

Article

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Abstract

Background: There is a growing trend of occupational therapists using Dialectical Behaviour Therapy (DBT) in the treatment of Mental Health Care Users (MHCUs). However, there is currently limited literature available on the use of DBT within the occupational therapy practice.

Purpose: This study aimed to investigate occupational therapists in South Africa's use of the DBT approach in practice, and if so, provide a clearer description of their perspectives of these practices. Method: Using a qualitative design, 17 semi-structured interviews were conducted with South African occupational therapists using the DBT approach in clinical practice. This

was followed by thematic analysis of the qualitative information obtained. Findings: Three themes emerged from the data analysis: (a) Potential challenges identified by occupational therapists using Dialectical Behaviour Therapy, (b) The numerous benefits/motivators of Dialectical Behaviour Therapy-informed occupational therapy for the therapist and user, and (c) Variation in how DBT is being used in practice. These themes highlight the need for more research in this integration of fields and a guideline for occupational therapists who choose to make use of DBT in practice.

Implications for practice

- Occupational therapy clinicians who would like to use DBT to inform their practice are recommended to obtain a post-graduate DBT qualification.
- To remain within the scope of occupational therapy, the clinician should focus their treatment plan on specific skills that the MHCUs need to participate in occupations that are meaningful to them. It is also very important that the occupational therapist communicate their treatment focus to other team members, to avoid confusion or overlap.

- The clinician who implements the DBT approach should clinically reason from an occupational science approach. This would mean designing a client-centred treatment plan in a manner which is accessible to the MHCU, enabling specific skills that will meet the MHCU's occupational needs.
- Further research in this field is necessary.

Keywords: Dialectical Behaviour Therapy; Dialectical Behaviour Therapy-informed occupational therapy; mental health disorders

Introduction

⁶ According to the World Health Organization, mental illness is one of the leading causes of disability¹. When psychologically compromised, as is the case with mental disorders, intrinsic emotional factors such as emotional regulation may prevent an individual from effectively engaging in meaningful occupations, or doing²⁻⁵. Therefore, to optimize the occupational wellbeing of mental healthcare users (MHCUs) affected by mental disorders, it becomes important for an occupational therapist to focus on the client factors and occupational performance areas that are inhibited by illness, such as emotional regulation. In the case of mental health disorders, this will be treatment targeting affective capacity as part of a holistic programme.

Various psychotherapy treatment modalities for mental disorders have been researched and developed over time, ranging from psychoanalysis to behaviourism⁶. Dialectical Behaviour Therapy (DBT) forms part of relatively new psychological treatment approaches termed third wave psychotherapeutic techniques, which all have a common primary focus on a person's relationship to their thoughts and emotions⁷.

It has been the experience of the first author that occupational therapists in South Africa are adapting and making use of the original DBT programme in practice. Even though it is being used, the details of this integration are unknown. More specifically, there is also no published research on DBT-informed occupational therapy within the South African context. It

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is not understood how and why DBT is being used in South Africa by occupational therapists.

This means that any version of DBT-informed occupational therapy is not evidence-based at this time, but possibly practice-based and evidence-informed. It also means that there is little uniformity among an intervention presented, which may lead to confusion of the MHCUs and medical aid funders.

To start clarifying the integration of this approach within occupational therapy, this article aims to describe the current use of DBT-informed occupational therapy by South African occupational therapists to enable occupational engagement in clients with mental disorders. This is achieved by describing the knowledge, attitudes and practices of occupational therapists practicing in the South African mental health field.

Literature review

Over time, the concept of positive mental health and wellbeing has been defined and described by several researchers^{8,9}. Consensus is that the notion of mental health does not only encompass the absence of psychiatric symptoms, but also pertains to a subjective feeling of content, or feeling good^{2,10}. With cognisance of this definition, the opposite end of mental health would be a mental disorder, which forms the focus of this study¹¹. The symptoms of mental disorders are experienced by individuals as primarily negative and distressing, described in more severe cases as having a "tyrannical power over life"¹².

The symptoms of mental health disorders, influencing client factors like emotions, motivation, creative ability and others, act as a barrier to participation in activities of daily living (ADL), instrumental activities of daily living (IADL), health management, rest and sleep, education, work, play, leisure, and social participation. Conversely, occupational engagement supports health and wellness^{2,13}. Both notions substantiate the link between emotional factors and performance patterns, performance skills, and ultimately functional domains¹⁴.

To address the occupational performance challenges faced by MHCUs, occupational therapy is provided to individuals, groups and populations. Occupational therapy group

techniques have therapeutic value for MHCUs¹⁵. An occupational therapist's skill to facilitate group dynamics to enable recovery of the MHCU can be described as an art in its own right¹⁶. In South Africa, common outcomes addressed by occupational therapists in groups include, amongst others, improved role performance, social interaction, and life skills¹⁷. A study done by Soeker et al¹⁸ highlighted the value of occupational therapy groups for enabling workplace integration of forensic MHCUs.

However, despite the value of occupational therapy, there are MHCUs who chronically experience the negative impact of mental disorder symptoms on their occupational performance^{19,20}. These MHCUs are not able to perform meaningful occupations, nor able to perform them to their own satisfaction. Their opportunity to do (actively engage), to be (discover), to become (all that they want to be) and to belong (connect to others) is disrupted²¹.

The significance of the symptoms of mental health disorders on occupational participation warrants the need to invest in evidence-based, client-centred, and occupation-centred mental health interventions²²⁻²⁴. This study aims to explore the use of DBT in occupational therapy practice within the South African context.

Dialectical Behaviour Therapy is a third wave psychotherapeutic technique which teaches specific zen-related techniques for better regulating emotions and behaviour²⁵. Although originally designed for the treatment of MHCUs with suicidal thoughts or ideation, DBT has been successfully incorporated across a range of mental health settings²⁶⁻²⁸. In a quasi-experimental study with a pre-test post-test design, group-based DBT showed a significant reduction of depressive symptoms in a female substance use population²⁹. An 18-month DBT programme was effective in reducing anger and violence in a forensic population³⁰. Dialectical Behaviour Therapy combined with trauma-focused interventions showed a reduction in Post-traumatic Stress Disorder symptoms³¹. A qualitative analysis of a DBT skills training programme offered to teachers, suggested that DBT may be useful in equipping individuals with social-emotional competencies, even outside of clinical pathology³². Dialectical Behaviour Therapy skills also instilled confidence in teachers fighting racism³³. A 2021 study found that

a shortened version of DBT successfully improved the emotional regulation of adults with Autism Spectrum Disorder, with no intellectual disability³⁴. Although some adaptations were recommended, DBT was viewed as a feasible approach when working to improve the mental health of transgender youth³⁵. Best practice guidelines are also available to practitioners wishing to adapt DBT for various cultures and ethnicities³⁶. These are only a few examples of numerous studies in the field of DBT which highlight the approaches value in differing contexts and with different populations

Although there is literature available on the adaptation and use of DBT concepts in varying contexts, this study aimed to explore the knowledge, attitudes, and practices of South African occupational therapists possibly making use of DBT in the mental health landscape.

