical practice. Several reports issued by the project staff involve evaluation of the data obtained from the examples of performance written by therapists working in clinical psychiatry, i.e., the same material that forms the basis of this thesis. The data, a portion of a larger study, lend themselves readily to further analysis. Johnson[1] developed course material and instruction methods to be used in teaching personnel administration to undergraduate occupational therapy students. Another study was made by Peters[2] who completed a taxonomy of dynamics of psychiatric illness. In an area in which limited specific information is available, additional investigations are in order.

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[1]Johnson, Jerry. Development of Course Material to be Used in Teaching Elements of Personnel Administration to Undergraduate Occupational Therapy Students and Selection of Methods to be Employed in Teaching These Elements of Administration. Report for Course in Personnel Administration. New York: American Occupational Therapy Association, 1961.

[2]Peters, Diane. Dynamics of Psychiatric Occupational Therapy--A Taxonomy (Incomplete) (Thesis) New York: American Occupational Therapy Association, 1961.

The American Occupational Therapy Association Curriculum Study Project

The data for this thesis were made available to the author through the American Occupational Therapy Association Curriculum Study Project. Further explanation of that study, therefore, is in order.

In October, 1958, a special project entitled, "An Evaluation of the Occupational Therapy Curriculum Through an Assessment of Current Clinical Practice and Instructional Procedures," was implemented by the American Occupational Therapy Association upon the receipt of a National Foundation grant. The purpose of the survey, as expressed by the survey staff[1], has been "the development of appropriate content and methodology as a means of assuring a functional occupational therapy curriculum." The work of the survey was divided into three major phases: (1) occupational therapy schools survey, (2) student affiliation center survey, and (3) analysis of practice.

The analysis of practice phase was patterned[2] after the "Critical Incident Technique . . . method developed by Flanagan and others to examine important elements of job performance." The procedure involves collection of a large number of descriptions of successful and unsuccessful performance prepared by individuals representing a cross section of occupational therapy practice.

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[1]American Occupational Therapy Association, Content Analysis of Performance Examples Gathered in Accordance with Occupational Therapy Functions. New York: American Occupational Therapy Association, 1961, p. 1.

[2]American Occupational Therapy Association, Job Analysis Survey--Manual for Use of the Critical Incident Technique. New York: American Occupational Therapy Association, 1959, p. 1.

A determination of the relevance of curriculum content is possible through study of the resultant data. As stated in the Job Analysis Survey Manual[1],

> The use of the Critical Incident Technique can provide information from a much larger number of occupational therapists and jobs than would be possible by the use of observation interviews alone . . . It means that information can be collected by people who are not trained in the methods of job analysis. Finally, and most significantly, it offers a fairly objective and rational means of determining what therapists need to know. Information pertinent to knowledge, skill and personal requirements is derived from performance.

Information drawn from the incidents is to be compiled with data collected through personal interviews with working therapists.

The majority of incidents were written by registered occupational therapists following an orientation to the Critical Incident Technique. It was requested by the project staff[2] that example writers "make a conscious effort to sample a broad range of occupational therapy function." Incidents were to be drawn from the various aspects of patient treatment including such factors as relationships with referring physicians and other departments. The many administrative and educational duties of clinical occupational therapists also were to be represented by incidents. It was not expected however, that any one group of occupational therapists could cover fully all areas of occupational therapy performance, but each of the twenty working groups were requested to write at least twenty-five incidents or more and to cover a fair range of duties.

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[1] ibid.

[2] loc. cit., p. 1-2.

In order to qualify for consideration in the Curriculum Study Survey, incidents had to meet the following requirements: (1) have occurred within the past two years, (2) be important and relevant, (3) be descriptions of performance that is particularly effective (successful) or ineffective (unsuccessful), (4) give details of specific behavior and indicate clearly the intent, what was done and the results, (5) be detailed factual occurrences, not impressions, generalizations or opinions, (6) make clear inferences regarding the competency of the therapist concerned, and (7) describe only performance of qualified occupational therapists in clinical work either based on the activities of the example writer himself or another qualified occupational therapist. (Appendix)

The curriculum implications indicated by each incident writer were objectively analyzed by another group of registered occupational therapists. Knowledge and skills required to function or that should have been employed were recorded. An outline composed of six lists of knowledge and skills was supplied as a guide for the example evaluators. (Appendix)

Study of the data collected resulted in several reports made by the Curriculum Study Survey staff. However, no final report has been made to date.

Of the 459 examples of performance in psychiatric occupational therapy collected as part of the analysis of practice phase of the Curriculum Study Survey, 395 were used in this thesis. Situations that occurred between 1958 and 1960 exclusively are recorded. Therefore, only conditions prevailing at that time are reflected.

In view of rapid changes and new developments in the field of psychiatry, a similar survey taken in 1963 might result in a different picture. However, the basic factors stressed in the Curriculum Study Survey staff reports and in this thesis are still valid.

METHOD OF STUDY

Selection and Presentation of Material

Descriptions of performance of occupational therapists in clinical psychiatry were obtained from the Curriculum Study Survey. Upon examination of the 459 examples of performance, it was decided to use only descriptions written by registered occupational therapists whose years of experience were recorded. Sixty-four performance examples fail to meet the above criteria and were omitted from this study. Authors of the discarded examples included occupational therapy students, registered occupational therapists whose exact experience was not recorded and therapists from related disciplines. The remaining 395 examples are the basis of this thesis.

Two hundred forty-seven therapists consider their own performance effective. One hundred forty-eight writers describe situations and incidents they deem are ineffectively handled. Since the author of this thesis disagrees in many instances with the writers' evaluations, the examples are re-evaluated and the level of performance described as "high", "average" or "low". The previous curriculum analysis is incomplete for many performance examples. Therefore, an additional listing of knowledge and skills employed or that should have been used is presented.

One plan of data study, applied originally and later discarded, involved the use of a predetermined listing of knowledge and skills believed to be needed in psychiatric occupational therapy based on the author's personal experience. Areas of knowledge and skills

determined from the examples of performance were classified under the predetermined headings. However, the choice of another system of analyzing the data seemed to be indicated since the predetermined factors themselves were inclined to influence the examiner's interpretation of the material under study.

The following method of data study is employed in this study: The 395 performance examples are sorted into 13 groups based on the number of years of experience of the example writer and each one is studied carefully. Areas of knowledge and skills are recorded that either are employed in the described clinical situations or that should have been employed by the example writer, in the opinion of the author. Upon completion of the examination of all 395 examples, the areas of knowledge and skills listed seem to fall into two major categories, each with three subdivisions:

I. Knowledge
   - A. Psychiatric Knowledge
   - B. Knowledge of Related Sciences
   - C. Knowledge of Miscellaneous Subjects

II. Skills
   - A. Personal Skills
   - B. Psychiatric Skills
   - C. Administrative Skills

A more detailed outline based on this breakdown appears on pages 18-21.

A table of areas of knowledge and skills employed is prepared for each of thirteen groups of example writers. Data from the performance example writers whose professional experience is one to ten years are grouped in ten separate tables. (Tables 1-10) On each table are listed areas of knowledge and skills used as well as those that should have been used in descending order of frequency of

occurance. Equivalent tables are given for data gathered from the examples of writers with 11-15, 16-20, and 21-30 years of experience. (Tables 11, 12 and 13) In addition, a table summarizing the resulting 13 tables is presented. (Table 14)

The concordance of the example writers' evaluations of their own performance with the rating assigned by the author is given in another table. (Table 15) Two other tables list the frequency with which each item of knowledge or skill is applied. (Tables 16 and 17) A discussion of all tables appears on pages 72-88.

Specific patterns determined from study of the data are enumerated on pages 89-93. Additional conclusions of a more general nature developed out of further examination of the tables are given. Areas for further study are suggested.

Inherent Limitations

Mann[1] states that "when we look at the total behavior of the human judge as he attempts to predict a future event, it is important to know about as many factors as possible which influence his final decision." In order to attach appropriate value to the information set forth in this thesis, the following limitations should be kept in mind:

1. Registered occupational therapists who wrote the performance examples were asked to record those incidents performed especially well, or those involving a missed opportunity to do something particularly effective, or to write a description of the wrong thing having been done. As a result, it can be speculated that only the more dramatic and unforgettable situations are described. Therefore, it is doubtful that the knowledge and skills gleaned from such examples will represent average occupational therapy practice.

2. A wide variation in personal judgment exists in regard to both the selection of each incident and its classification by the example writer as either "effective" or "ineffective." Personal opinion also enters into the evaluation being made by the author of this thesis of each example writer's performance.

3. In many examples it is not clear whether the interaction described is based on a team treatment plan, a doctor's advice, the occupational therapist's past experience, or instinct or other factors.

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[1]Mann, Richard D., "A Critique of P. E. Meehl's Clinical Versus Statistical Prediction." Behavioral Science, I (1956), p. 229.

4. The role the therapist's own feelings play in promoting or inhibiting the interpersonal relations described is not clearly stated in many examples. Frequently the extent to which the therapist's own needs influenced his actions is not made clear.

5. A number of descriptions of performance are written in brief form and/or in confusing terminology in which many relevant factors are not mentioned, thereby making it difficult for the examiner to discern the kinds of knowledge and skills used.

6. The system of data collection permits the inclusion of several examples written by the same author, thereby strongly distorting the evaluation. In a small sample, one author's contribution consisting of several poor performance examples can lower the performance level of the entire group.

7. Possibly some of the areas of knowledge and skills in the performance examples are overlooked. However, it is assumed that the most important elements are sufficiently evident and are properly recorded.

8. The fact that both the nature of the data and the analysis method are subjective should be kept in mind.

DATA

General Remarks

The tables and explanations in the following pages will be concerned with areas of knowledge and skills demonstrated by the registered occupational therapists who wrote 395 of the psychiatric performance examples collected by the Curriculum Study Survey staff. As was mentioned previously, of the 459 performance examples collected, 64 examples do not fulfill the criteria established for this thesis, i.e., only examples written by registered occupational therapists whose length of experience is recorded are selected for study.

Therapists' performance with respect to administration and supervision will be listed in the tables. However, only brief mention of these two topics will be made in the text because previous work[1] has dealt with both factors.

Since all the examples deal with a personal interaction of two or more persons, it could be said that "Ability to communicate" and "Ability to relate" are involved in every one of the 395 examples. However, for charting purposes, these skills are listed only if they are significant factors in the evaluation of a writer's performance. It can also be assumed that the knowledge of basic psychology is essential as theoretical background for all of the performance example writers.

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[1]Johnson, op. cit.

