The 8IATC received funding from the Australian Government.
Occupational Therapy and Adventure Therapy – Moving Forward Together

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ACKNOWLEDGEMENT OF COUNTRY

Griffith University acknowledges the Traditional Custodians of the land on which we are meeting and pays respect to the Elders, past and present, and extends that respect to all Aboriginal and Torres Strait Islander people.
Outline

- Similarities and differences
- OT theories
- Model of Human Occupation (MOHO)
- Canadian Model of Occupational Performance and Engagement (CMOP-E)
- Sensory Integration / modulation
- Case study – domestic violence
DV and trauma

Long term, complex PTSD
nightmares, flashbacks,
upsetting memories,
emotional distress or
physical reactions,
depression, anxiety
substance abuse
avoidance of reminders,
hypervigilance, dissociation
irritability or aggression,
poor concentration,
eroded sense of self, affects identity,
self-esteem and self-efficacy
shame, guilt, anger and sadness.
reduced mental health,
limited social networks

Sue

Physical, sexual, psychological, emotional, verbal, isolation, financial.

Poor health
Functional impairment
Occupational therapy is...

“… a client-centred health profession concerned with promoting health and well being through occupation. The primary goal ... Is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.”

(World Federation of Occupational Therapists, 2012)
### Similarities and differences

#### Similarities
- Philosophical underpinning
- Biopsychosocial model
- Environmental influences

#### Differences

<table>
<thead>
<tr>
<th>OT</th>
<th>AT</th>
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<tbody>
<tr>
<td>Everyday activities/\textit{function}</td>
<td>Prescribed and novel activities</td>
</tr>
<tr>
<td>Individual focus</td>
<td>Group focus</td>
</tr>
<tr>
<td>Activities within comfort zone</td>
<td>Activities outside comfort zone</td>
</tr>
<tr>
<td>but graded for challenge</td>
<td>Multiple disciplines and perspectives</td>
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<td>Broad perspective</td>
<td></td>
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(Jeffery and Wilson, 2017)
Model of Human Occupation (MOHO)

Simplified MOHO

Choose
Organise
Do
Environment
MOHO continued
Choose (Volition)

Volition

Personal causation

Values

Interests
MOHO continued
Organise (Habituation)

Habits

Roles
MOHO continued
Do (Performance)

Performance capacity
MOHO continued

Environment

Physical

Social

Cultural

Economic

Political
MOHO continued
Strategies

Validating
Identifying
Giving feedback
Advising
Negotiating
Structuring
Coaching
Encouraging
Physical support
Canadian Model of Occupational Performance and Engagement
CMOP-E

Figure 1.3  The CMOP-E: Specifying our domain of concern

A.  
B.

Environment
Occupation
Person
Leisure
Social
Cultural
Institutional
Physical

A.1 Referred to as the CMOP in Enabling Occupation (1997a, 2002) and CMOP-E as of this edition
B. Trans-sectional view

Canadian Model of Occupational Performance and Engagement CMOP-E

Interventions
• Facilitating
• Guiding
• Coaching
• Listening
• Reflecting
• Encouraging
• Collaborating

(Polatajko et al 2007)
Sensory integration / Sensory modulation

Senses: olfactory, visual, gustatory, auditory, tactile, vestibular, proprioceptive

Jean Ayres 1970s
Sensory integration / Sensory modulation

The Window of Tolerance

High Arousal

Window of Tolerance
Optimal Arousal Zone

Low Arousal

Ogden and Minton (2000)
Sensory integration / Sensory modulation

Bi-Phasic Trauma Response

Hyperarousal: too much arousal to integrate
- Emotional reactivity
- Hypervigilance
- Intrusive imagery
- Obsessive/cyclical cognitive processing
- Tension, shaking, ungrounded.

Window of Tolerance
Optimal Arousal Zone

Hypoarousal: too little arousal to integrate
- Flat affect
- Inability to think clearly
- Numbing
- Collapse

Ogden and Minton (2000)
Somatic Resources

Somatic resources emerge from physical experience, but influence psychological health. They are the physical actions and capacities that support self-regulation and provide a sense of well-being, competency and mastery.

Ogden, 2002
Sensory integration / Sensory modulation

Self-regulation and modulation – alertness, process sensory information, motor skills, social skills, complex tasks, problem solving, attention, decision making

Dysfunction:
• Increased need for sensory input through self-harm, unpredictable explosions of emotions,
• Lack of interaction with the environment
• Distractibility
• Increased difficulty with transition in daily routine
• Social isolation
• Difficulty maintaining balance between hyper- & hypo- activity levels
OT Strengths

- Activity analysis
- Graded activity
- Activity adaptation
- Client centred goal setting
- Assessment of roles and function
- Sensory work
- Detailed risk assessments
How can adventure therapy contribute to occupational therapy?
References


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