

#### Special Collection: Short Report

## **Building Occupational Alliance for Therapy (BOAT) Model**

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#### Abstract

Occupational Therapy (OT) is a profession that is not easily understood, leading to limited appreciation and misunderstanding of its therapeutic scope and areas of concern. The BOAT Model was created to guide therapists in establishing a therapeutic alliance with clients for the purpose of eliciting mutual concern, perception, and understanding of the client's unique occupational performance issues (OPI). The model also aims to help enhance the appreciation for OT services. Two specific steps were provided as a process in achieving the outcomes stated, namely *Establish* and *Converse*. The use of appropriate therapeutic interactive styles and modes outlined in the IRM were incorporated into the model. At the end of the process, the identified OPI using the COPM will be used to advise the creation of an occupation-based evaluation and intervention that is more relevant and meaningful for the client.

Keywords: occupational performance issues, occupational therapy, therapeutic alliance

### **INTRODUCTION**

Occupational therapy is a profession that requires collaboration between the client and the therapist. However, such opportunities for collaboration are often not optimized since many clients have a limited understanding and appreciation of the meaning of occupation. There is a general lack of knowledge and awareness about OT. <sup>1,2</sup> The profession had been described as vague among the public,<sup>1, 3</sup> and average at best amongst healthcare workers.<sup>1,4,5</sup> The level of knowledge of clients about OT affects their expectations and acceptance of OT services. The lack of awareness of OT services caused therapists to alter their treatment plans to enable clients to overcome issues related to denial, over or under expectations, or lack of acceptance of OT services.<sup>1</sup> In goal setting, therapists may even risk a mismatch of goals and expectations towards the focus of therapy if they

fail to practice client involvement and shared decision making.<sup>6</sup> As such, Occupational Therapists (OTs) have the responsibility of fostering a collaborative relationship with clients to communicate the scope of intervention possibilities and build mutual understanding and perspective with the client in enhancing occupational performance.

Occupational performance is the "accomplishment of the selected occupation resulting from the dynamic transaction among the client, their contexts, and the occupation".<sup>7</sup> Before the intervention, the OT and the client need to identify OPI that interfere with the client's overall participation and engagement. OPIs are problems that arise when individuals have dysfunction in their ability to choose, organize, and adequately perform relevant occupations.<sup>8</sup> Identification of OPIs with clients is vital to the initial stages of the OT process. In directing the narrative around the client's perceived OPI when first meeting clients, the therapist communicates the purpose of OT to their clients in the process.<sup>9</sup> Moreover, therapists become responsible for enhancing opportunities for the client to be more engaged in therapeutic decision-making with increased perception and understanding of their lived experiences as occupational beings.<sup>9</sup>

# **DEVELOPMENTAL PROCESS**

The conceptual framework was developed when the researchers found a clinical roadblock experienced in practice, specifically the client's difficulty identifying OPI due to a lack of knowledge and appreciation about OT as a profession.

The researchers reviewed articles on potential consequences that could reverberate throughout the therapeutic management if the OTs failed to sufficiently explain their own professional identity and focus on OPI before any underlying factors that may have contributed to the occupational problem. Client dissatisfaction with services, blurring of professional identity, and failure to address the OPI relevant to the client's daily context were possible consequences in failing to focus on occupation-based assessments directly.<sup>10</sup> This prompted the researchers to create a conceptual model that will guide therapists in setting the stage and in creating a therapeutic alliance for the purpose of enhancing their clients' understanding of OT services as agents that address occupational performance problems. Published journals and articles that focused on client-therapist collaboration and articles on how to elicit discussion on occupational performance problems through therapist's skills and strategies were studied.

Therefore, the model would focus on setting the stage in creating a therapeutic alliance with the client and providing direction to arrive at a mutual understanding and prioritization of the client's occupation-focused issues and a deeper appreciation for OT services at its conclusion. All information gathered will aid the therapist in creating a meaningful, individualized, and collaborative OT formal evaluation with the client.

## THEORETICAL BASES

Canadian Practice Process Framework (CPPF) and Intentional Relationship Model (IRM) were key conceptual frameworks and models used to develop the BOAT Model.

**CPPF**. The general process of the BOAT model is derived from the Canadian Practice Process Framework (CPPF).<sup>8</sup> The framework determines the steps in achieving a client's understanding of OT, identifying occupational performance issues, and acknowledging the contextual factors surrounding the therapeutic process. The development of the BOAT model focused only on the first two key actions that compromises the eight key actions proposed in the CPPF. These essential steps include (1) enter/initiate and (2) *set the stage.*<sup>11</sup> *Enter/initiate* is the process of screening the client upon referral to OT and identifying their background. This is in preparation for building rapport with the client, leading to a harmonious and cooperative relationship. Here, the therapist establishes contact with the client for the first time and sets the stage for their future interactions throughout the OT process. Set the stage is focused on understanding the client and their occupational challenges. It entails determining aspects of the context and environment that can hinder or support their occupational engagement. The first two stages prepare the client to enter the therapy process officially and for them to express their consent to avail of OT intervention.