Table 18, a breakdown of the adequacy of performance in psychiatric theory, is to be found on page 72. Since there are relatively few data covering the experience range from 11 to 30 years, two periods of 5 years and one period of 10 years were grouped into Tables 11, 12 and 13.

Breakdown of Areas of Knowledge and Skills by Subject

Lists of factors derived from the performance examples have been studied in order to determine similarities and differences. As a result of close scrutiny two categories appear, namely, Areas of Knowledge and Skills.

The Areas of Knowledge fall into three categories: (1) Psychiatric Knowledge--items specifically concerned with the knowledge of the principles of psychiatric patient treatment and the understanding of the dynamic aspects of mental illness, (2) Related Sciences--items indicating familiarity with sciences primarily of a medical nature, for example, Anatomy and Neurology, and (3) Miscellaneous Subjects--items which neither fall into existing categories nor form classifications of their own but are factors of some significance in psychiatric clinical practice.

Skills also fall into three categories: (1) Psychiatric skills--items based on psychiatric knowledge but involving some ability to apply such knowledge to specific patient treatment situations, (2) Personal skills--abilities closely associated with the personality of the occupational therapist and his capability to adapt his assets and liabilities to effective patient treatment, and (3) Administrative and Supervisory skills--items concerned with planning and directing staff and patient activities as well as routine office procedures.

Several items in all sections of the outline might be placed with equal conviction under another outline heading, for example, the item regarding the ability to accept responsibility. However, it has been necessary to make arbitrary decisions in these instances.

A complete listing of areas of knowledge and skills used in psychiatric occupational therapy is not given. Only items employed by performance example writers are recorded.

Study of the following Breakdown of Areas of Knowledge and Skills is recommended as background information for better understanding of the tables and explanation in the pages that follow.

I. Areas of Knowledge

A. Psychiatric

1. Psychiatric theory, principles of treatment and dynamics of mental illness

a. Theory and techniques of psychotherapy

b. Theory and techniques of group psychotherapy

c. Somatic therapies

d. Milieu therapy and therapeutic community concepts

B. Related Sciences

1. Anatomy

2. General medicine and surgery

3. Kinesiology

4. Neurology

5. Orthopedics

6. Psychology

C. Miscellaneous Subjects

1. Administration

2. Arts and crafts

3. Community resources

4. English

5. Foreign languages

6. Group dynamics and techniques

7. Growth and development

8. Legal aspects of psychiatric occupational therapy

9. Motivation theory and techniques

10. Pre-vocational testing methods

11. Rehabilitation techniques and/or activities of daily living

12. Research methods

13. Supervision

14. Volunteer management

II. Skills

A. Psychiatric

1. Ability to carry out supportive treatment

2. Ability to contribute to psychiatric evaluations

3. Ability to grasp some of the underlying meanings of behavior

4. Ability to handle various types of abnormal behavior

5. Ability to interpret occupational therapy

6. Ability to make and follow a therapeutic plan

7. Ability to keep patient as foremost factor in treatment

8. Ability to understand and adhere to safety and treatment precautions

9. Awareness of cultural differences in behavior

B. Personal

1. Ability to communicate

a. Ability to read, write and evaluate written reports

b. Advertising techniques

c. Coordination with staff of related disciplines

d. Journalism techniques

e. Public speaking techniques

f. Teaching techniques

2. Ability to observe accurately and acutely including ability to assess and accept level of functioning of others

3. Ability to relate including ability to convey a sincere desire to help

4. Ability to set an example of normal behavior

5. Ability to think and reason

a. Adaptability

b. Imagination and/or originality

c. Judgment

6. Awareness and acceptance of own motivation, reactions and effect on others including ability to assume authority appropriately

7. Awareness of professional behavior and ethics

8. Leadership techniques

C. Administrative and Supervisory

1. Ability to accept responsibility

2. Ability to do post-hospital planning and follow-up

3. Ability to recognize and handle problems

4. Ability to use self-government techniques

5. Interviewing and counseling techniques

6. Orientation techniques

TABLE 1

FREQUENCY OF USE OF KNOWLEDGE AND SKILLS
AND ADEQUACY OF PERFORMANCE OF
89 OCCUPATIONAL THERAPISTS
EXPERIENCE: 1 YEAR

Knowledge or Skill	Adequate	Inadequate	Total
Ability to communicate	32	26	58
Ability to handle various types of abnormal behavior	38	17	55
Psychiatric theory, principles of treatment and dynamics of mental illness	11	35	46
Arts and crafts	40	5	45
Administration	27	16	43
Awareness and acceptance of own motivation, reactions and effect on others	. .	41	41
Supervision	8	24	32
Ability to relate	24	8	32
Teaching techniques	24	7	31
Coordination with staff of related disciplines	19	10	29
Growth and development	23	. .	23
Ability to grasp some of the underlying meanings of behavior	13	6	19
Ability to make and follow a therapeutic plan	9	10	19
Adaptability	13	5	18
Ability to assume authority appropriately	9	8	17
Ability to assess and accept level of functioning of others	10	4	14

TABLE 1 --Continued

Knowledge or Skill	Adequate	Inadequate	Total
Group dynamics and techniques	7	7	14
Ability to read, write and evaluate written reports	7	7	14
Ability to observe accurately and acutely	2	11	13
Ability to understand and adhere to safety and treatment precautions	2	10	12
Ability to carry out supportive treatment	8	1	9
General medicine and surgery	7	. .	7
Ability to convey a sincere desire to help	4	4	8
English	. .	6	6
Orientation techniques	1	4	5
Ability to contribute to psychiatric evaluations	3	1	4
Somatic therapies	2	2	4
Ability to think and reason	2	2	4
Ability to accept responsibility	2	2	4
Ability to do post-hospital planning and follow-up	4	. .	4
Theory and techniques of psychotherapy	2	1	3
Motivation theory and techniques	3	. .	3
Neurology	3	. .	3
Imagination and/or originality	2	1	3
Leadership techniques	2	. .	2

TABLE 1--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Awareness of cultural differences in behavior	2	. .	2
Community resources	. .	2	2
Ability to recognize and handle problems	1	1	2
Ability to interpret occupational therapy	1	. .	1
Foreign languages	1	. .	1
Interviewing and counseling techniques	1	. .	1
Journalism techniques	1	. .	1

TABLE 2

FREQUENCY OF USE OF KNOWLEDGE AND SKILLS
AND ADEQUACY OF PERFORMANCE OF
45 OCCUPATIONAL THERAPISTS
EXPERIENCE: 2 YEARS

Knowledge or Skill	Adequate	Inadequate	Total
Ability to communicate	30	11	41
Psychiatric theory, principles of treatment and dynamics of mental illness	9	21	30
Administration	18	7	25
Arts and crafts	21	3	24
Ability to handle various types of abnormal behavior	16	7	23
Awareness and acceptance of own motivation, reactions and effect on others	. .	21	21
Teaching techniques	16	5	21
Ability to relate	12	3	15
Ability to assume authority appropriately	9	5	14
Supervision	8	6	14
Ability to make and follow a therapeutic plan	8	5	13
Ability to observe accurately and acutely	8	5	13
Ability to assess and accept level of functioning of others	11	2	13
Coordination with staff of related disciplines	9	2	11
Growth and development	9	2	11

TABLE 2--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Adaptability	10	. .	10
Ability to read, write and evaluate written reports	2	8	10
Ability to grasp some of the underlying meanings of behavior	3	6	9
Ability to convey a sincere desire to help	7	2	9
Ability to think and reason	6	2	8
Group dynamics and techniques	6	2	8
Ability to understand and adhere to safety and treatment precautions	5	2	7
Awareness of professional behavior and ethics	1	5	6
General medicine and surgery	3	1	4
Orientation techniques	2	1	3
Imagination and/or originality	3	. .	3
Motivation theory and techniques	3	. .	3
Ability to interpret occupational therapy	1	2	3
Theory and techniques of psychotherapy	2	. .	2
Public speaking techniques	1	1	2
Community resources	2	. .	2
English	1	1	2
Interviewing and counseling techniques	2	. .	2
Judgment	. .	1	1

TABLE 2--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Somatic therapies	1	. .	1
Leadership techniques	1	. .	1
Ability to set an example of normal behavior	1	. .	1
Ability to contribute to psychiatric evaluations	1	. .	1
Ability to carry out supportive treatment	1	. .	1
Journalism techniques	1	. .	1
Legal aspects of psychiatric occupational therapy	1	. .	1
Rehabilitation techniques and/or activities of daily living	1	. .	1
Volunteer management	1	. .	1
Kinesiology	1	. .	1
Anatomy	1	. .	1

TABLE 3

FREQUENCY OF USE OF KNOWLEDGE AND SKILLS
AND ADEQUACY OF PERFORMANCE OF
49 OCCUPATIONAL THERAPISTS
EXPERIENCE: 3 YEARS

Knowledge or Skill	Adequate	Inadequate	Total
Ability to communicate	30	8	38
Psychiatric theory, principles of treatment and dynamics of mental illness	18	13	31
Administration	26	1	27
Arts and crafts	20	. .	20
Ability to relate	14	4	18
Supervision	15	2	17
Awareness and acceptance of own motivation, reactions and effect on others	6	11	17
Teaching techniques	13	3	16
Ability to handle various types of abnormal behavior	15	1	16
Ability to make and follow a therapeutic plan	10	4	14
Coordination with staff of related disciplines	12	. .	12
Ability to observe accurately and acutely	7	5	12
Adaptability	9	3	12
Motivation theory and techniques	12	. .	12
Ability to assess and accept level of functioning of others	9	2	11
Ability to assume authority appropriately	7	2	9

TABLE 3--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Orientation techniques	4	5	9
Ability to understand and adhere to safety and treatment precautions	7	1	8
Ability to convey a sincere desire to help	7	1	8
Ability to read, write and evaluate written reports	6	2	8
Ability to grasp some of the underlying meanings of behavior	6	1	7
Group dynamics and techniques	7	. .	7
Ability to recognize and handle problems	5	2	7
Ability to think and reason	6	. .	6
Ability to carry out supportive treatment	4	1	5
Growth and development	4	. .	4
Theory and techniques of psychotherapy	3	1	4
Ability to keep patient as foremost factor in treatment	. .	3	3
Public speaking techniques	1	. .	1
Foreign languages	1	. .	1
Interviewing and counseling techniques	1	. .	1
Ability to do post-hospital planning and follow-up	1	. .	1
Judgment	1	. .	1

TABLE 3--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Rehabilitation techniques and/or activities of daily living	1	. .	1
Pre-vocational testing methods	1	. .	1
English	. .	1	1