Method

A qualitative research design with a postpositivist stance was used in order to gain insights into DBT used within occupational therapy in mental health in South Africa³⁷. This design was suited to the need for an initial description of the landscape, asking “how?” before exploring specific hypotheses³⁷. One-on-one online semi-structured interviews were used to gather individual perspectives and practices which were then organised according to themes and used to inductively build an understanding of what DBT-informed occupational therapy currently looks like in South Africa^{37,38}. There were no initial restrictions placed on the types of mental disorders and types of clinical settings included in this study. A strength of this method is that it allowed for revision and redirection as the themes in this study emerged, as well as providing a more in-depth understanding of the technique under investigation³⁹.

Sampled population

A total of 17 interviews were conducted (n=17). Seven of these therapists interviewed have been working in the mental health field for 5 years or less (n=5); four for a period between 5 to 10 years (n=4); five for 10 to 15 years (n=5); and one for longer than 15 years (n=1). Fifteen of the participants were working in private practice (n=15); one in the public sector (n=1), and

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one at a non-government organization (n=1). Ten of the participants worked with in-patients (n=10), six with out-patients (n=6) and one with both (n=1). A broad range of mental disorders were treated by the study participants. Participants were relatively evenly spread out across three provinces in South Africa, namely the Eastern Cape, Gauteng, and the Western Cape.

A large portion of the participants had completed formal DBT training in the form of courses of a few weeks or days (n=11). Six participants completed basic training through the DBT Institute of South Africa (n=6). All the participants interviewed were registered with the Health Professions Council of South Africa and reported to have some knowledge of the DBT approach.

Sampling method

Initial participants known by the authors to be working in the mental health public and private sector were invited via email to participate in the study via purposive sampling (a non-probability sampling technique)³⁷. The non-probability snowball sampling or chain referral method was used by emailing initial participants, who were then encouraged to refer further colleagues for an interview by resending the invitation email, without sharing the contact details of potential participants with the research team^{37,40}.

Inclusion criteria:

- Occupational therapist registered with the Health Professions Council of South Africa (HPCSA) working in the mental health sector in South Africa, preferably with knowledge of the DBT approach
- Occupational therapists working in the public and private mental health sector.
- Occupational therapists from diverse contexts such as all ages, gender, culture, fields of expertise, any number of years' experience.
- Occupational therapists that have access to the internet and can receive emails and do online interviews.

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Exclusion criteria:

- Community service occupational therapists

Data generation methods

An interview schedule with open-ended and detail-oriented probes were developed and used to guide the interviews, instead of strictly dictating it as true to the chosen research design^{37,41}. An interview script was prepared, and questions were arranged from simple to complex in a logical order³⁷. A guideline for knowledge, attitude, and practice surveys was also consulted in the preparation of the interview schedule as these three themes are relevant to answering the research question⁴². The primary questions were direct questions regarding knowledge of, attitude towards, and practice using DBT. The probing questions were designed based on themes that are relevant to this study such as training and occupational participation.

Open-ended interview questions are recommended as multiple-choice answers may potentially lead to correct guessing by participants⁴². If not addressed in the open-ended answers, more direct questions were asked. The primary open-ended questions provided in table 4 were asked, with each primary question also having several optional probing questions.

Keeping the primary questions open-ended allowed for depth, and allowed the participant the freedom to disclose as much or as little information regarding their methods as they desired. This is important when considering the participants right to intellectual property in programme design. The sessions were concluded with an ethically obliged debriefing question to clarify any concerns or unpleasant experiences during the research participation process³⁷.

No concerns were brought forward by research participants. The interviews were conducted in English, using Microsoft Teams software. This software also allowed for automatic transcribing and manual storing of the recorded interviews. Recordings were stored on the principal investigator's password protected OneDrive account for a period of 12 months. The average time of completion was 30 minutes per interview.

Interview schedule

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1. Can you describe to me what you know and understand about the Dialectical Behaviour Therapy (DBT) approach?
2. Could you kindly share your attitude towards the use of DBT by occupational therapists to enable occupational performance in patients with mental health disorders?
3. Please explain how you make use of the DBT approach or selected DBT themes in practice?
4. Please explain why you have chosen to use DBT in the manner?

Data analysis

Creswell's six step theory for the analysis of qualitative data was used as a guideline to analyse the information gathered via interviews^{37,38}. These steps with minor adaptations included the following:



Figure 1. Data analysis process

This method of data analysis is true to the inductive design of the study, working from the ground up in this previously unexplored field. Data analysis was completed by the principal investigator using NVivo software and reviewed by the study supervisors.

Quality criteria (trustworthiness)

This research was designed to meet the four pillars of trustworthiness, being credibility, transferability, dependability and confirmability⁴³. Credibility was achieved via investigator triangulation. In this case, using at least two co-coders to make decisions regarding coding and data analysis. Transferability was enhanced by describing the context in which the research took place, adding to a thicker description of behaviour and experiences⁴³. By maintaining the research path throughout the study and basing the analysis process on a common and tested theory described in literature, dependability and confirmability were possible^{38,43}. The interpretation of data was free from researcher subjectivity and bias, evident via a trail of notes kept throughout the analysis process⁴³. The researcher tried not to digress too much from the original message conveyed in the interviews by using quotations as far as possible. The review of analysis by more than one investigator also added to confirmability.

Ethical clearance

This study was approved by the Health Sciences Research Ethics Committee at the XXX (HSREC no. XXX). Prior to the interview, an informed consent form was distributed to potential participants as part of the invitation email. It was indicated on the form, as well as at the beginning of the interview, that participation in the interview is viewed as understanding and providing informed consent. Identifying information was excluded from the data analysis and participation was voluntary.

Findings

Three themes emerged from the study: (a) Potential challenges identified by occupational therapists using DBT, (b) The benefits/motivators of DBT-informed occupational therapy for

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the therapist and user, and (c) Variation in how DBT is being used by occupational therapists in practice.

