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## **Introduction**

The practice of occupational therapy is guided by the occupational therapy process; there are a number of representations of the occupational therapy process in the literature, for example, the Canadian Practice Process Framework (Townsend & Polatajko, 2013) and the Occupational Therapy Practice Framework (American Occupational Therapy Association, 2014). A common stage in the process is that of problem formulation or evaluation, situated subsequent to assessment and preceding goal setting. Guidance on the content of such formulation/evaluation varies in the literature, and is often brief. Suggested content has included a description of occupational performance, an occupational profile or a hypothesis for occupational difficulties (Townsend & Polatajko, 2013; American Occupational Therapy Association 2014; Forsyth, 2017). This article offers occupational formulation as an emerging term that could be employed universally as a stage within the occupational therapy process. A proposed structure and case example for occupational formulations is presented.

## **The Case for Formulation**

In brief, formulation can be described as a process of co-constructing a contextualised sense of someone's difficulties, as well as the strengths on which they can build. The idea of formulation in healthcare is not new; psychologists have used the term psychological formulation since the 1950's (British Psychological Society, 2011). Psychological formulation is a core competency of clinical psychologists whereby the clinician draws on their knowledge of psychological theory and evidence to collaboratively make sense of thoughts, feelings and meanings (British Psychological Society, 2011). Psychological formulation is increasingly being used in healthcare settings and has been presented, for example, within the context of practice for nursing (Rainforth & Laurenson, 2014) and social work (Lee & Toth, 2016).

Many occupational therapists work within healthcare contexts where a person's needs are considered through a medical or psychological lens; these tell us little about the individual or the

impact of their difficulties on everyday life. That is not to say that occupational therapists could not contribute towards a medical diagnosis and/or psychological formulation, as this may add to a perceived shared understanding of a person's problems. Occupational therapists can however, demonstrate the benefits of an occupational formulation as an alternative conceptualisation that draw on a person's strengths in challenging life situations.

### **Occupational Formulation and Occupational Therapy**

The notion of formulation has begun to be reported in the occupational therapy literature (Forsyth, 2017), based on wider recognition that narratives can have the power to create opinion change (Braddock & Dillard, 2016). Parkinson et al. (2011) described the process of assessment, narrative case formulation and goal setting within an occupational therapy service in the United Kingdom and suggested that case formulation facilitated the development of a therapist's professional reasoning by articulating the unique perspective occupational therapists bring to the multi-disciplinary team.

In an ethnographic study by Brooks (2016), occupational therapists in children and young people's mental health used occupational formulations as an occupational lens to demonstrate a specialist occupational perspective that was different to psychological formulation or medical diagnosis. The use of occupational formulations demonstrated a shift in thinking away from traditional constructions of mental health; it embraced formulating about young people at the level of participation in daily life. Also reporting on the use of formulations in occupational therapy Connell (2015), described the use of an integrated case formulation in forensic practice. Whilst this was framed within occupational adaptation theory the formulation was integrated with multiple sequential functional analysis from behavioural psychology. The idea of integrated formulations draws upon current philosophical debate in occupational therapy surrounding monist (postulating unity of origin) and pluralist's perspectives in practice (Hinojosa, 2017). An occupational formulation adopts a monist perspective, whereby occupation is its core and defining concept; diagnosis and formulations

from other healthcare professionals can provide the pluralist approach to make a comprehensive sense of a client's needs.

### **Structure of Occupational Formulation**

The question of how an occupational formulation should be framed needs to be considered. The use of occupation as the defining concept of an occupational formulation suggests that it could be possible to draw on a range of associated concepts, for example the Model of Human Occupation (Taylor & Kielhofner, 2017), Canadian Model of Occupational Performance and Engagement (Townsend & Polatajko, 2013) or Kawa Model (Iwama, 2006). This perspective holds resonance with Hinojosa (2017) who has called for occupational therapists to adopt a postmodern approach that enables them to draw on a range of perspectives in practice. Conversely, the integration of theories may raise concerns, for example, The British Psychological Society (2011) recommends that a psychological formulation should draw on a specific set of concepts and Loftus and Higgs (2008) talk of constructing ideas about service users within a single conceptual framework. Forsyth (2017) exemplifies how to do this, by presenting a list of questions to guide occupational formulations based on Model of Human Occupation constructs.

It is the suggestion of the authors, that whilst models of occupation have some commonalities, they are unique and that a stronger and clearer occupational formulation can be achieved by drawing on one conceptual framework. Table 1 proposes a structure for occupational formulation using occupational determinants, consequences and outcomes to guide the use of a single model of occupation. This structure reflects the idea of narrative whereby the first section describes where the person is coming from, the second section describes where they are now, and the third section describes the way forward.

[Insert Table 1. here]

The authors have experience in applying the Model of Human Occupation (MOHO) and have provided a case example based on MOHO concepts.

### **Karen – A Case Example**

#### ***Occupational Identity (Occupational determinants)***

You participated in a range of occupations during your childhood which were determined mostly by family life and included enjoyable times at school, in a drama group and on family holidays. In your early teenage years, your mother died suddenly and this led to a change in your family responsibilities. As the eldest child with two younger brothers, you took on the role of a young carer, managing domestic occupations, such as laundry, shopping and cooking. You felt that you were “trapped”.

You longed for independence and left home as soon as you could to live in a shared house and start shift work at a factory. You found the work boring and didn’t have “anything in common” with your housemates, but took pride in being able to look after yourself, and looked forward to spending time with old school friends at the local pub.

You missed your family and one day you began hearing a voice telling you that you were dirty and evil. This was frightening at first, but you started to believe the voice and became less motivated to go out. In retrospect, stopping work made you feel more alone and you would like to find a more interesting job with regular hours. You also want to make new friends and re-establish contact with your family.

#### ***Occupational Competence (Occupational consequences)***

Your brothers, who are now 17 and 18 still live with your dad and are able to look after themselves, although they say that they can’t cook as well as you can. You occasionally phone them, but meeting at your house is difficult because of the lack of private space. You last visited them several months ago, and your dad was worried about your health. He gave you some money to have your hair cut.

When you first left home, you had a good daily routine of going to work, managing chores and seeing friends once or twice a week when your shift pattern allowed. You worked at the factory for almost two years and appear to have managed your work tasks without any difficulty. Last year, you began spending increasing amounts of time alone in your room and you also started not looking after yourself; not changing your clothes, taking a shower or eating well.

It is currently difficult for you to adjust to problems that arise and your energy levels are low, but you know how to complete everyday tasks and have always managed your own money. Your mobility and strength are still good. Moreover, you relate well to others, are able to express your needs clearly and you work well in a group. You respond positively to structured support and have already started to explore options for developing new interests.

#### ***Occupational Adaptation (Occupational outcomes)***

- Looking after yourself
- Spending time with family and friends
- Developing new interests
- Finding meaningful work

#### **Summary**

The case for occupational formulation is growing; it articulates the theory of occupational therapy and is an important way of sharing our professional reasoning with service users. The use of medical diagnosis and psychological formulation has become a dominant discourse within the structures within which occupational therapists practice, and occupational therapists may continue to contribute to them. Occupational formulation, however, offers an alternative, and complementary way of making sense of a person's circumstances and difficulties. The authors contend that occupational formulation should be an explicit, structured process and outcome in the occupational therapy process, and that greater confidence is needed to apply our own models and theories to

occupational formulation. It is hoped that this opinion piece will stimulate further development, debate and research.

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