TABLE 4

FREQUENCY OF USE OF KNOWLEDGE AND SKILLS
AND ADEQUACY OF PERFORMANCE OF
47 OCCUPATIONAL THERAPISTS
EXPERIENCE: 4 YEARS

Knowledge or Skill	Adequate	Inadequate	Total
Ability to communicate	21	10	31
Psychiatric theory, principles of treatment and dynamics of mental illness	14	15	29
Supervision	20	8	28
Awareness and acceptance of own motivation, reactions and effect on others	5	18	23
Administration	22	1	23
Coordination with staff of related disciplines	14	7	21
Ability to make and follow a therapeutic plan	11	5	16
Growth and development	16	. .	16
Teaching techniques	13	2	15
Ability to assess and accept level of functioning of others	12	3	15
Arts and crafts	13	1	14
Ability to relate	14	. .	14
Ability to assume authority appropriately	8	5	13
Ability to think and reason	6	6	12
Ability to handle various types of abnormal behavior	9	2	11
Ability to grasp some of the underlying meanings of behavior	6	4	10

TABLE 4--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Group dynamics and techniques	9	1	10
Ability to convey a sincere desire to help	10	. .	10
Orientation techniques	2	7	9
Judgment	3	6	9
Ability to read, write and evaluate written reports	4	5	9
Ability to observe accurately and acutely	4	4	8
Ability to understand and adhere to safety and treatment precautions	2	4	6
Rehabilitation techniques and/or activities of daily living	6	. .	6
Adaptability	5	. .	5
Ability to contribute to psychiatric evaluations	2	3	5
Leadership techniques	4	1	5
Community resources	4	. .	4
General medicine and surgery	4	. .	4
English	. .	4	4
Motivation theory and techniques	1	2	3
Ability to keep patient as foremost factor in treatment	1	1	2
Ability to recognize and handle problems	2	. .	2
Imagination and/or originality	1	1	2

TABLE 4--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Pre-vocational testing methods	2	. .	2
Public speaking techniques	2	. .	2
Somatic therapies	1	1	2
Theory and techniques of group psychotherapy	1	. .	1
Ability to carry out supportive treatment	1	. .	1
Ability to set an example of normal behavior	1	. .	1
Foreign languages	1	. .	1
Awareness of cultural differences in behavior	1	. .	1
Research methods	1	. .	1

TABLE 5

FREQUENCY OF USE OF KNOWLEDGE AND SKILLS
AND ADEQUACY OF PERFORMANCE OF
36 OCCUPATIONAL THERAPISTS
EXPERIENCE: 5 YEARS

Knowledge or Skill	Adequate	Inadequate	Total
Ability to communicate	22	8	30
Administration	21	1	22
Supervision	19	3	22
Psychiatric theory, principles of treatment and dynamics of mental illness	11	9	20
Awareness and acceptance of own motivation, reactions and effect on others	11	9	20
Ability to assume authority appropriately	11	6	17
Coordination with staff of related disciplines	13	1	14
Ability to relate	13	1	14
Arts and crafts	11	1	12
Group dynamics and techniques	7	5	12
Ability to make and follow a therapeutic plan	11	1	12
Teaching techniques	10	1	11
Ability to assess and accept level of functioning of others	8	3	11
Ability to read, write and evaluate written reports	8	2	10
Ability to observe accurately and acutely	7	3	10

TABLE 5--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Ability to think and reason	6	3	9
Ability to understand and adhere to safety and treatment precautions	4	4	8
Ability to handle various types of abnormal behavior	6	1	7
Ability to recognize and handle problems	5	1	6
Ability to convey a sincere desire to help	4	1	5
Adaptability	3	2	5
Ability to contribute to psychiatric evaluations	4	1	5
Ability to interpret occupational therapy	3	1	4
Ability to accept responsibility	3	1	4
Judgment	4	. .	4
Growth and development	3	. .	3
Community resources	3	. .	3
Ability to set an example of normal behavior	3	. .	3
Leadership techniques	2	1	3
Ability to use self-government techniques	2	1	3
Imagination and/or originality	3	. .	3
Ability to grasp some of the underlying meanings of behavior	2	. .	2
Neurology	2	. .	2

TABLE 5--Continued

Knowledge or Skill	Adequate	Inadequate	Total
General medicine and surgery	2	. .	2
English	1	1	2
Pre-vocational testing methods	2	. .	2
Theory and techniques of psychotherapy	2	. .	2
Motivation theory and techniques	2	. .	2
Awareness of professional behavior and ethics	2	. .	2
Orientation techniques	1	1	2
Interviewing and counseling techniques	2	. .	2
Theory and techniques of group psychotherapy	. .	1	1
Somatic therapies	1	. .	1
Ability to carry out supportive treatment	1	. .	1
Milieu therapy and therapeutic community concepts	1	. .	1
Ability to keep patient as foremost factor in treatment	. .	1	1

TABLE 6

FREQUENCY OF USE OF KNOWLEDGE AND SKILLS
AND ADEQUACY OF PERFORMANCE OF
20 OCCUPATIONAL THERAPISTS
EXPERIENCE: 6 YEARS

Knowledge or Skill	Adequate	Inadequate	Total
Ability to communicate	14	6	20
Ability to handle various types of abnormal behavior	14	. .	14
Ability to assume authority appropriately	10	3	13
Psychiatric theory, principles of treatment and dynamics of mental illness	9	3	12
Administration	12	. .	12
Supervision	10	1	11
Coordination with staff of related disciplines	9	2	11
Arts and crafts	8	. .	8
Ability to observe accurately and acutely	3	4	7
Group dynamics and techniques	6	1	7
Ability to make and follow a therapeutic plan	6	1	7
Ability to relate	6	. .	6
Ability to assess and accept level of functioning of others	6	. .	6
Awareness and acceptance of own motivation, reactions and effect on others	2	4	6
Ability to read, write and evaluate written reports	2	4	6
Ability to think and reason	3	2	5

TABLE 6--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Ability to understand and adhere to safety and treatment precautions	3	1	4
Ability to convey a sincere desire to help	4	. .	4
Ability to recognize and handle problems	3	1	4
Growth and development	3	. .	3
Ability to carry out supportive treatment	3	. .	3
Ability to grasp some of the underlying meanings of behavior	. .	2	2
Teaching techniques	1	1	2
Ability to set an example of normal behavior	2	. .	2
Adaptability	2	. .	2
General medicine and surgery	2	. .	2
Ability to contribute to psychiatric evaluations	2	. .	2
Orientation techniques	. .	2	2
Interviewing and counseling techniques	2	. .	2
Legal aspects of psychiatric occupational therapy	2	. .	2
English	1	1	2
Neurology	1	. .	1
Volunteer management	1	. .	1
Research methods	1	. .	1

TABLE 6--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Leadership techniques	1	. .	1
Motivation theory and techniques	1	. .	1
Theory and techniques of group psychotherapy	1	. .	1
Ability to keep patient as foremost factor in treatment	. .	1	1

TABLE 7

FREQUENCY OF USE OF KNOWLEDGE AND SKILLS
AND ADEQUACY OF PERFORMANCE OF
18 OCCUPATIONAL THERAPISTS
EXPERIENCE: 7 YEARS

Knowledge or Skill	Adequate	Inadequate	Total
Psychiatric theory, principles of treatment and dynamics of mental illness	10	4	14
Arts and crafts	13	. .	13
Ability to relate	8	2	10
Teaching techniques	10	. .	10
Ability to handle various types of abnormal behavior	10	. .	10
Coordination with staff of related disciplines	7	2	9
Awareness and acceptance of own motivation, reactions and effect on others	. .	8	8
Ability to communicate	6	2	8
Ability to assess and accept level of functioning of others	7	1	8
Growth and development	8	. .	8
Administration	8	. .	8
Supervision	7	. .	7
Ability to make and follow a therapeutic plan	5	2	7
Ability to think and reason	6	1	7
Ability to assume authority appropriately	5	2	7
Group dynamics and techniques	5	1	6

TABLE 7--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Ability to observe accurately and acutely	5	. .	5
Ability to understand and adhere to safety and treatment precautions	4	. .	4
Ability to recognize and handle problems	2	2	4
Ability to convey a sincere desire to help	2	1	3
Ability to carry out supportive treatment	3	. .	3
Ability to read, write and evaluate written reports	2	. .	2
Ability to interpret occupational therapy	2	. .	2
Adaptability	2	. .	2
Ability to grasp some of the underlying meanings of behavior	1	. .	1
Somatic therapies	1	. .	1
English	. .	1	1
Ability to contribute to psychiatric evaluations	1	. .	1
Leadership techniques	1	. .	1
Interviewing and counseling techniques	1	. .	1
Public speaking techniques	1	. .	1
Orientation techniques	1	. .	1

TABLE 8

FREQUENCY OF USE OF KNOWLEDGE AND SKILLS
AND ADEQUACY OF PERFORMANCE OF
17 OCCUPATIONAL THERAPISTS
EXPERIENCE: 8 YEARS

Knowledge or Skill	Adequate	Inadequate	Total
Ability to communicate	13	2	15
Supervision	13	1	14
Administration	12	1	13
Psychiatric theory, principles of treatment and dynamics of mental illness	10	2	12
Ability to handle various types of abnormal behavior	10	. .	10
Teaching techniques	9	1	10
Coordination with staff of related disciplines	6	3	9
Group dynamics and techniques	8	. .	8
Awareness and acceptance of own motivation, reactions and effect on others	3	4	7
Ability to convey a sincere desire to help	7	. .	7
Leadership techniques	7	. .	7
Community resources	6	1	7
Ability to interpret occupational therapy	6	1	7
Arts and crafts	6	. .	6
Ability to relate	5	1	6
Adaptability	6	. .	6
Ability to assess and accept level of functioning of others	6	. .	6

TABLE 8--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Ability to make and follow a therapeutic plan	4	1	5
Public speaking techniques	5	. .	5
Ability to observe accurately and acutely	4	. .	4
Interviewing and counseling techniques	3	1	4
Ability to think and reason	4	. .	4
Ability to understand and adhere to safety and treatment precautions	2	1	3
Ability to read, write and evaluate written reports	3	. .	3
Ability to recognize and handle problems	2	1	3
English	. .	3	3
Orientation techniques	2	1	3
General medicine and surgery	3	. .	3
Growth and development	2	. .	2
Ability to assume authority appropriately	. .	2	2
Ability to use self-government techniques	2	. .	2
Neurology	2	. .	2
Volunteer management	2	. .	2
Ability to grasp some of the underlying meanings of behavior	. .	1	1
Ability to contribute to psychiatric evaluations	1	. .	1