P/V (ETS)

Table 1: Themes and categories

| THEME | CATEGORY |
|---|--|
| (a) Potential challenges identified by occupational therapists using DBT | 1. The role of occupational therapists in applying DBT |
| | 2. The duration allocated to applying DBT in practice |
| | 3. Limited extent of knowledge surrounding DBT theory |
| (b) The benefits/motivators of DBT-informed occupational therapy for the therapist and user | 1. DBT-informed occupational therapy enhances occupational performance |
| | 2. DBT-informed occupational therapy is empowering |
| | 3. DBT is suited to various populations |
| | 4. DBT is well packaged |
| | 5. DBT can fall within the occupational therapy scope of practice |
| | 6. DBT use is encouraged by management |
| (c) Variation in how DBT is being used by occupational therapists in practice | 1. Training is helpful |
| | 2. DBT is being adapted |

Theme A: Potential challenges identified by occupational therapists using DBT

This theme discusses the challenging aspects of incorporating the DBT approach into practice as experienced by the study participants. Three categories are discussed. The first relates to the use of DBT by multiple disciplines. The second category is related to the large amount of content in the traditional DBT programme. The third potential challenge is the limited in-depth knowledge of the traditional DBT programme.

P/V (ETS)

Category 1: The role of occupational therapists in applying DBT

A key concern of participants was the differing role of occupational therapists versus other multi-disciplinary team members (MDT) and how each makes use of DBT to inform their practice. One participant expressed that psychologists do not understand this differentiation clearly, stating: "that's them not understanding the professional scope of practice" (P10). This was seconded by another participant who stated: "they will not understand our role that we

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will play using it" (P5). It was recommended by one participant to: *"find the line where is OT and where is psych because I often want to dive into psych" (P2);* as well as by another: *"don't try to take over the role of the psychologist.... focus on occupational performance areas" (P13).*

This blurred line between professions was seconded by a participant who stated: "I found that I was very often grappling outside my zone of expertise" (P17).

These sentiments all surround the importance of communicating differences among the MDT, but also with MHCUs, *"we just need to be careful about really being intentional about remaining in our scope and yeah, and setting those boundaries with our clients as well" (P15).* Six participants reported that or encouraged their MHCUs to see another member of the MDT at the same time as they are attending occupational therapy. There was consensus among some participants that the same type of lingo or consistency with wording and practice should be used by the MDT incorporating DBT into their practice. One participant shared: *"efficacy of DBT in someone's therapeutic process can be enhanced when the whole team is speaking the same language" (P9).*

Category 2: The duration allocated to applying DBT in practice

A second primary potential risk/challenge identified by study participants was doubt conveyed surrounding the applicability of the DBT approach in short-term or acute settings. This doubt is two-fold. Firstly, there is a lot of content in the original DBT handbook. Possibly too much to be utilized in a brief period. Participants stated: *"it's too much information" (P17); "I question how realistic it is to expect patients to remember" (P14); "it's more practical over three four months, if not longer" (P10)* and that time limits *lead to "possibly not spending enough time practicing it" (P16).* The second cause of doubt was the participants reported concern over the mental status of *MHCUs admitted in an acute setting* and how this matches the demands of DBT. For example: *"patients were actually still a little bit psychotic and then nothing works DBT wise" (P11).*

Category 3: Limited extent of knowledge surrounding DBT theory

Majority of the participants interviewed were able to name the four main DBT themes. Just under half of the participants spontaneously mentioned the original target population that DBT was designed for, namely borderline personality disorder. Seven participants spontaneously mentioned the creator of DBT, Marsha Linehan. All of these facts are in-line with DBT-literature.

However, there was also some uncertainty among the population surrounding DBT background and research. This was suggested by some participants with phrases such as: "I'm not 100% sure" (P14); "DBT stands for dialectical behavioural, neh?" (P5) and "there's a bit of a lack of knowledge with regards to DBT" (P7). There was also a belief among five participants that DBT was intertwined with Cognitive Behavioural Therapy, as some participants stated: "it's a derivative of Cognitive Behaviour Therapy" (P15) and "it's based on Cognitive Behaviour Therapy" (P11). Outside of knowledge on the basic premises of DBT, limited in-depth knowledge or expertise on the approach came to the fore for most participants.

Theme B: The benefits/motivators of DBT-informed occupational therapy for the therapist and user

All the study participants displayed a positive attitude towards the use of DBT to inform occupational therapy practice. There were multiple reasons for this enthusiasm.

Category 1: DBT-informed occupational therapy enhances occupational performance

The belief that DBT-informed occupational therapy enhances occupational performance was strongly conveyed by most study participants. DBT-informed occupational therapy was seen as allowing MHCUs to cope or function better when the DBT skills are applied. One participant stated that DBT helps to "improve being able to make decisions, being able to do higher order executive skills, being able to problem solve within a work environment, things like that" (P10), and another "their ability to perform their occupations is enhanced" (P9).

Distress tolerance and emotional regulation skills were identified as two skills well-matched to the “*preparing for the doing*” (P15).

Category 2: DBT-informed occupational therapy is enabling

A second motivator for five participants to use DBT to inform their practice was that the DBT process was viewed as enabling for the MHCU. As stated by participants: “*give patients some confidence and make them feel that they are able to tackle distressing situations*” (P14); also, that DBT is “*bringing people back to their...inner strength*” (P17); and “*it really empowers patients to kind of take their own responsibility*” (P2). Furthermore, the efficacy of this approach for the MHCU, namely the positive effect for the user, was experienced by some participants. One participant stated: “*I’ve seen the effectiveness of it*” (P3).

Category 3: DBT is suited to various populations

Thirteen of the 17 therapists interviewed reported that the DBT approach can be adapted and successfully incorporated for a wide range of MHCU populations. This was noted in comments such as: “*I think it can be used with all mental health diagnoses*” (P14); “*they (the DBT skills) really are made for everyone*” (P12). One participant stated that DBT is “*really something that you can adapt to a population easily*” (P4). This was viewed as true even for more challenging groups: “*a lot of my patients aren’t really receptive to other kind of skills*” (P7). A range of populations with which this approach was successfully being incorporated included: “*substance dependency, depression, personality disorders, schizophrenia and anxiety*” (P3).

Category 4: DBT is well-packaged

Another encourager or motivator for participants using DBT was that the handbook, including handouts and activities, was seen as an “*amazing tool*” (P4). Participants described the approach as: “*practical, it’s tangible*” (P15), structured and well-packaged.

Category 5: DBT can fall within the occupational therapy scope of practice

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Dialectical Behaviour Therapy was seen by participants as aligned to the premises of occupational therapy and falling within the occupational therapy scope of practice. One participant stated: "I feel it's very much in our scope of practice" (P15). This was seconded by six other participants with statements such as "it suites us OTs very nicely" (P12); and "it's very OT based" (P10).

Category 6: DBT use is encouraged by management

A few participants also used DBT to inform their practice because this approach specifically was encouraged by the institution where they work, or their management. For example: "I just kind of like follow along with the programme" (P14) and "they've done it this way for a very long time in the clinic where I am working" (P4).