The elements of CPPF also include the societal context and practice context, which influence the overall therapeutic process.<sup>8</sup> The practice context corresponds to the factors that the client and therapist have that shape their interactions embedded in a wider societal context. The societal context encompasses both the client's and therapist's institutional, cultural, physical, and social environment. The contexts mentioned above highlight the interaction and relationship of the therapist and client in therapy.

**IRM.** The Intentional Relationship Model explains the relationship between the client and the therapist as one potential precondition for the client's engagement in the OT process.<sup>12</sup> The intentional use of the therapeutic relationship includes the therapist's consideration of appropriate responses to interpersonal events occurring in therapy. It is important for the therapist to develop interpersonal skills to build a therapeutic alliance and use appropriate communication styles that best support the client's occupational needs. Therapists must consider the clients' unique interpersonal characteristics and the preferred ways of interacting during therapeutic mode selection.<sup>13</sup> The ultimate goal of IRM is to help therapists improve their relationships with clients, as this can help them provide their assistance to clients more effectively.

## **CONCEPTUAL MODEL**

## Building Occupational Alliance for Therapy (BOAT) Model

### 1. Boat

The boat represents the *therapeutic alliance* between the therapist, client, family, and others. The boat symbolizes the intentional relationship that is formed between the therapist and the client. Collaboration has been defined as "working together towards a common goal."<sup>14</sup> This is necessary for shared decision-making and mutual focus on identifying occupational performance concerns. The boat direction is affected by the sailors controlling the boat, and the winds and currents represent external elements that affect occupational performance. It is essential to consider all these factors to keep the boat sailing in the right direction.

# 2. Sailors

The sailors represent both the occupational therapist and the client. The *occupational therapist* is the technical expert that clients consult for their professional knowledge.<sup>15</sup> The therapist's role is to guide, actively listen, and understand the clients' individuality. Their main objective is to prioritize the clients' needs and wants to achieve success.<sup>16,17</sup> Through this relationship, therapists and clients work

together to achieve client-centered practice. The therapist must empower clients to appreciate themselves as occupational beings that are fully capable of self-determination.

For the purpose of this paper, the client would be defined as the actual client, their family, and others that are included within the therapeutic process. The client is a unique occupational being that holds a valid and important source for therapeutic goal setting. In a client-centered practice, clients are thought of as having the capability to choose their own goals and have the right to make their own choices in therapy.

Balanced teamwork among the sailors is important to keep the boat sailing in the right direction towards the island, representing the successful identification of OPI arising from a shared-decision making and collaboration process between the client and the therapist in the determination of occupation-based outcomes. The sailors hold their own insights, attitudes, beliefs, culture, and capabilities that can potentially influence each other. If the therapist dominates the decision-making process as the "expert" and maneuvers the sail notwithstanding the client's input, the boat may veer away from the desired destination.

# 3. Winds and Currents

The concepts behind the winds and sea currents were adapted from the CPPF "societal and practice context" that affect the collaboration and process of OT for both the client and therapist. These contexts can either be considered a facilitator or barrier towards obtaining clients' appreciation and understanding of the scope of OT. The *wind* represents the societal context of both the therapist and the client. This context encompasses both the client's and therapist's institutional, cultural, physical, and social environment. The *currents* represent the practice context and conditions of the existing OT transaction.

### 4. Buoys

The buoys represent the steps that will guide OT practitioners in facilitating OPI identification and a greater appreciation of OT for clients.

# Establish Rapport and Knowledge of OT. The

first step is to establish OT knowledge and build rapport with the client<sup>1</sup>. Therapists may probe for specific information about the client's knowledge of OT to highlight the depth of the clients' understanding of the profession at the start of the meeting. The therapist would also need to define occupational performance to the client so they are oriented towards the focus of OT services. In employing this process, clients in effect obtain critical information that will help them decide to pursue therapeutic services or not<sup>11</sup>. It is also recommended to build trust with clients first before trying to probe for the client's OPI, as the likelihood of disclosure increases when clients feel they can trust their therapists enough.



