

# Formulations in occupational therapy: Managing talk about psychiatric outpatients' emotional states



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## Abstract

Working with clients' emotional states is important in psychiatric care. The clients' conditions often involve non-adaptive emotions or difficulties in emotion regulation. However, the clinicians in mainstream psychiatry also need to focus on other activities, such as solutions to problems of daily life. How do clinicians balance between emotional alignment with the client and other, more practical tasks? Based on conversation analysis of 15 video-recorded occupational therapy encounters at a psychiatric outpatient clinic, this article analyses two types of formulation sequences that the clinicians use for managing talk related to the clients' emotional states. In the first, the clients describe their emotional states from a perspective of competence and the clinicians endorse that perspective. In the second, the clients take a negative stance towards their experiences and the clinicians' formulations attend to the clients' troublesome experiences. Immediately after the formulations, the clinicians redirect the talk, often occurring through the clinicians' mention of a different topic to the one currently being discussed by the client. The article contributes to research on institutional interaction and emotions in interaction by describing how the management of talk on emotions in occupational therapy encounters of psychiatric care combines interactional features of psychotherapeutic and medical work.

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## 1. Introduction

The common factors theory of psychotherapy (e.g., [Wampold, 2001](#)) proposes that one action in successful treatments, across different psychotherapeutic approaches, is that the therapist directs the clients' attention to *emotional experiences* ([Lambert and Barley, 2001](#)). Clients' increasing awareness of emotions and enhancing emotion regulation have been recognized as critical in promoting therapeutic change (e.g., [Greenberg, 2002](#)). In facilitating change, a crucial task of therapists is attuning themselves to the clients' emotional states and validating them ([Greenberg, 2002](#); [Lambert and Barley, 2001](#)).

Most of the research on relevance of emotional expressions and empathy in therapeutic process and treatment outcome arises from the psychotherapeutic context. Mainstream psychiatric settings, particularly those for the treatment of clients with severe mental illnesses, share some features with psychotherapy, while they also have some distinct goals (e.g., [Priebe and McCabe, 2006](#)). In psychiatry, the focus is often on medical intervention and practical support and treatment aims more at stability than change in the client's cognitive and emotional processes ([Priebe and McCabe, 2006](#)). The counselling sessions in psychiatric outpatient clinics (the focal context in this research) come close to psychotherapeutic work in their purpose of exploring the thoughts, feelings and behaviours of clients for increasing well-being and achieving

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higher levels of functioning. However, the professionals in these clinics are also responsible for evaluating the client's overall situation, including medication, functional capacity, financial matters and other support needs. To fulfil these varying goals, the treatment is provided in multidisciplinary treatment teams. There is not much knowledge on how the *psychotherapy-like* tasks are accomplished in the encounters between the clients and the members of such multi-professional teams (see, however, e.g., McCabe et al., 2013; Thompson, 2013 on encounters between psychiatrists and clients). Gaining knowledge about these encounters is even more important because outpatient care is increasingly crucial in psychiatry internationally and there is still only scant research on what constitutes good and effective treatment practice in this institutional context (e.g., Korkeila, 2009). The present study explores the counselling sessions between clients and one group of professionals in the multidisciplinary treatment teams, occupational therapists. Occupational therapy is a client-centred health profession that aims to promote, maintain or restore clients' functional independence in activities of everyday life (WFOT, 2012). The focus will be on specific communication practices that are of great importance in psychiatric care: how the professionals manage the talk on client's emotional states.

The present study builds upon earlier conversation analytic research on emotions (e.g., Peräkylä and Sorjonen, 2012). In conversation analysis, the displays of emotion are understood in the context of actions in which the participants in the interaction are involved (Peräkylä and Sorjonen, 2012:9). For instance, Ruusuvuori (2007) studied how professionals in general practice and homoeopathic consultations respond to patients' trouble-telling. She demonstrated how the professionals face a dilemma of fitting together the practical task of solving the client's medical problem and the emotional task of showing understanding and empathy. In psychiatric outpatient care the emotional task is of great importance, because the clients' conditions often involve atypical or non-adaptive emotions or difficulties in emotion regulation. However, the professionals also need to focus on other goals and activities, such as how clients solve problems of daily life, and review the clients' general well-being. Consequently, in the psychiatric outpatient care, the professionals have to find the right balance between emotional alignment with the client and other, more practical tasks.

*Formulations*, conversational actions that propose an altered version of the previous speaker's turn (Heritage and Watson, 1979), are central practices that professionals use for managing talk on clients' emotions. Thompson (2013) found that the more frequent use of formulations by psychiatrists in psychiatric outpatient care was associated with better client adherence and more favourable clinician perceptions of the therapeutic relationship. She suggested that by formulating the implicit emotional and psychological meanings of the client's talk, the psychiatrists displayed understanding, resulting in an improved therapeutic relationship (Thompson, 2013). In the study at hand, I will seek to show how occupational therapists' formulations reshape and manage the talk on clients' emotional state.

Ample research evidence shows that in psychotherapy, formulations are a central interactional practice for directing the clients' talk on their emotional states (e.g., Antaki, 2008; Stommel and van der Houwen, 2013; Weiste and Peräkylä, 2013). Formulations can also intensify emotional and conflictual issues in the talk (e.g., Hutchby, 2005; Vehviläinen, 2003) and serve as expressions of empathy (e.g., Beach and Dixson, 2001; Hepburn and Potter, 2007; Weiste and Peräkylä, 2014). Formulations can generate longer phases of topical talk: after a formulation and the clients' response, the psychotherapists can, for instance, validate, intensify or work through (e.g., interpret or challenge) the clients' experience (e.g., Peräkylä, 2011; Voutilainen et al., 2010; Weiste and Peräkylä, 2014). According to Drew (2003), formulations are associated with core tasks of participants in different institutional settings. In the context of mental health care, working with clients' emotional states seems to be one of those core tasks. Thus, the present study explores the occupational therapists' use of formulations; the study examines how formulations reshape the clients' descriptions of their emotional states and how the occupational therapists orient to the clients' emotional states in their following turns. The results are discussed in relation to what has been found in similar sequential contexts in psychotherapy and medical interaction.

## 2. Psychiatric outpatient clinics

In Finland, psychiatric outpatient clinics are part of public sector psychiatric services that provide psychiatric consultation, treatment and rehabilitation for the adult population of the community. A referral from the primary care doctor is needed. Generally, mild psychiatric problems are treated in primary care and more severe problems in the specialized psychiatric clinics. A broad range of mental disorders is treated and the course of disorders varies from acute to chronic states. The services are free of charge for the client.

In the clinics, the interdisciplinary treatment team engages with the client collaboratively developing a plan of care. The treatment is generally based on medication, family-work, psychoeducation, individual counselling sessions and different types of group therapies. The clients are assigned a case manager (depending on the clinic, this may be a psychiatric nurse, an occupational therapist, a social worker or a psychologist) who will regularly meet the client in the individual counselling sessions. The general aim of these sessions is to review the clients' wellbeing and mental state, offer support and sustain or increase the clients' functional capacity. In addition, the plan of care may also include individual discussions with specific professionals on designated goals. All these individual counselling sessions constitute the central part of the treatment delivery.

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