Theme C: Variation in how DBT is being used by occupational therapists in practice

The general idea conveyed with theme C is that each study participant was using the traditional DBT approach differently in order to inform their practice.

Category 1: Training is helpful

Your training as a therapist will influence how you make use of a specific approach because of your level of expertise therein. Twelve of the participants in the study believe that additional DBT training is necessary before an occupational therapist can incorporate the DBT approach effectively. One participant stated: "some sort of training is, is very helpful... to understand the whole picture and to really give an effective service" (P13). Another participant stated: "so there is a risk, because it is not going to be not effective, but it is not going to be as effective as it can be if someone just uses the skills in a by the way kind of manner" (P1). On the other hand, some participants did not believe that training is vital and that learning about an approach through reading and observing is possible given an occupational therapy background.

Category 2: DBT is being adapted

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The original DBT programme is not being used as-is by study participants, but rather adapted according to the needs and wants of the MHCUs that they work with. This was derived from statements such as: "it's very much based on their needs" (P15) and we "need to look at what's important meaningful to the client" (P1). Adaptation is done according to grading as well, as one participant mentioned: "we must always do our grading when it comes to our activity choices and our presentation choices and our structuring" (P13).

The original programme is also being adapted based on time available. For majority of the participants interviewed, this was a short period falling between a few days to 12 weeks. Therefore, condensation of the approach becomes a must. Frequently, sessions are also presented by the participants in groups.

Majority of the participants reported only using components of the theory by bringing in aspects of it or teaching certain skills as they become necessary. This was corroborated by statements such as: "I love that I can use aspects of it...as you go along, the opportunity will arise" (P8); and "I always use it in conjunction with other OT stuff" (P6). This is different to four of the participants interviewed who use DBT as the primary or most influential approach informing their practice, stating: "we work through the different components" (P7); "the bulk of what I use currently is DBT skills" (P1) and "DBT is one of the bigger, bigger components" - (P16).

Five of the 17 study participants report using the DBT themes in a practical manner, teaching practical skills. As stated by one participant: "we will look at more of the functional practical implications of it in your context" (P6) and another "we don't like to just talk about it. We actually do the things" (P15). The same number of participants report using handouts and/or worksheets when presenting DBT themes. When DBT is used by occupational therapists, it is viewed by many as skills training, with little emphasis on the processing of emotions. As stated by one occupational therapist: "occupational therapists' role is very much in the skills training" (P17).

There were a number of reports of primarily discussion-based groups surrounding the DBT themes. As explained further by one participant: "*sometimes the skills coaching, and the teaching might be the activity*" (P1).

Discussion

The current study sought to investigate the knowledge, attitudes and practices of occupational therapists using DBT to inform their practice within South Africa. These three themes are integrated under a discussion around themes that emerged during the study. The information gathered during the interviews provided above provides insight into the current DBT landscape within South Africa.

Knowledge

Regarding the knowledge of the participants surrounding DBT, there was an understanding of the very basic constructs of the original DBT programme, but also some uncertainty. In particular, there was uncertainty regarding whether DBT is part of or separate from Cognitive Behaviour Therapy (CBT). In literature, DBT is described as a theoretical construct, with a unique set of skills taught that differ from CBT⁴⁴. However, in numerous other published sources, DBT is viewed as a form of CBT⁴⁵. These two contradictions found in literature may be a source of confusion among DBT users. Uncertainty surrounding DBT theory and research could be one of the reasons why practices differ. Cognitive Behaviour Therapy elements found in DBT is the rapport forming techniques, and the training in skills⁴⁶. Still, DBT is different to CBT in that its core focus is stress coping skills and there is radical acceptance of the MHCU⁴⁶.

Clear communication within multi-disciplinary team

Attitudes of study participants alluded to some potential challenges identified. One of the main concerns was related to the use of DBT by various MDT members. When an occupational therapist works as part of a MDT, there is potential for conflict and miscommunications among professionals. Therefore, there needs to be clear communication by the occupational therapist regarding how DBT would be used to inform occupational

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therapy, and the differences between this adapted version and the traditional DBT. As recommended by one participant, such a discussion should be sought with the MHCU as well. A discussion of the relevance of occupational therapy interventions with the MHCU is supported by literature⁴⁷. This may entail, for example, explaining to the MHCU what DBT is, how it is used within the occupational therapy profession, and why it has been selected as the treatment approach for the client. One such motivator could be that enhancing interpersonal and psycho-social factors with the use of meaningful activity falls within the scope of occupational therapy⁴⁸.

MHCUs should also see a psychologist

Ideally, because DBT was designed for psychologists, to reap the full benefit of this approach, a MHCU should also be seeing a psychologist who processes emotions more than would be done in skills training by an occupational therapist⁴⁵. This was the practice of majority of the participants as well. Having the support of a psychologist and clear communication between two treating professionals could prevent the need to grapple outside of the scope of occupational therapy while moving through the DBT process. As stated by one participant: "there might be smaller nuances that we might miss that we might not understand as well" (P6). Although this risk is important to recognise, there might also be opportunity when DBT is used by an occupational therapist. Staying within the scope of occupational therapy, focusing on activity and occupational performance rooted in occupational science, may bring to the fore aspects of DBT not explored by other professions⁴⁸.

The length of intervention should be appropriate

A second branch of the potential challenges expressed by participants was related to the length and content of the original DBT approach. According to the experience of two participants the mental status of MHCUs experiencing acute symptoms seems to not lean itself towards the learning of acronyms and other more cognitively demanding or abstract DBT concepts. This finding is substantiated in literature stating that engaging an acutely ill MHCU

in occupational therapy is not easy, particularly when it comes to appreciating the full professional potential of an intervention⁴⁷. Furthermore, it has been described that establishing a life worth living (a crucial aim of DBT) would require more intensive work on behalf of the service provider in an in-patient setting⁴⁹.

Given the doubt raised surrounding the amount of content forming part of the original DBT design, research investigating the efficacy of condensed versions of DBT-informed occupational therapy would help to better understand the mechanics of more brief interpretations.

Broad applicability

Despite the potential challenges expressed by the participants, the overarching attitude of participants surrounding DBT-informed occupational therapy was positive. The substantiation of the alignment of DBT with occupational therapy theory is built up and supported in the introduction of this article. Using the OTPF as a frame of reference, the occupational therapist is able to address emotional factors that may interfere with functionality¹⁴. The focus of DBT-informed occupational therapy is not psychotherapy or psychoeducation, but rather equipping a MHCU with the necessary skills needed to return to their daily life⁵⁰.