TABLE 8--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Ability to set an example of normal behavior	1	. .	1
Ability to accept responsibility	1	. .	1
Judgment	. .	1	1
Theory and techniques of psychotherapy	1	. .	1

TABLE 9

FREQUENCY OF USE OF KNOWLEDGE AND SKILLS
AND ADEQUACY OF PERFORMANCE OF
6 OCCUPATIONAL THERAPISTS
EXPERIENCE: 9 YEARS

Knowledge or Skill	Adequate	Inadequate	Total
Ability to communicate	4	2	6
Supervision	3	2	5
Teaching techniques	3	2	5
Arts and crafts	4	1	5
Ability to relate	4	. .	4
Psychiatric theory, principles of treatment and dynamics of mental illness	2	2	4
Administration	2	2	4
Coordination with staff of related disciplines	3	1	4
Ability to handle various types of abnormal behavior	3	. .	3
Awareness and acceptance of own motivation, reactions and effect on others	. .	2	2
Group dynamics and techniques	1	1	2
Ability to think and reason	1	1	2
Ability to assume authority appropriately	1	1	2
Ability to convey a sincere desire to help	2	. .	2
Ability to recognize and handle problems	1	1	2
Adaptability	2	. .	2
Ability to make and follow a therapeutic plan	. .	1	1

TABLE 9--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Ability to understand and adhere to safety and treatment precautions	. .	1	1
Ability to assess and accept level of functioning of others	. .	1	1
Leadership techniques	. .	1	1
Orientation techniques	. .	1	1

TABLE 10

FREQUENCY OF USE OF KNOWLEDGE AND SKILLS
AND ADEQUACY OF PERFORMANCE OF
18 OCCUPATIONAL THERAPISTS
EXPERIENCE: 10 YEARS

Knowledge or Skill	Adequate	Inadequate	Total
Ability to communicate	13	5	18
Psychiatric theory, principles of treatment and dynamics of mental illness	5	11	16
Administration	14	2	16
Supervision	13	3	16
Coordination with staff of related disciplines	12	4	16
Arts and crafts	15	. .	15
Ability to relate	8	6	14
Ability to handle various types of abnormal behavior	9	1	10
Adaptability	7	2	9
Ability to make and follow a therapeutic plan	3	5	8
Ability to think and reason	6	2	8
Ability to assume authority appropriately	8	. .	8
Teaching techniques	7	. .	7
Ability to convey a sincere desire to help	3	3	6
Ability to read, write and evaluate written reports	3	3	6
Awareness and acceptance of own motivation, reactions and effect on others	. .	5	5

TABLE 10--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Group dynamics and techniques	4	1	5
Motivation theory and techniques	4	1	5
Ability to observe accurately and acutely	1	3	4
General medicine and surgery	4	. .	4
Ability to understand and adhere to safety and treatment precautions	3	. .	3
Neurology	3	. .	3
Orientation techniques	1	2	3
Ability to recognize and handle problems	1	2	3
Ability to assess and accept level of functioning of others	2	. .	2
Growth and development	2	. .	2
Orthopedics	2	. .	2
English	. .	2	2
Pre-vocational testing methods	2	. .	2
Journalism techniques	1	. .	1
Kinesiology	1	. .	1
Anatomy	1	. .	1
Ability to interpret occupational therapy	. .	1	1
Ability to contribute to psychiatric evaluations	1	. .	1
Interviewing and counseling techniques	1	. .	1

TABLE 10--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Somatic therapies	1	. .	1
Ability to set an example of normal behavior	1	. .	1
Judgment	. .	1	1
Volunteer management	. .	1	1
Ability to carry out supportive treatment	. .	1	1
Community resources	1	. .	1

TABLE 11

FREQUENCY OF USE OF KNOWLEDGE AND SKILLS
AND ADEQUACY OF PERFORMANCE OF
22 OCCUPATIONAL THERAPISTS
EXPERIENCE: 11-15 YEARS

Knowledge or Skill	Adequate	Inadequate	Total
Ability to communicate	17	4	21
Supervision	19	1	20
Ability to relate.	12	6	18
Administration	16	1	17
Psychiatric theory, principles of treatment and dynamics of mental illness	10	5	15
Coordination with staff of related disciplines	11	3	14
Ability to think and reason	11	3	14
Ability to assume authority appropriately	9	5	14
Adaptability	11	3	14
Arts and crafts	13	. .	13
Ability to handle various types of abnormal behavior	5	6	11
Awareness and acceptance of own motivation, reactions and effect on others	3	8	11
Group dynamics and techniques	11	. .	11
Ability to make and follow a therapeutic plan	9	2	11
Ability to observe accurately and acutely	8	2	10
Teaching techniques	9	. .	9
Ability to assess and accept level of functioning of others	7	1	8

TABLE 11--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Ability to convey a sincere desire to help	6	1	7
General medicine and surgery	7	. .	7
Ability to understand and adhere to safety and treatment precautions	3	3	6
Growth and development	4	2	6
Ability to recognize and handle problems	6	. .	6
Ability to grasp some of the underlying meanings of behavior	4	2	6
Ability to read, write and evaluate written reports	3	2	5
Neurology	4	. .	4
Motivation theory and techniques	4	. .	4
Ability to interpret occupational therapy	3	1	4
Ability to set an example of normal behavior	4	. .	4
Somatic therapies	3	1	4
Leadership techniques	3	. .	3
Orientation techniques	1	1	2
Judgment	. .	2	2
Community resources	1	1	2
Interviewing and counseling techniques	2	. .	2
Ability to contribute to psychiatric evaluations	2	. .	2

TABLE 11--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Volunteer management	2	. .	2
Imagination and/or originality	1	1	2
English	. .	1	1
Rehabilitation techniques and/or activities of daily living	1	. .	1
Anatomy	1	. .	1
Public speaking techniques	1	. .	1

TABLE 12

FREQUENCY OF USE OF KNOWLEDGE AND SKILLS
AND ADEQUACY OF PERFORMANCE OF
21 OCCUPATIONAL THERAPISTS
EXPERIENCE: 16-20 YEARS

Knowledge or Skill	Adequate	Inadequate	Total
Arts and crafts	18	3	21
Ability to relate	14	7	21
Ability to communicate	13	6	19
Ability to handle various types of abnormal behavior	17	1	18
Administration	15	2	17
Supervision	15	2	17
Teaching techniques	10	6	16
Psychiatric theory, principles of treatment and dynamics of mental illness	1	13	14
Ability to make and follow a therapeutic plan	6	8	14
Ability to think and reason	4	8	12
Ability to assess and accept level of functioning of others	8	4	12
Ability to observe accurately and acutely	6	6	12
Coordination with staff of related disciplines	7	5	12
Awareness and acceptance of own motivation, reactions and effect on others	1	10	11
Adaptability	10	. .	10
Motivation theory and techniques	8	2	10

TABLE 12--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Ability to recognize and handle problems	5	4	9
Group dynamics and techniques	5	2	7
Ability to assume authority appropriately	2	5	7
Ability to read, write and evaluate written reports	3	4	7
General medicine and surgery	5	1	6
Ability to grasp some of the underlying meanings of behavior	6	. .	6
Growth and development	4	. .	4
Ability to carry out supportive treatment	3	1	4
Ability to contribute to psychiatric evaluations	1	3	4
Ability to convey a sincere desire to help	3	. .	3
Orientation techniques	1	2	3
Community resources	3	. .	3
Ability to interpret occupational therapy	1	2	3
Somatic therapies	3	. .	3
Ability to set an example of normal behavior	3	. .	3
Research methods	2	. .	2
Pre-vocational testing methods	1	1	2
Judgment	. .	2	2

TABLE 12--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Neurology	2	. .	2
Ability to understand and adhere to safety and treatment precautions	. .	1	1
Interviewing and counseling techniques	1	. .	1
Public speaking techniques	1	. .	1
Leadership techniques	. .	1	1

TABLE 13

FREQUENCY OF USE OF KNOWLEDGE AND SKILLS
AND ADEQUACY OF PERFORMANCE OF
7 OCCUPATIONAL THERAPISTS
EXPERIENCE: 21-30 YEARS

Knowledge or Skill	Adequate	Inadequate	Total
Psychiatric theory, principles of treatment and dynamics of mental illness	5	2	7
Ability to communicate	5	2	7
Ability to relate	3	3	6
Administration	6	. .	6
Awareness and acceptance of own motivation, reactions and effect on others	3	3	6
Supervision	5	1	6
Arts and crafts	6	. .	6
Ability to handle various types of abnormal behavior	6	. .	6
Ability to grasp some of the underlying meanings of behavior	2	4	6
Coordination with staff of related disciplines	3	1	4
Teaching techniques	3	1	4
Group dynamics and techniques	4	. .	4
Growth and development	3	. .	3
Ability to make and follow a therapeutic plan	1	1	2
Ability to understand and adhere to safety and treatment precautions	. .	2	2
Judgment	1	1	2

TABLE 13--Continued

Knowledge or Skill	Adequate	Inadequate	Total
Ability to assess and accept level of functioning of others	1	. .	1
Ability to read, write and evaluate written reports	. .	1	1
Adaptability	. .	1	1
Motivation theory and techniques	. .	1	1
Advertising techniques	1	. .	1
Awareness of cultural differences in behavior	1	. .	1
Research methods	. .	1	1

TABLE 14

FREQUENCY OF USE OF KNOWLEDGE AND SKILLS
AND ADEQUACY OF PERFORMANCE OF
395 OCCUPATIONAL THERAPISTS
EXPERIENCE: 1-30 YEARS

Knowledge or Skill	Frequency of Adequate (A) and Inadequate (I) Performance (grouped according to years of experience)											
	1-3		4-7		8-10		11-15		16-30		Total	
	A	I	A	I	A	I	A	I	A	I	A	I
Psychiatric theory, principles of treatment and dynamics of mental illness	38	69	44	31	17	15	10	5	6	15	115	135
Theory and techniques of psychotherapy	7	2	2	. .	1	. .	. .	. .	. .	. .	10	2
Theory and techniques of group psychotherapy	2	. .	2	1	. .	. .	. .	. .	. .	. .	4	1
Somatic therapies	3	2	3	1	1	. .	3	1	3	. .	13	4
Milieu therapy and therapeutic community concepts	2	. .	1	. .	. .	. .	. .	. .	. .	. .	3	. .
Anatomy	1	. .	. .	. .	1	. .	1	. .	. .	. .	3	. .
General medicine and surgery	13	1	8	. .	7	. .	7	. .	5	1	40	2
Kinesiology	1	. .	. .	. .	1	. .	. .	. .	. .	. .	2	. .