Figure 1. Building Occupational Alliance for Therapy (BOAT) Model

At this point, the therapist would then need to identify and account for the possible barriers and facilitators between the client, the therapist, and the context that would potentially affect their therapeutic alliance and collaboration. The therapist would then use their clinical reasoning skills to determine appropriate interactive styles and modes from the IRM that will be utilized. The choice of strategies shall be dependent on what is needed by the client and therapist to enhance their relationship and consequently

foster enhanced trust, disclosure, and confidence on the client's part to prepare them for eventually conversing about their OPIs with the therapist in the next buoy.

The *encouraging mode* will be used to foster hope and willingness to engage in collaboration with the therapist in starting the therapeutic process. The *problem-solving mode* will be used to facilitate reasoning and employ strategic questions to identify solutions for potential issues in collaboration or identification of OPIs. Finally, the *instructing mode* will be used in providing clear expectations and explanations about OT scope should the therapist identify lacking information that impedes effective discussion for OPI identification.

At the end of this stage, the therapist, client, family, and others will have a mutual understanding and clear expectations from each other to be able to work together in the future effectively. The therapist's communication style, interpersonal skills, and choice of therapeutic modes<sup>18</sup> will help overcome the barriers to client-centered care and will aid in educating the client about the OT process, develop trust, discover and rediscover aspirations and instill awareness of occupational possibilities.

**Converse about OPI.** In this step, the therapist and client will now have a discourse on the client's OPI to formulate the occupational profile. At this stage, the therapist shall be assuming a collaborating mode to help the client facilitate ownership of their own OPIs and utilize the *empathizing mode* to understand and validate what the clients will share on their lived experiences.

The Canadian Occupational Performance Measure (COPM) will be used to enable the active participation of the client in defining OPI. This tool will also facilitate a goal-setting process in a client-centered approach. Furthermore, the COPM interview may influence the client's understanding of their problems which facilitates a process of self-awareness and may also influence the therapy outcomes.<sup>19</sup> From the gathered information, OTs will be able to develop a working hypothesis regarding the reasons and challenges behind the client's OPI.

At the end of this stage, the therapist summarizes all the findings and gives relevant information on the client's concerns so that decisions may be made on the focus of OT services from the evaluation to the intervention process.

### 5. Island

The island represents the successful identification of OPI arising from a shared decision-making and collaboration process between the client and the therapist. Determining the OPI with the client is a central principle in the provision of client-centered practice. Consequently, there will also be a greater sense of appreciation for the role of OT once OPIs have been identified together by the therapist, client, family, and others.

**Limitations.** The BOAT model is limited to the OT processes of screening and gathering the client's subjective information, which involves the identification of OPI. Also, further research could elaborate on the barriers and facilitators of collaborative OPI between the client and the therapist, such as internal factors, skills, attitudes, and qualities, and how to address these factors, which could be explored further by another model.

### **CONCLUSION AND RECOMMENDATIONS**

The BOAT model aims to address the client's lack of knowledge on OT that leads to difficulties in formulating OPI, resulting in difficulties in engaging in the therapeutic process that affects the overall motivation and satisfaction in OT services. The model aims to promote a clientcentered approach where therapists provide understandable information to clients that will guide them to identify their own occupational issues.

This model proposes the use of the buoys in order for the therapist to help the client assume an active role in identifying occupational concerns and to better understand OT. This model promotes a client-centered approach in which both the therapist and the client are active participants in decision-making throughout the entire OT process from evaluation up to intervention. Using the COPM can foster an appreciation of occupations, shifting the narrative to occupations and identifying occupational problems from the client's perspective. Moreover, it is recommended to conduct further qualitative and quantitative research on using the model in practice.

### Individual author's contributions

A.A.I.D.: conception of work, analysis, and interpretation of work, approval of the version to

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be submitted for publication, and accountable for most aspects of the work; A.A.R.: conception of work, acquisition, analysis, and interpretation of work, drafting the work and revising critically and accountable for most aspects of the work; J.K.Y.C.: conception of work, acquisition, analysis, and interpretation of work, drafting the work and revising critically and accountable for most aspects of the work; M.A.D.B.: conception of work, acquisition, analysis, and interpretation of work, drafting the work and revising critically and accountable for most aspects of the work; M.A.T.B.: conception of work, acquisition, analysis, and interpretation of work, drafting the work and revising critically and accountable for most aspects of the work; D.N.M.T.: conception of work, drafting the work

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The first author is the founder and executive director at Independent Living Learning Center, Academia Progresiva de Manila, the founder and president of REACH Foundation, Inc., and the program director of Mandaluyong CARES -Project Teach. The rest of the authors are graduate students of Master of Science in Occupational Therapy at the University of Santo Tomas. The second author is a regular member of PAOT. The last author is the owner of Rehabworks Therapy Center Tuguegarao City, Cagayan Valley. The views expressed in this paper do not reflect the general position or opinion of the organization.