A benefit for using DBT in practice was the flexibility of the approach and its broad applicability. The promising notion that DBT can have a beneficial outcome for varying populations is supported by literature^{30,31,51}. There is positive research in the fields of DBT for depressive symptoms, Post-Traumatic Stress Disorder, people with no diagnosed mental disorder, and the forensic population, among others^{30,31,35,44}. The developer of the DBT approach, Marsha Linehan, has also identified the potential usefulness of DBT in ever evolving and adapted clinical settings. However, Linehan also states that further research is required to explain how DBT works in these evolving clinical setups²⁸. It is also important to recognise that the research with successful DBT outcomes was within the psychology profession, and not in occupational therapy.

Skills training

Every participant in this study was interpreting and using DBT differently. Some variations were small and some large. These differences in practice make it complicated to clearly define what DBT-informed occupational therapy entails.

It could also unfortunately make it difficult to determine what level of expertise in the field of DBT and what quality of practice would qualify as DBT-informed occupational therapy. This would be a valuable question to ground further research and discussions.

The participants reported to mostly translate the original DBT approach into skills training in a group setting. This differs to the traditional DBT programme which has additional components such as telephone contact and one-on-one therapy with a psychologist. A study by Flynn et al⁵¹, found that DBT skills training alone seemed to be effective in reducing binge drinking, and drug use, as well as improving emotional regulation and mindfulness practice. Therefore, there is a degree of support for presenting an adapted DBT programme for MHCU with dual diagnosis. However, it is important to recognise that the skills training in this reported study was offered for 24 weeks, and multiple disciplines were included in the study⁵¹.

Grading and clinical reasoning

The selection and presentation of skills was not uniform among participants. Grading of the intervention was recommended. Grading by an occupational therapist is a fundamental occupational therapy technique or art that should not be lost regardless of the structure of an approach chosen^{52,53}. It is also important to recognise that all approaches that are incorporated by the occupational therapist are underpinned with occupational therapy or occupational science principles. One of which, recognised by participants in the study, is the occupational therapy art of grading and making theory practical and applicable for the MHCU's unique context. In all instances, the occupational therapist aims to build their intervention with and for a specific MHCU⁵⁴. Considering the culture of the MHCU is crucial in the multi-cultural South Africa, before applying an approach designed in the global-north^{36,55}.

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If you stay true to the notion of adapting an approach according to the needs of the people who you work with, then there should be no “one-size-fits-all” programme, such as the traditional DBT group training component. A key requirement when selecting the best practice for a MHCU is clinical reasoning, based on critical thinking (56). If DBT is selected by occupational therapists as the treatment approach of choice simply because it is popular or advised by an institution, this way of working could pose a risk to clinical reasoning and best outcomes for the MHCU.

Looking Through the occupation-centred lens, it is possible that all four DBT themes hold relevance for the MHCU and their occupational needs and wants²³. However, in situations where the DBT content as is seems to not match the client factors, it becomes all the more important for the occupational therapist to use techniques such as grading, therapeutic use of self, and clinical reasoning in order to make the intervention client-centred again²⁴. This may mean choosing not to use DBT or choosing to use only certain techniques.

As DBT is a specific approach with specific skills taught, the degree of adaptation may be limited before one is no longer offering the traditional DBT. Should it be selected as the primary approach, the therapist should be skilled therein and not only have a working knowledge of the basic components. Furthermore, it would be important to recognise that by using small components of an approach, a therapist cannot substantiate his or her practice with the positive research findings supporting the use of DBT referenced in earlier sections. They could, however, use the OTPF and occupational science to empirically support their use of occupational therapy void of DBT^{14,57}.

Groups

Most of the participants reported the use of DBT in groups. The potential therapeutic value of groups has long been established. At least 175 curative factors present in therapeutic groups were empirically identified prior to the year 1955¹⁵, Yalom identified twelve popular curative factors unique to group therapy that are still fundamental to clinical practice⁵⁸. The

traditional DBT skills training also takes place in groups (in conjunction with individual therapy), also recognizing the potential value of the group dynamics²⁷. However, there is no literature supporting DBT-informed occupational therapy groups currently.

It would be important for the occupational therapist to consider published research suggesting that didactic teaching alone (as reported by some participants) is not effective in ensuring mental wellness long-term⁵⁹. The fundamental occupational therapy therapeutic medium and outcome of meaningful activity should always be a central construct in practice. Furthermore, as with the other categories that have emerged from this study, it will be important to further investigate how DBT relates to occupational therapy principles and then what a DBT-informed occupational therapy group could look like in comparison to the standard DBT skills training group before the efficacy of such can be determined.

Limitations

A limitation of this study findings is that there were no exact detailed explanations provided on how DBT is specifically being used in practice. This is understandable, given intellectual property rights, but it also means that it is challenging to describe specific techniques or particularly helpful portions of the entire traditional approach. Future research in this field may wish to seek the connection between occupational performance and DBT-informed occupational therapy practice more. A limitation to the sampling method was that not all provinces in South Africa were represented. This was mediated by gaining more qualitative information. A third limitation to the research process was having to do the interviews online. This was managed by giving enough time for additional discussion to add to a more comfortable and personal atmosphere.

Conclusion

In conclusion, this study emphasises the need for more research in this field and the development of a guideline for occupational therapists wishing to offer DBT-informed

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occupational therapy. However, this guideline should also be flexible to an extent, allowing for clinical reasoning and alignment with occupational science.

Overall, the study participants using DBT to inform their practice have some knowledge on the basic DBT concepts. However, there are varying levels of expertise in the field of DBT among study participants. The recommendation for additional DBT training was made by study participants.

The dominating attitude of participants in this study was positive surrounding the notion of DBT-informed occupational therapy in South Africa. However, some concerns were raised by participants on the topic of multi-disciplinary collaboration.

Mostly, DBT-informed occupational therapy differs from traditional DBT in that it is a practical, skills training approach. Participants who draw from this approach shared reports of positive outcomes when working with a large variety of MHCUs and in differing setups. However, each occupational therapist is using DBT differently to inform their practice. There are differences in terms of the intervention time frame, and the degree of discussion versus practice. These differences in practice may mean that an occupational therapist is staying true to the notion of client-centred practice, but drastic differences in practice could also roll over into important challenges that would need to be negotiated for the occupational therapist wishing to make use of this approach.

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Conflict of interest

No conflict of interest was reported by the author.