TABLE 14--Continued

Knowledge or Skill	1-3		4-7		8-10		11-15		16-30		Total	
	A	I	A	I	A	I	A	I	A	I	A	I
Neurology	3	..	3	..	5	..	4	..	2	..	17	..
Orthopedics	..	..	..	..	2	..	..	..	..	..	2	..
Psychology	(All Examples)											
Administration	71	24	63	2	28	5	16	1	21	2	199	34
Arts and crafts	81	8	45	2	25	1	13	..	24	3	188	14
Community resources	4	3	7	..	7	1	1	1	3	..	22	5
English	1	8	2	7	..	5	..	1	..	..	3	21
Foreign languages	2	..	1	..	..	..	..	..	..	..	3	..
Group dynamics and techniques	20	9	27	8	13	2	11	..	9	2	80	21
Growth and development	36	2	30	..	4	..	4	2	7	..	81	4
Legal aspects of psychiatric occupational therapy	1	..	2	..	..	..	..	..	..	..	3	..
Motivation theory and techniques	18	..	4	2	4	1	4	..	9	2	39	5
Pre-vocational testing methods	1	..	4	..	2	..	..	..	1	1	8	1
Rehabilitation techniques and/or activities of daily living	2	..	6	..	..	..	1	..	..	..	9	..

TABLE 14--Continued

Knowledge or Skill	1-3		4-7		8-10		11-15		16-30		Total	
	A	I	A	I	A	I	A	I	A	I	A	I
Research methods	. .	. .	2	. .	. .	. .	. .	. .	2	1	4	1
Supervision	31	32	56	12	29	6	19	1	20	3	155	54
Volunteer management	1	. .	1	. .	2	1	2	. .	. .	. .	6	1
Ability to carry out supportive treatment	13	2	8	. .	. .	1	. .	. .	3	1	24	4
Ability to contribute to psychiatric evaluations	4	3	9	4	2	. .	2	. .	1	3	18	10
Ability to grasp some of the underlying meanings of behavior	22	13	9	6	. .	1	4	2	8	4	43	26
Ability to handle various types of abnormal behavior	69	25	39	3	22	1	5	6	23	1	158	36
Ability to interpret occupational therapy	4	2	5	1	6	2	3	1	1	2	19	8
Ability to make and follow a therapeutic plan	27	19	33	9	7	7	9	2	7	9	86	46
Ability to keep patient as foremost factor in treatment	3	1	1	3	. .	. .	. .	. .	. .	. .	4	4

TABLE 14--Continued

Knowledge or Skill	1-3		4-7		8-10		11-15		16-30		Total	
	A	I	A	I	A	I	A	I	A	I	A	I
Ability to understand and adhere to safety and treatment precautions	14	13	13	9	5	2	3	3	. .	3	35	30
Awareness of cultural differences in behavior	2	. .	1	. .	. .	. .	. .	. .	1	. .	4	. .
Ability to communicate	92	45	63	26	30	9	17	4	18	8	220	92
Ability to read, write and evaluate written reports	15	17	16	11	6	3	3	2	3	5	43	38
Advertising techniques	. .	. .	. .	. .	. .	. .	. .	. .	1	. .	1	. .
Coordination with staff of related disciplines	40	12	43	12	21	8	11	3	10	6	125	41
Journalism techniques	. .	. .	. .	. .	. .	. .	. .	. .	1	. .	1	. .
Public speaking techniques	2	1	3	. .	5	. .	1	. .	1	. .	12	1
Teaching techniques	53	15	34	4	19	3	9	. .	13	7	128	29
Ability to observe accurately and acutely	17	21	19	11	5	2	8	2	6	6	55	43
Ability to assess and accept level of functioning of others	30	. .	33	. .	8	. .	7	. .	9	. .	87	21

TABLE 14--Continued

Knowledge or Skill	1-3		4-7		8-10		11-15		16-30		Total	
	A	I	A	I	A	I	A	I	A	I	A	I
Ability to relate	50	15	41	3	17	7	12	6	17	10	137	41
Ability to convey a sincere desire to help	18	7	20	2	12	3	6	1	3	..	59	13
Ability to set an example of normal behavior	1	..	6	..	2	..	4	..	3	..	16	..
Ability to think and reason	14	4	21	12	11	3	11	3	4	8	61	30
Adaptability	32	8	12	2	15	2	11	3	10	1	80	16
Imagination and/or originality	7	1	4	1	..	..	1	1	..	..	12	3
Judgment	1	1	7	6	1	2	..	2	1	3	10	14
Awareness and acceptance of own motivation, reactions and effect on others	6	93	18	39	3	11	3	8	4	13	34	164
Ability to assume authority appropriately	25	15	34	16	9	3	9	5	2	5	79	44
Awareness of professional behavior and ethics	2	6	2	..	..	..	..	..	..	..	4	6
Leadership techniques	3	..	8	2	7	1	3	..	..	1	21	4

TABLE 14--Continued

Knowledge or Skill	1-3		4-7		8-10		11-15		16-30		Total	
	A	I	A	I	A	I	A	I	A	I	A	I
Ability to accept responsibility	2	2	3	1	1	. .	. .	. .	. .	. .	6	3
Ability to do post-hospital planning and follow-up	5	. .	. .	. .	. .	. .	. .	. .	. .	. .	5	. .
Ability to recognize and handle problems	6	3	12	4	4	4	6	. .	5	4	33	15
Ability to use self-government techniques	. .	. .	2	1	2	. .	. .	. .	. .	. .	4	1
Interviewing and counseling techniques	4	. .	5	. .	4	1	2	. .	1	. .	16	1
Orientation techniques	7	10	4	10	3	4	1	1	1	2	16	27

TABLE 15

CONCORDANCE OF WRITERS' EVALUATIONS AND AUTHOR'S RATING
(E = EFFECTIVE, I = INEFFECTIVE)

Years of Experience	Number of Examples	Writers' Evaluations	Author's Rating		
			High	Average	Low
1	89	E 47	6	28	13
		I 42	. .	6	36
2	45	E 25	5	17	3
		I 20	1	7	12
3	49	E 33	9	21	3
		I 16	. .	5	11
4	47	E 28	7	18	3
		I 19	. .	3	16
5	36	E 21	3	14	4
		I 15	. .	7	8
6	20	E 15	1	11	3
		I 5	. .	2	3
7	18	E 18	4	12	2
		I . .	. .	. .	. .
8	17	E 13	1	10	2
		I 4	. .	3	1
9	6	E 4	1	3	. .
		I 2	. .	. .	2
10	18	E 10	1	7	2
		I 8	. .	6	2
11-15	22	E 16	2	12	2
		I 6	. .	1	5
16-20	21	E 12	. .	12	. .
		I 9	. .	1	8
21-30	7	E 5	1	3	1
		I 2	. .	. .	2
Totals	395	E 247	41	168	38
		I 148	1	41	106

TABLE 16

KNOWLEDGE EVIDENT IN 0-395 INSTANCES

Area of Knowledge	Number of Instances	Per Cent of 395	Inadequate	Per Cent of 395	Years of Experience
Psychiatric theory, principles of treatment and dynamics of mental illness	250	63.3	135	34.2	1-30
Administration	233	59.0	34	8.6	1-30
Supervision	209	52.9	54	13.7	1-30
Arts and crafts	202	51.1	14	3.5	1-30
Group dynamics and techniques	101	25.6	21	5.3	1-30
Growth and development	85	21.5	4	1.0	1-30, except 9
Motivation theory and techniques	44	11.1	5	1.3	1-30, except 7,8,9
General medicine and surgery	42	10.6	2	0.5	1-20, except 7,9
Community resources	27	6.8	5	1.3	1-20, except 6,7,9
English	24	5.8	21	5.3	1-15, except 9

TABLE 16--Continued

Area of Knowledge	Number of Instances	Per Cent of 395	Inadequate	Per Cent of 395	Years of Experience
Somatic therapies	17	4.3	4	1.0	1-20, except 3,6,8,9
Neurology	17	4.3	. .	. .	1-20, except 4,7,9
Theory and techniques of psychotherapy	12	3.0	2	0.5	1,2,3,5,8
Rehabilitation techniques and/or activities of daily living	9	2.3	. .	. .	2,3,4,11-15
Pre-vocational testing methods	9	2.3	1	0.3	3,4,5,10, 16-20
Volunteer management	7	1.8	1	0.3	2,6,8,10-15
Research methods	5	1.3	. .	. .	4,6,16-30
Theory and techniques of group psychotherapy	5	1.3	1	0.3	3,4,5,6
Milieu therapy and therapeutic community concepts	3	0.8	. .	. .	3,5
Legal aspects of psychiatric occupational therapy	3	0.8	. .	. .	2,6

TABLE 16 --Continued

Area of Knowledge	Number of Instances	Per Cent of 395	Inadequate	Per Cent of 395	Years of Experience
Anatomy	3	0.8	. .	. .	2,10,11-15
Foreign language	3	0.8	. .	. .	1,3,4
Orthopedics	2	0.5	. .	. .	10
Kinesiology	2	0.5	. .	. .	2,10

TABLE 17

SKILLS EVIDENT IN 0-395 INSTANCES

Skills	Number of Instances	Per Cent of 395	Inadequate	Per Cent of 395	Years of Experience
Ability to communicate	312	79.0	92	23.2	1-30
Awareness and acceptance of own motivation, reactions and effect on others	198	50.1	164	41.5	1-30
Ability to handle various types of abnormal behavior	194	49.0	36	9.1	1-30
Ability to relate	178	45.1	41	10.4	1-30
Coordination with staff of related disciplines	166	42.0	41	10.4	1-30
Teaching techniques	157	39.7	29	7.3	1-30
Ability to make and follow a therapeutic plan	132	33.4	46	11.6	1-30
Ability to assume authority appropriately	123	31.1	44	11.1	1-20
Ability to assess and accept level of functioning of others	108	27.3	21	5.3	1-30
Ability to observe accurately and acutely	98	24.8	43	10.9	1-20

TABLE 17--Continued

Skills	Number of Instances	Per Cent of 395	Inadequate	Per Cent of 395	Years of Experience
Adaptability	96	24.3	16	4.1	1-30
Ability to think and reason	91	23.0	30	7.6	1-20
Ability to read, write and evaluate written reports	81	20.5	38	9.6	1-30, except 9
Ability to convey a sincere desire to help	72	18.2	13	3.2	1-20
Ability to grasp some of the underlying meanings of behavior	69	17.5	26	6.6	1-30, except 9 and 10
Ability to understand and adhere to safety and treatment precautions	65	16.5	30	7.6	1-30
Ability to recognize and handle problems	48	12.2	15	3.8	1-20
Orientation techniques	43	10.9	27	6.8	1-20
Ability to contribute to psychiatric evaluations	28	7.1	10	2.5	1-20, except 9
Ability to carry out supportive treatment	28	7.1	4	1.0	1-20, except 4,6,9