#### **Conflicts of interest**

The authors attest that they have no affiliations with or involvement in any organization or entity with any financial interest or non-financial interest in the subject matter or materials discussed in this special article. Therefore, no conflict of interest is declared.

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#### References

- 1. Darawsheh WB. Awareness and knowledge about occupational therapy in Jordan. Occupational therapy international. 2018 May 21; vol. 2018:1-9. DOI: 10.1155/2018/2493584
- Meny AH, Hayat AA, Ain QU, Tariah HS, Almarhoon AJ, Eldigire MH, et al. Knowledge about Occupational Therapy among People in Saudi Arabia. Journal of Evolution of Medical and Dental Sciences. 2021 May 31; 10(22):1703-1708. DOI: 10.14260/jemds/2021/352
- Creek J, Ilott I, Cook S, Munday C. Valuing occupational therapy as a complex intervention. British Journal of Occupational Therapy. 2005 Jun 1;68(6):281-284. DOI: 10.1177/030802260506800607
- Tariah HS, Abulfeilat K, Khawaldeh A. Health professionals' knowledge of occupational therapy in Jordan. Occupational Therapy in Health Care. 2012 Jan 1;26(1):74-87. DOI: 10.3109/07380577.2011.635184
- Patel A, Shriber L. Nurse practitioners' knowledge of occupational therapy. Occupational therapy in health care. 2001 Jan 1,13(2):53-71. DOI: 10.1080/I003v13n02 04
- Saito Y, Tomori K, Sawada T, Takahashi S, Nakatsuka S, Sugawara H, et al. Determining whether occupational therapy goals match between pairs of occupational therapists and their clients: a cross-sectional study. Disability and Rehabilitation. 2019 Jul 19;43(6):1-6. DOI: 10.1080/09638288.2019.1643417
- Boop C, Cahill SM, Davis C, Dorsey J, Gibbs V, Herr B, et al. Occupational therapy practice framework: Domain and process fourth edition. American Journal of Occupational Therapy. 2020 Aug 15;74(S2):1-85. DOI: 7412410010
- 8. Townsend E, Polatajko H. Enabling occupation II: Advancing an occupational therapy vision for health, well-being & justice through occupation. 2nd ed.. Ottawa, ON: CAOT Publications ACE; 2007.
- Baum CM, Law M. Occupational therapy practice: Focusing on occupational performance. American Journal of Occupational Therapy. 1997;51(4):277-88.
- Hocking C. Implementing occupation-based assessment. American Journal of Occupational Therapy. 2001;55(4):463-9. DOI: 10.5014/ajot.55.4.463
- Letts L, Vrkljan B, Leclair L, Ripat J, Law M. Canadian Practice Process Framework: Overview and guide. McMasters University and University of Manitoba; 2009. Available from: http://bluewirecs.com/srsmcmaster/oppm/data/dow nloads/cppf%20guide%20and%20questions.pdf

- Bonsaksen T, Vollestad K, Taylor R. The Intentional Relationship Model – Use of the therapeutic relationship in occupational therapy practice. Ergoterapeuten. 2013(56):26-31.
- 13. Taylor, RR. The intentional relationship: Occupational therapy and use of self. F.A. Davis Co. 2008.
- 14. Case-Smith, J, Allen A, Pratt P. Occupational therapy for children. 3rd ed. St Louis: Mosby. 1996.
- Plant SE, Tyson SF, Kirk S, Parsons J. What are the barriers and facilitators to goal-setting during rehabilitation for stroke and other acquired brain injuries? A systematic review and meta-synthesis. Clinical Rehabilitation. 2016 Sep;30(9):921-30. DOI: 10.1177/0269215516655856
- 16. Finlay L. The practice of psychosocial occupational therapy. 3rd ed. Nelson Thornes; 2004.
- Sumsion T. Pursuing the client's goals really paid off. British Journal of Occupational Therapy. 2004 Jan;67(1):2-9. DOI: 10.1177/030802260406700102
- Wressle E, Samuelsson K. Barriers and bridges to client-centered occupational therapy in Sweden. Scandinavian Journal of Occupational Therapy. 2004 Mar 1;11(1):12-6. DOI: 10.1080/11038120410019135
- Enemark Larson A, Rasmussen B, Christensen JR. Enhancing a client-centred practice with the Canadian Occupational Performance Measure. Occupational Therapy International. 2018 Jun 27;2018:1-11. DOI: 10.1155/2018/5956301

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