References

1. World Health Organization. Mental health overview [Internet]. 2023 [cited 2023 May 17]. Available from: https://www.who.int/health-topics/mental-health#tab=tab_1

An exploration of DBT-informed occupational therapy in South Africa, 17/05/2024

2. American Occupational Therapy Association. Occupational therapy practice framework: domain and process. *American Journal of Occupational Therapy* [Internet]. 2014;68. Available from: <https://doi.org/10.5014/ajot.2014.682006>

3. Backenstrass M, Frank A, Joest K, Hingmann S, Mundt C, Kronmüller K-T. A comparative study of nonspecific depressive symptoms and minor depression regarding functional impairment and associated characteristics in primary care B. *Compr Psychiatry* [Internet]. 2006 [cited 2020 May 4];47:35. Available from: <https://doi.org/10.1186/s41155-018-0094-z>

4. Kearns Murphy C, Shiel A. Evaluation of an intensive occupational therapy intervention to facilitate independent living and improve occupational performance and participation. Results of a longitudinal case study design. *Occup Ther Ment Heal* [Internet]. 2020 [cited 2021 Mar 11];15. Available from: <https://doi.org/10.1080/0164212x.2020.1852149>

5. Christie L, Inman J, Davys D, Cook PA. A systematic review into the effectiveness of occupational therapy for improving function and participation in activities of everyday life in adults with a diagnosis of depression. *J Affect Disord* [Internet]. 2021 Mar 1 [cited 2021 Apr 14];282:962–73. Available from: <https://doi.org/10.1016/j.jad.2020.12.080>

6. Austin T, Bezuidenhout C, Botha K, Du Plessis E, Du Plessis L, Jordaan E, et al. *Abnormal psychology a south african perspective*. Second. Burk A, editor. Oxford University Press; 2012. 5–36 p.

7. Hayes SC, Hofmann SG. The third wave of cognitive behavioral therapy and the rise of process-based care [Internet]. Vol. 16, *World Psychiatry*. Blackwell Publishing Ltd; 2017 [cited 2021 Mar 10]. p. 245–6. Available from: <https://doi.org/10.1002/wps.20442>

8. Jahoda M. Current concepts of positive mental health. [Internet]. *Current concepts of positive mental health*. Basic Books; 2006 [cited 2021 Apr 15]. Available from: <https://doi.org/10.1037/11258-000>

9. Smith MB. Research strategies toward a conception of positive mental health. *Am Psychol* [Internet]. 1959 [cited 2021 Apr 15];14(11):673–81. Available from: <https://doi.org/10.1037/h0040030>

10. Mishra M. Understanding well-being: A practical approach.: EBSCOhost. *Indian J Heal Wellbeing* [Internet]. 2017 [cited 2020 Feb 14];8(10):1133–5. Available from: <https://ezproxy.ufs.ac.za:8381/ehost/pdfviewer/pdfviewer?vid=11&sid=acc0b87a-4d56-4c03-8c22-83dc8c964f26%40sessionmgr103>

11. Raskin J. What is the DSM-5 definition of a mental disorder? *Saybrook Forum* [Internet]. 2012 [cited 2020 Jun 5];1. Available from: <https://www.saybrook.edu/unbound/defining-mental-disorders-dsm-5-style/>

12. Connell J, Brazier J, O’Cathain A, Lloyd-Jones M, Paisley S. Quality of life of people with mental health problems: a synthesis of qualitative research. *Health Qual Life Outcomes* [Internet]. 2012;(10):7. Available from: <https://doi.org/10.1186/1477-7525-10-138>

13. Wasmuth S, Mokol E, Szymaszek K, Gaerke KJ, Manspecker T, Lysaker P. Intersections of occupational participation and borderline personality disorder: A grounded theory approach. *Cogent Psychol* [Internet]. 2020 Jan 1 [cited 2021 Mar 11];7(1):2. Available from: <https://doi.org/10.1080/23311908.2020.1803580>

14. American Occupational Therapy Association. Occupational therapy practice framework: Domain and process. *Am J Occup Ther* [Internet]. 2020 Aug 1 [cited 2023 May 17];74:1–87. Available from: <https://doi.org/10.5014/ajot.2020.74s2001>

15. Sherry P, Hurley J. Curative factors in psychotherapeutic and growth groups. *J Clin Psychol* [Internet]. 1976;34(2):835–7. Available from: [https://doi.org/10.1002/1097-4679\(197610\)32:4%3C835::aid-jclp2270320423%3E3.0.co;2-#](https://doi.org/10.1002/1097-4679(197610)32:4%3C835::aid-jclp2270320423%3E3.0.co;2-#)

16. Dsouza SA, Galvaan R, Ramungondo E. Concepts in occupational therapy- Understanding southern perspectives. 2017. 270; 275; 277 p.

17. Meyer A. Trends in activity participation of mental health care users with major depressive disorder attending occupational therapy groups. University of the Witwatersrand; 2020.

18. Soeker MS, Hare S, Mall S, Van Der Berg J. The value of occupational therapy intervention for the worker roles of forensic mental healthcare users in Cape Town, South Africa. *Work* [Internet]. 2021 [cited 2023 Jun 22];68(2):399–414. Available from: <https://doi.org/10.3233/wor-203381>

19. Alnæs R, Torgersen S. Personality and personality disorders predict development and relapses of major depression. *Acta Psychiatr Scand* [Internet]. 1997 [cited 2019 Nov 6];95(4):336–42. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1600-0447.1997.tb09641.x>

20. Fonseca Barbosa J, Gama Marques J. The revolving door phenomenon in severe psychiatric disorders: A systematic review. *Int J Soc Psychiatry* [Internet]. 2023 Aug 1 [cited 2023 Oct 19];69(5):1075–89. Available from: <https://journals.sagepub.com/doi/full/10.1177/00207640221143282>

21. Wilcock AA. Reflections on doing, being and becoming. *Aust Occup Ther J* [Internet]. 1999;46:1–11. Available from: <https://doi.org/10.1046/j.1440-1630.1999.00174.x>

22. Lau AS, Lind T, Crawley M, Rodriguez A, Smith A, Brookman-Frazee L. When do therapists stop using evidence-based practices? Findings from a mixed method study on system-driven implementation of multiple EBPs for children. *Adm Policy Ment Heal Ment Heal Serv Res* [Internet]. 2020 Mar 1 [cited 2020 Apr 25];47(2):329. Available from: <https://doi.org/10.1007/s10488-019-00987-2>

23. Fisher AG. Occupation-centred, occupation-based, occupation-focused: Same, same or different? *Scand J Occup Ther* [Internet]. 2013;20:162–73. Available from: [10.3109/11038128.2012.754492](https://doi.org/10.3109/11038128.2012.754492)

24. Carroll E. Towards client-centred practice within an occupational therapy group life skill program: An action research journey [Internet]. 2015 [cited 2020 Feb 14]. Available from: <https://ezproxy.ufs.ac.za:8381/ehost/detail/detail?vid=12&sid=8c349ad9-a910-4a54-ae54-1c44e50fedeb%40pdc-v-sessmgr05&bdata=JnNpdGU9ZWZWhvc3QtbGl2ZSszY29wZT1zaXRI#AN=ufs.11660.2300&db=ir00890a>