TABLE 17--Continued

Skills	Number of Instances	Per Cent of 395	Inadequate	Per Cent of 395	Years of Experience
Ability to interpret occupational therapy	27	6.8	8	2.0	1-20, except 4,6,9
Leadership techniques	25	6.3	4	1.0	1-20, except 3,10
Judgment	24	6.1	14	3.5	1-30, except 1,6,7,9
Ability to set an example of normal behavior	16	4.1	. .	. .	1-20, except 1,3,7,9
Interviewing and counseling techniques	17	4.3	1	0.3	1-20, except 4,9
Imagination and/or originality	15	3.8	3	0.8	1-5, 11-15
Public speaking techniques	13	3.3	1	0.3	2,3,4,7,8, 11-20
Awareness of professional behavior and ethics	10	2.5	6	1.5	2,3,5
Ability to accept responsibility	9	2.3	3	0.8	1,5,8

TABLE 17--Continued

Skills	Number of Instances	Per Cent of 395	Inadequate	Per Cent of 395	Years of Experience
Ability to keep patient as foremost factor in treatment	8	2.0	4	1.0	3,4,5,6
Ability to use self-government techniques	5	1.3	1	0.3	5,8
Ability to do post-hospital planning and follow-up	5	1.3	. .	. .	1,3
Awareness of cultural differences in behavior	4	1.0	. .	. .	1,4,21-30
Journalism techniques	3	0.8	. .	. .	1,2,10
Advertising techniques	1	0.3	. .	. .	21-30

Areas of Knowledge Evident in 0-395 Instances

The findings in the following discussion are concerned with the frequency with which specific areas of knowledge occurred in the data. The number of therapists who appeared to be inadequately informed as well as the experience range of example writers is also noted. Percentages given are based on the total 395 performance examples that form the basis of the data for this study. (Table 16)

Psychiatric theory, principles of treatment and dynamics of mental illness

The occupational therapist's knowledge of psychiatric theory and the dynamics of treatment play a part in 250 accounts of performance (63.3%). In over one-half of the situations, 135 (34.2%) need improvement in this area of knowledge. The following breakdown brings out the impressive proportion of therapists lacking in psychiatric knowledge:

TABLE 18

ADEQUACY OF PERFORMANCE IN KNOWLEDGE OF PSYCHIATRIC THEORY
EXPERIENCE: 1-30 YEARS

Years of Experience	Per Cent Adequate	Per Cent Inadequate
1-3	35.5	64.5
4-7	58.7	41.3
8-10	53.1	46.9
11-15	66.7	33.3
16-30	28.6	71.4

Administration and supervision

No attempt will be made to discuss the items of administration and supervision in detail since other investigations have dealt with these areas previously. Administration and supervision factors are present in all experience groups. Fifty-four writers (13.7%) of the 209 (52.9%) therapists who mention supervision evidence a need for either better supervision or better ability to seek supervision appropriately. Thirty-four (8.6%) of the 233 writers (59.0%) whose performance examples involve administrative knowledge and skill are in need of improved functioning in the administrative area. A full range of years of experience is represented.

Arts and crafts

Execution of arts and crafts techniques is mentioned by 202 writers (51.1%) of all experience levels. A wide variety of craft areas is covered including woodworking, art, weaving, ceramics, leather, needlework, metalwork, printing, model building, domestic arts, office skills, gardening, basketry and cord knotting. Performance is predominantly successful and only 14 (6.8%) of the examples indicate a need for improvement.

Group dynamics and techniques

In the 101 instances in which group dynamics and techniques are employed (25.6%), approximately 21 (5.3%) of the therapists indicate a need for improvement in their understanding and utilization of group techniques. Example writers of all experience levels are represented.

Growth and development

Knowledge of growth and development is displayed by 85 example writers (21.5%) with 8 to 10 years of experience. In all except four instances (1.0%) the therapist is well enough informed. Three of the four examples in need of improvement concern adolescent patients. A breakdown of the 85 instances reveals that the patients concerned fall into the following age groups: (1) Childhood-32.9%, (2) Adolescent-42.4%, (3) Geriatric-24.7%.

Motivation theory and techniques

Awareness of motivation theory and techniques is described by 44 example writers (11.1%) representative of all experience levels except those with seven, eight, and nine years of experience. Of this number, 5 (1.3%) indicate a need for improvement in the area of knowledge of motivation. Some overlap may be seen in some instances with the "Communication" and the "Awareness of own motivation, reactions and effect on others" items since all three general areas are closely allied.

General medicine and surgery

Knowledge of general medicine and surgery is shown by 42 example writers (10.6%), 2 of whom (5.0%) describe a need for improved knowledge in this area. All experience levels up to 20 years are represented by the example writers with the exception of the groups with 7 and 9 years of experience.

Community resources

Familiarity with community resources is described by 27 (6.8%) therapists from all levels of experience except those with 6,8,9 and 21-30 years of practice. Five instances (1.3%) indicate a need for improved knowledge of appropriate facilities within the community.

English

It can be assumed that 372 examples are written in acceptable English. However, out of 24 listed instances (5.8%) only 3 occupational therapists write outstandingly well and 21 individuals (5.3%) are markedly lacking in ability to convey ideas in writing effectively and to spell adequately. Writers represent groups with 10 years experience or less.

Somatic therapies

Classified under the headings of somatic therapies are example writers' descriptions of an understanding of the effect in patient treatment of the various psychoactive drugs, insulin, electric shock therapy, and electric coma therapy. Seventeen (4.3%) of the instances indicate that somatic therapies are employed. Four of this number (1%) show a need for improved knowledge. Example writers with all levels of experience are represented.

Neurology

Seventeen examples (4.3%) show that therapists with greater experience employ knowledge of neurology more readily than recent

graduates. Evidence of neurological understanding is shown primarily by writers with more than 5 years of practice. All experience groups are represented.

Theory and techniques of psychotherapy

Psychotherapy theory and techniques are employed by 12 example writers (3.0%) whose experience is 1, 2, 3, 5 and 8 years. Two writers (0.5%) indicate a need for improvement in this area of knowledge.

Rehabilitation techniques and/or activities of daily living

Of the 9 writers (2.3%) who are aware of rehabilitation techniques and activities of daily living, 6 are therapists who have had four years of experience. All situations are handled successfully.

Pre-vocational testing methods

Nine example writers (2.3%) employed pre-vocational techniques. One writer needs improvement in this skill. Primarily, pre-vocational knowledge is used by individuals representative of therapists in the early, but not the beginning, years and those with 16-20 years of experience.

Volunteer management

Therapists, primarily from groups with an intermediate amount of experience, seem to be the most effective in the management of volunteers. Seven example writers (1.8%) describe the participation

of volunteers in treatment programs. Only one example (0.3%) indicates a need for improvement.

Research methods

Research methods are mentioned in 5 successfully carried-out examples (1.3%) written primarily by more experienced therapists.

Theory and techniques of group psychotherapy

Five therapists employ group psychotherapy techniques. All perform successfully. Their experience is three or more years.

Milieu therapy and therapeutic community concepts

The milieu therapy and therapeutic community approaches to treatment are mentioned by 3 example writers (0.8%) who are therapists with 3 and 5 years of experience.

Foreign languages

Knowledge of a foreign language is applied by only 3 example writers (0.8%). Success is achieved by these writers, all of whom are in their first four years of experience.

Legal aspects of psychiatric occupational therapy

Infrequently the legal aspects of occupational therapy are brought to light. Example writers tell of 3 situations (0.8%) involving some understanding of medical legal problems. However,

legal awareness may be a subtle factor in other aspects of treatment, for example in the concern with safety precautions. No need for improvement appears necessary.

Anatomy, orthopedics and kinesiology

Successful practice is seen in the following areas as indicated by a limited number of example writers representative of therapists in their early years of experience. Knowledge of anatomy is employed in 3 instances (0.8%), orthopedics in 2 instances (0.5%), and kinesiology in 2 instances (0.5%). No need for improvement in any of these areas seems evident.

Skills Evident in 0-395 Instances

The findings in the following discussion are concerned with the frequency with which specific skills occurred in the data. The number of therapists whose ability in specific areas appeared inadequate as well as the range of experience of example writers is noted. Percentages given are based on the total 395 performance examples that form the basis of the data for this study. (Table 17)

Ability to communicate

Communication could be said to be a part of each of the 395 performance examples studied. However, for the purposes of this study, a record is made only when ability to communicate is of notable importance to effective or ineffective performance as determined from the description of a particular situation. From all levels of experience, writers of 312 examples (79%) demonstrate an ability to communicate. Of this number, 92 writers (23.2%) show a need for improvement.

Awareness of own motivation, reactions and effect on others

Of the 198 example writers (50.1%) who are able to convey an awareness of their own motivation and reactions, 164 (41.5%) are in need of improvement in self-understanding. Writers of all experience levels are represented. Therapists in need of improvement in this skill outnumber those who perform successfully except for individuals in two categories, i.e., those therapists with 5 and 21-30 years of experience. No successful examples at all are listed from writers

who had been in the field for 1,2,7 or 8 years. Only one example in ten is handled effectively by therapists with 16-20 years of experience.

Ability to handle various types of abnormal behavior

Ability to work with patients whose behavior is abnormal is shown by 194 performance example writers (49%). Thirty-six of these authors (9.1%) show a need for improvement. Writers of all levels of experience are represented. The following terms are used to describe 54 variations in patient behavior:

acting out	disturbed	psychotic
acutely disturbed	explosive	regressed
agitated	fearful	rejecting
aggressive	hallucinating	resistive
amoral	hostile	seclusive
anxious	hyperactive	seductive
argumentative	impulsive	sexually aggressive
assaultive	inadequate	socially maladjusted
autistic	indifferent	somatic (complaining)
bizarre	insecure	suicidal
boisterous	maladjusted	suspicious
confused	manic	tearful
delusional	manipulative	tense
demanding	mute	testing
dependent	negative	unpredictable
depressed	neurotic	upset
destructive	obsessive	verbally aggressive
deteriorated	phobic	withdrawn

Ability to relate

The ability of therapists to relate to patients, staff members and other individuals and groups is described by 178 example writers (45.1%) from all experience levels. Of this number, 41 (10.4%) are in need of improvement in this skill.