25. Swales M, Heard H. Dialectical behaviour therapy: distinctive features [Internet]. Second. Routledge; 2017. 6;7. Available from: <https://doi.org/10.4324/9781315544540>

26. May JM, Richardi TM, Barth KS. Dialectical behavior therapy as treatment for borderline personality disorder. *Ment Heal Clin* [Internet]. 2016 Mar [cited 2020 Mar 11];6(2):62–9. Available from: <https://doi.org/10.9740/mhc.2016.03.62>

27. Linehan M. DBT skills training manual [Internet]. Second. Guilford Press; 2015. 129;419. Available from: <https://doi.org/10.1097/nmd.0000000000000387>

28. Linehan MM, Wilks CR. The course and evolution of dialectical behavior therapy. *Am J Psychother* [Internet]. 2015 [cited 2020 Mar 28];69(2):97–110. Available from: <https://doi.org/10.1176/appi.psychotherapy.2015.69.2.97>

29. Sahranavard S, Miri MR. A comparative study of the effectiveness of group-based cognitive behavioral therapy and dialectical behavioral therapy in reducing depressive symptoms in Iranian women substance abusers. *Psicol Reflexão e Crítica* [Internet]. 2018 Dec 25 [cited 2020 Feb 20];31(1):15. Available from: <https://doi.org/10.1186/s41155-018-0094-z>

30. Evershed S, Tennant A, Boomer D, Rees A, Barkham M, Watson A. Practice-based outcomes of dialectical behaviour therapy (DBT) targeting anger and violence, with male forensic patients: a pragmatic and non-contemporaneous comparison. *Crim Behav Ment Heal* [Internet]. 2003 Sep 1 [cited 2020 Mar 28];13(3):198–213. Available from: <http://doi.wiley.com/10.1002/cbm.542>

31. Bohus M, Dyer AS, Priebe K, Krüger A, Kleindienst N, Schmahl C, et al. Dialectical Behaviour Therapy for Post-traumatic Stress Disorder after childhood sexual abuse in patients with and without Borderline Personality Disorder: A randomised controlled trial. *Psychother Psychosom* [Internet]. 2013 [cited 2020 Mar 28];82(4):221–33. Available from: <https://doi.org/10.1159/000348451>

32. Justo AR, Andretta I, Abs D. Dialectical behavioral therapy skills training as a social-emotional development program for teachers. *Pract Innov* [Internet]. 2018 Sep [cited 2020 Mar 28];3(3):168–81. Available from: <https://doi.org/10.1037/pri0000071>

33. Yang P, Crous Y, Balli-Borrero NA, Scott BL, Trujillo AM, Choi BY, et al. Antiracism work in schools: Using Dialectical Behavior Therapy skills to empower south Texas educators. *J Am Acad Child Adolesc Psychiatry* [Internet]. 2022 [cited 2022 Dec 16];61(10):1296. Available from: <https://doi.org/10.1016/j.jaac.2022.03.031>

34. Bemmouna D, Coutelle R, Weibel S, Weiner L. Feasibility, Acceptability and Preliminary Efficacy of Dialectical Behavior Therapy for Autistic Adults without Intellectual Disability: A Mixed Methods Study. *J Autism Dev Disord* [Internet]. 2022 [cited 2022 Dec 16];52. Available from: <https://doi.org/10.1007/s10803-021-05317-w>

35. Tilley JL, Molina L, Luo X, Natarajan A, Casolaro L, Gonzalez A, et al. Dialectical behaviour therapy (DBT) for high-risk transgender and gender diverse (TGD) youth: A qualitative study of youth and mental health providers' perspectives on intervention relevance. *Psychol Psychother* [Internet]. 2022 Dec 1 [cited 2022 Dec 16];95(4):1056–70. Available from: <https://doi.org/10.1111/papt.12418>

36. Haft SL, O'Grady SM, Shaller EAL, Liu NH. Cultural adaptations of Dialectical Behavior Therapy: A systematic review. *J Consult Clin Psychol* [Internet]. 2022 Oct [cited 2022 Dec 16];90(10):787. Available from: <https://doi.org/10.1037/ccp0000730>

37. de Vos A, Strydom H, Fouche C, Delport C. Research at grass roots for the social sciences and human service professions. 5th ed. Van Schaik Publishers; 2021.

An exploration of DBT-informed occupational therapy in South Africa, 17/05/2024

38. Creswell JW. Research design: qualitative, quantitative, and mixed methods [Internet]. third. SAGE Publications Inc.; 2009. Available from: <https://doi.org/10.1002/nha3.20258>
39. Anderson C. Presenting and evaluating qualitative research. 2010 [cited 2023 Mar 27];74(8). Available from: <https://doi.org/10.5688/aj7408141>
40. Naderifar M, Goli H, Ghaljaie F. Snowball sampling: A purposeful method of sampling in qualitative research. *Strides Dev Med Educ* [Internet]. 2017 Sep 30 [cited 2021 Dec 16];14(3):1–6. Available from: <https://doi.org/10.5812/sdme.67670>
41. Adams WC. Conducting semi-structured interviews. *Handb Pract Progr Eval Fourth Ed* [Internet]. 2015 Oct 14 [cited 2022 Mar 28];492–505. Available from: <https://doi.org/10.1002/9781119171386.ch19>
42. Andrade C, Menon V, Ameen S, Praharaj SK. Designing and conducting knowledge, attitude, and practice surveys in psychiatry: practical guidance. *Indian J Psychol Med* [Internet]. 2020;42(5):478–81. Available from: <https://doi.org/10.1177/0253717620946111>
43. Korstjens I, Moser A. Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *Eur J Gen Pract* [Internet]. 2018 [cited 2022 Apr 15];24(1):120–4. Available from: <https://doi.org/10.1080/13814788.2017.1375092>
44. Webb CA, Beard C, Kertz SJ, Hsu KJ, Björgvinsson T. Differential role of CBT skills, DBT skills and psychological flexibility in predicting depressive versus anxiety symptom improvement. *Behav Res Ther* [Internet]. 2016 Jun 1 [cited 2023 Feb 3];81:12–20. Available from: <https://doi.org/10.1016/j.brat.2016.03.006>
45. Rizvi SL, Steffel LM, Carson-Wong A. An overview of dialectical behavior therapy for professional psychologists. *Prof Psychol Res Pract* [Internet]. 2013 [cited 2023 Feb 3];44(2):73–80. Available from: <https://doi.org/10.1037/a0029808>
46. Bass C, van Nevel J, Swart J. A comparison between dialectical behavior therapy, mode deactivation therapy, cognitive behavioral therapy, and acceptance and commitment