Coordination with staff of related disciplines

The writers of 66 performance examples (42%) of all experience

levels tell of ability to coordinate with related disciplines, i.e., members of the allied medical professions including medicine, nursing, psychology, social work, hospital school, special services and the following therapies: industrial, physical, dance, play, speech, garden, corrective, music, drama, library, and activities. Forty-one examples (10.4%) indicate that better skill in coordinating with the staff of related disciplines would be beneficial.

Teaching techniques

In 157 performance examples (39.7%), teaching techniques are noted. Of this number, 29 (7.3%) show a need for improvement. Included under this heading are: (1) instruction of patients in craft techniques, (2) instruction of affiliating occupational therapy students, (3) information imparted to members of allied disciplines and others. Example writers embrace all years of experience.

Ability to make and follow a therapeutic plan

Treatment planning is involved in 132 examples (33.4%). In 46 (11.6%) of this number, therapists are in need of improvement. All experience levels are represented.

Ability to assume authority appropriately

Ability to assume authority appropriately is indicated by 123 (31.1%) writers representing all levels of experience. Of this number, 44 (11.1%) are in need of improved ability to play the role of an authority figure with both individuals and groups.

Ability to assess and accept level of functioning of others

Writers of 108 performance examples (27.3%) from all levels of experience demonstrate an ability to ascertain the level of adjustment or accomplishment of both patients and staff. Twenty-one (5.3%) of these therapists could improve their treatment of patients if they had better skill in this area.

Ability to observe accurately and acutely

Ninety-eight example writers (24.8%) describe their ability to make accurate and acute observations. However, 43 (10.9%) of these individuals need to be more alert and interested observers. Writers represent all levels of experience.

Adaptability

Ninety-six writers (24.3%) indicate that adaptability plays a part in their work, especially as it pertains to changing situations or the modification of crafts or activities to meet the needs of specific patients. Writers from all levels of experience describe successful performance of this skill except in 16 instances (4.1%) in which a need for improvement is shown.

Ability to think and reason

Ability to think and reason is discernible in performance examples scribed by writers of all years of experience except for the therapists who list 21 to 30 years of experience. This item is

recorded if the writer seems to have certain facts and conditions at hand and is called upon to arrive at a conclusion. Of the 91 examples (23%) noted, 30 (7.6%) show the writer to be in need of better ability to think and reason.

Ability to read, write and evaluate written reports

Although skill in communicating is a prime factor in clinical occupational therapy, only 81 therapists (20.5%) indicate that they read, write and/or apply written reports to patient treatment. Thirty-eight of these individuals (9.6%) show a need for improvement in this skill. All experience levels are represented.

Ability to convey a sincere desire to help

Seventy-two example writers (18.2%) are able to transmit to others a sincere desire to help. Of this number, 13 (3.2%) are in need of improved skill. Writers are representative of therapists of all experience levels from 1 to 20 years of practice.

Ability to grasp some of the underlying meanings of behavior

Sixty-nine therapists (17.5%) demonstrate some ability to understand the non-verbal messages transmitted by patients and others in addition to their verbal communications. There are 26 writers (6.6%) who are in need of more acuity in this area. Writers represent all levels of experience from 1 to 20 years of practice.

Ability to understand and adhere to safety and treatment precautions

The ability to understand and carry out safety and treatment precautions is described by 65 therapists (16.5%) of all experience levels. A disquieting number, 30 (7.6%), indicate a need for improvement in this important skill.

Ability to recognize and handle problems

Forty-eight example writers (12.2%), representative of an almost complete range of years of writer experience, describe situations concerning the ability of therapists to recognize and handle problems. A need for improvement is evidenced by 15 writers (3.8%). The greatest lack of skill is described by therapists with 16 to 20 years of experience.

Orientation techniques

For the purposes of this study, orientation techniques include those skills concerned with acquainting an individual patient with occupational therapy as well as providing new staff and volunteer personnel with initial information necessary to successful functioning in assigned work. Employing orientation techniques plays a part in the work of 43 therapists (10.9%). Writers of all experience levels make it clear that improvement is needed in 27 instances (6.8%), more than one-half of the examples studied.

Ability to contribute to psychiatric evaluations

In 28 examples, contributions are made by the therapist to the

psychiatric evaluation of patients. Ten writers show a need for improvement. Writers of all experience levels are represented except individuals with 20 years or more of practice in occupational therapy.

Ability to carry out supportive treatment

Ability to carry out supportive treatment is indicated by 28 writers (7.1%) whose experience represents a complete range of years. Over one-half of the examples are recorded by writers with 1 to 3 years of experience. Unsuccessful use of supportive treatment techniques is described by 4 therapists (1%).

Ability to interpret occupational therapy

Twenty-seven example writers (6.8%) are able to interpret occupational therapy to others. Of this number, 8 (2%) are in need of improved skill. Writers of all experience levels are represented.

Leadership techniques

Leadership ability is described as needed by writers of all experience levels. Skill in leading others is shown by all except 4 therapists (1%) out of 25 (6.3%).

Judgment

The ability to exercise judgment is a factor found in 24 (6.1%) instances. The possession of better judgment would benefit therapists in over one-half of the situations noted, i.e., 14 (3.5%). Writers are from scattered experience levels.

Ability to set an example of normal behavior

In 16 examples (4.1%) writers, whose experience range covers all levels, describe their own ability to set an example of normal behavior for patients whose problems make emphasis on such deportment an important factor in treatment. All examples are carried out successfully.

Interviewing and counseling techniques

Seventeen writers (4.3%) from all experience levels interview and counsel as part of their work assignment. These skills are employed successfully in patient treatment in situations involving staff and student affiliates except in 1 instance (0.3%).

Imagination and/or originality

The use of imagination and/or originality is brought to light by writers of 15 examples (3.8%). Situations are described involving rapid and clever thinking on the part of the therapists. Three of these writers (0.8%) demonstrate a need for improvement. The writers are primarily in the early years of experience--one to five.

Public speaking techniques

Therapists are called upon to do public speaking infrequently according to the results of this study. However, 8 example writers (2%) describe the need for poise and adeptness in addressing groups. One writer (0.3%) indicates a need for improvement in this area. Example writers represent therapists with 2, 3, 4, 7, 8 and 11-20 years of experience.

Awareness of professional behavior and ethics

Ten example writers (2.5%) indicate a notable awareness of professional ethics. Six of this number (1.5%) are in need of greater adeptness in this skill. Examples are found, primarily, in the accounts of writers in their early years of experience, namely, 2, 3 and 5.

Ability to accept responsibility

Ability to accept responsibility is of notable importance in the examples given by 9 writers (2.3%). Three therapists (0.8%) in the early years of experience, including 1, 5 and 8, show a need to learn to accept responsibility more adequately.

Ability to keep patient as foremost factor in treatment

Eight writers (2%) indicate that placing the emphasis on the patient rather than on the therapist is an important factor in patient treatment. Four writers (1%) show an evident need for increased understanding of this skill. Therapists with 3 to 6 years of experience are represented.

Ability to use self-government techniques

During the intermediate years of experience, patient self-government groups require of therapists a demonstration of skill in carrying out democratic processes. In the accounts of 5 example writers (1.3%), a need for this area of skill is shown. Increased ability would be helpful to 1 (0.3%) individual. Examples are written by therapists with 5 and 8 years of experience.

Ability to do post-hospital planning and follow-up

Ability to follow up a treatment plan or complete a post-hospital plan would seem to be an important technique in many situations. However, only 5 of the performance example writers (1.3%) indicate the use of skill in following up a patient or treatment plan. All examples described are carried out successfully.

Awareness of cultural differences in behavior

Awareness of cultural differences, i.e., differences in behavior or customs based on nationality or native locality, plays a part in performance examples written by 4 therapists (1.0%) representative of writers from groups with 1, 4 and 21-30 years of experience. All writers show a good understanding of the behavior of persons from cultures other than their own.

Journalism techniques

Familiarity with journalism techniques is shown by therapists with 2 and 10 years of experience. The 3 examples noted are successfully handled.

Advertising techniques

Of minimal import to curriculum planners is an ability to advertise effectively. One example writer in the experience category of 21-30 years is able to apply advertising skill successfully in publicizing a patient activity.

CONCLUSIONS

Patterns

Evaluation of the data reveals several patterns of performance. However, not all factors show trends since at times the sample is small and the experience factor too inconsistent to make conclusions feasible. An item may appear as part of more than one trend. (Tables 16 and 17)

1. One notable trend was seen involving 1 area of knowledge and 11 skills itemized below. Therapists in their early years of experience, i.e., from 1 to 4 or 5 years, indicate a definite need for greater skill. Proficiency rises during the middle years of experience, namely, 5 to 10, and is followed by an apparent decline. Some of the reasons for the seeming downward trend in performance level among more experienced therapists will be discussed more fully in the General Conclusions section of this chapter. The 12 factors concerned are: (Tables 1-14)

   a. Ability to assess and accept level of functioning of others
   b. Ability to assume authority appropriately
   c. Ability to communicate
   d. Ability to contribute to psychiatric evaluations
   e. Ability to convey a sincere desire to help
   f. Ability to handle various types of abnormal behavior
   g. Ability to interpret occupational therapy
   h. Ability to make and follow a therapeutic plan
   i. Ability to relate
   j. Ability to think and reason

k. Ability to understand and adhere to safety and treatment precautions

l. Teaching techniques

2. An undersirable trend appears in which the number of therapists who perform poorly outweighs the number who are able to handle situations acceptably. In approximately one-half of the instances noted, therapists displayed a consistent need for improved knowledge and/or skill in the 7 areas listed below. All years of experience are represented.

a. Ability to grasp some of the underlying meanings of behavior

b. Ability to observe accurately and acutely

c. Ability to read, write and evaluate written reports

d. Ability to understand and adhere to safety and treatment precautions

e. Awareness and acceptance of own motivation, reactions and effect on others

f. Orientation techniques

g. Psychiatric theory, principles of treatment and dynamics of mental illness

3. Predominantly successful performance was observed in the following areas of knowledge and skills. All years of experience are represented.