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therapy in the treatment of adolescents. *Int J Behav Consult Ther* [Internet]. 2014 [cited 2023 May 27];9(2):4. Available from: <https://doi.org/10.1037/h0100991>

47. Crouch R, Alers V. Occupational therapy in psychiatry and mental health [Internet]. 5th ed. Wiley Blackwell; 2014. 17;34;37;39;40;69;115;116;118;120. Available from: <https://doi.org/10.1002/9781118913536>

48. Department of Health. Regulations defining the scope of the profession of occupational therapy [Internet]. *Government Gazette*. 2023. p. 39–41. Available from: https://www.gov.za/sites/default/files/gcis_document/202303/48158rg11551gon3101pdf.pdf

49. Fox E. Delivering DBT in an inpatient setting. In: *The Oxford Handbook of Dialectical Behaviour Therapy* [Internet]. 2018. p. 1–30. Available from: <https://doi.org/10.1093/oxfordhb/9780198758723.013.20>

50. Nott A. Understanding and treating people with personality disorders in occupational therapy. In: Alers V, Crouch R, editors. *Occupational therapy in psychiatry and mental health* [Internet]. Fourth. Wiley Blackwell; 2014. p. 480–506. Available from: <https://doi.org/10.1002/9781118913536>

51. Flynn D, Joyce M, Spillane A, Wrigley C, Corcoran P, Hayes A, et al. Does an adapted Dialectical Behaviour Therapy skills training programme result in positive outcomes for participants with a dual diagnosis? A mixed methods study. *Addict Sci Clin Pract* [Internet]. 2019 Aug 15 [cited 2023 Feb 4];14(1):28. Available from: <https://doi.org/10.1186/s13722-019-0156-2>

52. Rebeiro KL, Polgar JM. Enabling occupational performance: Optimal experiences in therapy. *Can J Occup Ther* [Internet]. 1999 Feb [cited 2020 Mar 9];66(1). Available from: <https://doi.org/10.1177/000841749906600102>

53. Andonian L, Cara E, Macrae A. Psychological theories and their treatment methods in mental health practice. In: Cara E, Macrae A, editors. *Psychosocial occupational therapy: An*

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evolving practice [Internet]. Third. Cengage Learning; 2013. p. 128–64. Available from: <https://doi.org/10.1080/0164212x.2020.1752881>

54. Townsend E, Wilcock A. Occupational justice and client-centred practice: a dialogue in practice. *Can J Occup Ther* [Internet]. 2004;71(2):78. Available from: <https://doi.org/10.1177/000841740407100203>

55. Daniels AL, Isaacs D. Cultural constructions of the mentally ill in South Africa: A discourse analysis, part 1. *Cult Psychol* [Internet]. 2023;29(1):45–66. Available from: <https://doi.org/10.1177/1354067X221131998>

56. Alers V. Clinical reasoning in psychiatric occupational therapy. In: Alers V, Crouch R, editors. *Occupational therapy in psychiatry and mental health* [Internet]. Fourth. Wiley Blackwell; 2014. p. 74–91. Available from: <https://doi.org/10.1002/9781118913536>

57. Wilcock AA. Occupational science: bridging occupation and health. *Can J Occup Ther* [Internet]. 2005;72(1):5–12. Available from: <https://doi.org/10.1177/000841740507200105>

58. Yalom ID. *The theory and practice of group psychotherapy* [Internet]. New York: Basic Books; 1970. Available from: <https://doi.org/10.1177/105960117600100117>

59. Tanaka S, Ishikawa E, Mochida A, Kawano K, Kobayashi M. Effects of early-stage group psychoeducation programme for patients with depression. *Occup Ther Int* [Internet]. 2015 Dec 1 [cited 2020 Feb 17];22(4):195–205. Available from: <http://doi.wiley.com/10.1002/oti.1397>

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Missing "," Review the rules for using punctuation marks.

PAGE 14



P/V You have used the passive voice in this sentence. You may want to revise it using the active voice.



P/V You have used the passive voice in this sentence. You may want to revise it using the active voice.



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PAGE 15



Sp. This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



P/V You have used the passive voice in this sentence. You may want to revise it using the active voice.



Article Error You may need to use an article before this word. Consider using the article **the**.



P/V You have used the passive voice in this sentence. You may want to revise it using the active voice.



Article Error You may need to use an article before this word. Consider using the article **the**.



P/V You have used the passive voice in this sentence. You may want to revise it using the active voice.

PAGE 16



Article Error You may need to remove this article.



Article Error You may need to use an article before this word.



P/V You have used the passive voice in this sentence. You may want to revise it using the active voice.



Confused

PAGE 17



P/V You have used the passive voice in this sentence. You may want to revise it using the active voice.



Sp. This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



Confused



P/V You have used the passive voice in this sentence. You may want to revise it using the active voice.



Article Error You may need to use an article before this word.



P/V You have used the passive voice in this sentence. You may want to revise it using the active voice.



Sp. This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



Confused You have used either an imprecise word or an incorrect word.



Sp. This word is misspelled. Use a dictionary or spellchecker when you proofread your work.

PAGE 18



Article Error You may need to use an article before this word. Consider using the article **the**.



Prep. You may be using the wrong preposition.



Sp. This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



Confused



P/V You have used the passive voice in this sentence. You may want to revise it using the active voice.



Article Error You may need to remove this article.

PAGE 19



P/V You have used the passive voice in this sentence. You may want to revise it using the active voice.



Article Error You may need to remove this article.

PAGE 20



Confused



Article Error You may need to use an article before this word. Consider using the article **the**.



P/V You have used the passive voice in this sentence. You may want to revise it using the active voice.



Verb This verb may be incorrect. Proofread the sentence to make sure you have used the correct form of the verb.



Pronoun This pronoun may be incorrect.



Missing "?" Review the rules for using punctuation marks.



Article Error You may need to use an article before this word.



S/V This subject and verb may not agree. Proofread the sentence to make sure the subject agrees with the verb.



Article Error You may need to remove this article.

PAGE 21



Missing "," Review the rules for using punctuation marks.



P/V You have used the passive voice in this sentence. You may want to revise it using the active voice.



P/V You have used the passive voice in this sentence. You may want to revise it using the active voice.

PAGE 22



Prep. You may be using the wrong preposition.



P/V You have used the passive voice in this sentence. You may want to revise it using the active voice.



Prep. You may be using the wrong preposition.



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Sp. This word is misspelled. Use a dictionary or spellchecker when you proofread your work.



P/V You have used the passive voice in this sentence. You may want to revise it using the active voice.

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