Areas of Knowledge:

a. Anatomy

b. Arts and crafts

c. Community resources

d. Foreign languages

e. General medicine and surgery

f. Growth and development

g. Kinesiology

h. Legal aspects of psychiatric occupational therapy

i. Milieu therapy and therapeutic community concepts

j. Motivation theory and techniques

k. Neurology

l. Orthopedics

m. Pre-vocational testing methods

n. Rehabilitation techniques and/or activities of daily living

o. Research methods

p. Theory and techniques of group psychotherapy

q. Volunteer management

Skills:

a. Ability to carry out supportive treatment

b. Ability to set an example of normal behavior

c. Adaptability

d. Imagination and/or originality

e. Interviewing and counseling techniques

f. Leadership techniques

g. Public speaking techniques

4. An additional pattern appears, i.e., therapists in their first five years of experience make the greatest use of the following items:

Areas of Knowledge:

a. Foreign languages

b. Legal aspects of psychiatric occupational therapy

c. Milieu therapy and therapeutic community concepts

d. Psychiatric theory, principles of treatment and dynamics of mental illness

e. Rehabilitation techniques and/or activities of daily living

f. Theory and techniques of group psychotherapy

Skills:

a. Ability to do post hospital planning and follow-up

b. Ability to keep patient as foremost factor in treatment

c. Awareness of professional ethics and behavior

d. Imagination and/or originality

5. Another trend indicates that within the limited range of experience in which the following areas of knowledge appear, a good level of performance correlates positively with increased working experience.

a. Administration

b. Theory and techniques of psychotherapy

6. The sample was too small and/or the distribution of experience-levels too irregular to make the determination of a pattern possible in the following factors:

Areas of Knowledge

a. Anatomy

b. Foreign languages

c. Kiniesiology

d. Legal aspects of psychiatric occupational therapy

e. Milieu therapy and therapeutic community concepts

f. Orthopedics

g. Pre-vocational testing methods

h. Rehabilitation techniques and/or activities of daily living

i. Research methods

j. Theory and techniques of group psychotherapy

k. Volunteer management

Skills

a. Ability to accept responsibility

b. Ability to assess and accept level of functioning of others

c. Ability to do post-hospital planning and follow-up

d. Ability to keep patient as foremost factor in treatment

e. Ability to recognize and handle problems

f. Ability to use self-government techniques

g. Awareness of cultural differences in behavior

h. Awareness of professional behavior and ethics

i. Coordination with staff of related disciplines

j. Journalism techniques

General Conclusions

Interesting as the data patterns proved to be, this study would not be complete without the inclusion of the following information revealed by the data:

1. The lack of awareness of current treatment trends in psychiatry is notable, especially among recent graduates and those therapists with the greatest length of service. The encouragement of a release of feelings is observed repeatedly as the treatment objective given. A qualifying question arises as to whether this kind of treatment goal is established in cooperation with medical or other allied staff with full understanding of treatment objectives for the patient or whether the decision is made solely by the occupational therapist. A factor partially responsible for low performance by recent graduates may be their lack of ability to integrate basic knowledge with current treatment practices. On the other hand, therapists longest in the field may need additional orientation to developments that emerged after their education was completed. Closer coordination between academic presentations and clinical practice would benefit both groups of therapists.

2. The need for an increased and broadened knowledge of psychiatric theory, the principles of treatment and the dynamics of mental illness is pronounced. In order to perform effectively, the occupational therapist's basic understanding of psychiatric theory and methods is essential. The lack of such knowledge may be a causative factor in the following observations:

a. The limitation of use of psychiatric terminology and of classical psychiatric diagnoses is worthy of note. Frequently,

descriptions of behavior are supplied in lieu of a formal diagnosis. A striking exception is the group of occupational therapists with 16 or more years of experience who used more exact classical identifications of illness. The current trend in psychiatric practice toward less emphasis on diagnosis and greater accent on symptomatology may account for the current decline in the use of classical diagnoses by the more recent graduates.

b. An inability of occupational therapists to explain their own performance is observed. For example, in many instances treatment situations are handled acceptably by the therapist. However, the reasons given for the choice of the treatment plan frequently are founded on a nebulous understanding of the dynamics of mental illness. One example writer stated that the occupational therapist decided to approach the patient from the point of view of a friend. It can be assumed that greater psychiatric knowledge would place treatment on a firmer and more understandable basis. Teaching at the clinical level would benefit through the occupational therapist's improved ability to explain her own performance to the members of related disciplines and others.

c. A tendency is evident toward the rote following of prescribed treatment. It is possible to see how ideas from various philosophies of psychiatric occupational therapy have been imitated rather than examined, analyzed and adapted to changing situations. A lack of understanding of dynamic concepts may influence the choice of ineffective therapeutic efforts. It is not surprising that the data show that the occupational therapist's performance improves as the depth of understanding of the dynamics of psychiatric illness increases.

d. The selection of trivial and shallow incidents by many of the more experienced occupational therapists is meaningful. It is possible that there has been a misunderstanding of the instructions for writing the incidents. However, other implications might be that re-evaluation of the treatment programs concerned would be beneficial. Improvement in the occupational therapist's understanding of psychiatric theory and his role in patient treatment might have a marked effect on the treatment programs concerned.

3. The dramatic lack of understanding by occupational therapists of their own motivation and reactions is particularly significant. As indicated in the following observations, self understanding improves as professional experience increases:

a. The fact that no successful examples are recorded in the first two years of professional practice indicates that self knowledge comes only as a part of the maturing process or that considerable effort needs to be turned toward promoting understanding earlier in the occupational therapist's work experience or at the undergraduate level.

b. As the example writer's experience increases, the somewhat negative approach to the treatment of "difficult" patients seems to decrease. In the first two years of professional practice in particular, an almost punitive feeling toward the patient is evidenced by some writers. Several occupational therapists tend to respond to patient behavior as they would to a purely personal reaction rather than treating the reaction as a potential symptom of illness. This leaning seems to give way to more objective and therapeutic approaches as the example writer's knowledge of himself broadens.

c. In the early years of experience, in particular, many examples present the writer in a very favorable light. The description of the therapist's personal success sometimes dominates the account. In order to focus attention on the patient and his reactions, the therapist must understand his own feelings and the part they play in his relationships with others. Greater honesty and willingness to admit errors is seen in more experienced therapists.

d. Some performance examples were written in an aloof, impersonal style which may reflect the therapist's attitude toward a particular patient or psychiatric treatment in general. Greater self-knowledge might make more effective treatment possible.

4. Some of the data are thought to be important by virtue of the highlighting of certain limitations of practice. Communication is noted as a factor of prime importance. However, mention is made of reading, writing, and evaluation of written reports by less than one-third of the example writers. One-half of this number are in need of increased skill in this area. It might be assumed that communication methods other than written reports were used. Need for improvement is constant throughout all experience levels with slightly better performance seen in the examples written by therapists with 7 and 8 years of experience.

5. It is the general impression of this author that overall performance of occupational therapy in psychiatry is not being carried out at as high or as dynamic a level as might be hoped. Lack of direct medical contact, guidance and stimulation may contribute to the limited professional growth evident in some clinical settings. The question of determining an alternate source of professional motivation has yet to be answered.

RECOMMENDATIONS

The inherent limitations in the data of this study preclude making specific suggestions for curriculum adjustment. However, the following recommendations are presented for further study:

1. Undergraduate and graduate level
   a. Investigate, define and develop the most effective educational methods for improving the following items:
      1) Blocks to communication
      2) Self knowledge and the effect of degree of self knowledge on ability to learn
      3) Ability to observe accurately and acutely
      4) Ability to think and reason
      5) Ability to grasp psychiatric concepts
      6) Ability to develop intellectual curiosity
   b. Determine which core curriculums are most successful and which organizational plan is most effective for the common education of occupational therapy students and those of other allied medical specialties.
   c. Investigate the relationship of actual work experience at the undergraduate level to success on the job in occupational therapy.
2. Postgraduate level
   a. Evaluate, define and develop specific methods for keeping current the psychiatric knowledge and understanding of occupational therapists in clinical practice by means of:

1) Postgraduate study

2) Refresher courses and scholarship opportunities

3) A traveling seminar staff on a national level

4) Regional discussion groups on clinical psychiatry

5) Periodic national re-examination of occupational therapists working in psychiatry

b. Stimulate interest in:

1) Exchanges of clinical occupational therapists and the provision of financial support

2) Study of similarities and differences of the nation-wide approaches to psychiatric occupational therapy carried out in a variety of settings

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APPENDIX

The following forms are examples of those used by the Curriculum Study Survey staff in obtaining the 459 examples of performance in psychiatry on which this study is based.

EFFECTIVE CRITICAL INCIDENT

Person Writing the Incident

O.T.R. (check)_____

Other (specify)_____

Person in the Incident

Title (level)_____

Total years of experience in O.T.

_____

Check areas in which therapist works most:

Phys. Dis. (except CP)____CP____

Ped. (except CP)_____NP____Tbc____

GM&S_____Admin._____Other_____

What led up to this incident?

What was done and why?

What was the outcome?

INEFFECTIVE CRITICAL INCIDENT

Person Writing the Incident

O.T.R. (check)_____

Other (specify)_____

Person In the Incident

Title (level)_____
Total years of experience in O.T._____
Check areas in which therapist works most:
Phys. Dis. (except CP_____CP_____
Ped. (except CP)_____NP_____Tbc_____
GM&S_____Admin._____Other_____

What led up to this incident?

What was done and what happened?

Why was it done this way?

What should have been done and why?

#		Writer	Level				Area							Diagnosis
T	F		Exp	Position	Func	Comp	NP	PD	GMS	TBC	PED	ADMIN	EDUC	

DUTIES

A. Patient-centered

1. Obtain info
2. Plan & Schedule
3. Analyze
4. Treat/Train/Explore
5. Record
6. Report

B. Administrative

1. Obtain info from
   - Doctor
   - Administration
   - Other depts
   - Community
   - Patient & family
2. Proc/sched resources
   - Personnel
   - Facilities
   - Equipt/Supplies
   - Budget
3. Record
4. Report
5. Supervise

C. Educational

1. Self
2. OT Personnel
3. All others

D. Other (specify)

KNOWLEDGE AND SKILLS

A. Basic Sciences

1. Anatomy
2. Physiology
3. Kinesiology
4. Neuroanatomy
5. Psychology
6. Abn Psych
7. GR/Dev/Senes

B. Clin Conditions

1. Medical
2. Surgical
3. Orthopedic
4. Neurological
5. Psychiatric
6. Pediatric
7. Geriatric

C. Rx Media

1. Arts & Crafts
2. Recreation
3. Education
4. Music
5. Prevocational
6. ADL/Orthetics
7. Adapted equipt
8. Self
9. Groups

D. Rx Application

1. Phys disabs
2. Psych conds
3. M & S conds
4. Ped conds
5. Ger/Chr conds

E. Prof Application

1. Orientation
2. Org/Admin
3. Rehab and Comm Agencies
4. Teaching Methods

F. Mgmt Skills

1. Personal
2. Professional
3. Communicative