

**An exploration of the different forms of
theoretical knowledge valued and used by
occupational therapists in mental health practice**

Samantha Elizabeth Ashby M.App.Sci (Research), BSc (Hons), DipCOT

This thesis is submitted in fulfilment of the requirements for the Degree of
Doctor of Philosophy (Occupational Therapy) School of Health Sciences,
University of Newcastle, NSW, 2308, Australia

April 2013

Statement of Originality

The thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to the final version of my thesis being made available worldwide when deposited in the University's Digital Repository, subject to the provisions of the Copyright Act 1968.

Signed: _____ Samantha E. Ashby

Date: _____

Presentations and Publications Arising From the Thesis

Refereed Journal Publications:

Ashby, SE, Ryan, S, Gray, M & James, CL 2012, 'Factors that influence the professional resilience of occupational therapists in mental health practice', *Australian Occupational Therapy Journal*.

Conference Paper Presentations:

Ashby, SE 2010a, 'Professional journeys in mental health: Developing professional resilience', in *15th World Federation of Occupational Therapy Congress*, Santiago, Chile.

Ashby, SE 2010b, 'The theoretical knowledge valued and used by experienced occupational therapists working in mental health practice', *15th World Federation of Occupational Therapy Congress*.

Ashby, SE 2011a, 'Exploring how occupational therapists use theoretical knowledge in mental health practice', *COT Annual Conference*.

Ashby, SE 2011b, 'Exploring the theoretical knowledge used in mental health practice', *COT Annual Conference*.

Ashby, SE, Gray, M & Ryan, S 2012, 'Professional resilience for occupational therapists in psycho-social practice', in *Canadian Association of Occupational Therapy*, Quebec City.

Acknowledgements

I wish to acknowledge and thank all the occupational therapists who participated in this research, without whom this study would not have been possible.

I acknowledge the financial support provided by the University of Newcastle with an Early Career Researcher Grant and an Equity Fellowship Grant which made this study possible.

Thank you to my colleagues within the School of Health Sciences at the University of Newcastle, for your support and encouragement.

A special thank you goes to my Supervisors Professor Susan Ryan, Dr Carole James and Dr Kylie Agllias, for their support and scholarly advice. I would also like to acknowledge Professor Mel Gray who acted as my Supervisor from 2007-2011, and who has provided direction throughout this journey. Thanks also to Pamela Trevithick for her discussions on practice knowledge during her visits to Australia.

My biggest source of support has been from my family and friends. Without the continuous support and generosity of Simon, Katherine and Nicole I would not have been able to complete this thesis. I would also like to acknowledge the encouragement and support I received from my parents, aunts and uncles in my educational journey.

CONTENTS

An exploration of the different forms of theoretical knowledge valued and used by occupational therapists in mental health practice.....	ii
Statement of Originality	ii
Presentations and Publications Arising From the Thesis.....	iii
Refereed Journal Publications:.....	iii
Conference Paper Presentations:.....	iii
Acknowledgements.....	iv
Table of Tables	8
Table of Figures.....	9
GLOSSARY	10
Definition of Knowledge Domains	17
Abbreviations.....	18
Abstract.....	20
CHAPTER 1: INTRODUCING THE STUDY	22
Background to the Study	23
Study Purpose and Research Plan	26
Research Aims and Questions	27
Overview of the Research Design.....	28
Significance	29
Structure of the Thesis.....	30
Conclusion.....	33
CHAPTER 2: PERSPECTIVES ON PROFESSIONAL PRACTICE KNOWLEDGE	35
Defining Practice Knowledge in Health and Social Care	36
Historical Perspectives on Practice Knowledge: An Evolving Praxis	41

Sociocultural Perspectives: Contextually-Shaped Knowledge	44
Structural Perspectives: Power Relationships in Practice	47
Perspectives of Knowledge Use in Health and Social Care	48
Classifying Theoretical Knowledge	50
Grand Theories or Meta Models	51
Discipline-Based Theories: Occupation-Focused Models	51
Using Occupation-Focused Models in Occupational Therapy Practice	56
Frames of Reference in Occupational Therapy Practice	59
The Tacit Dimension of Theoretical Knowledge Use	60
Conclusion.....	63
CHAPTER 3: APPLYING THEORETICAL KNOWLEDGE IN OCCUPATIONAL THERAPY PRACTICE.....	65
Origins of Occupational Therapy.....	65
Törnebohm's Theory of Personal Paradigms	69
Theoretical Knowledge: Its Relationship to Changes in Professional Identity, and Language	74
Defining Formal Perspectives of Occupational Therapist's Knowledge and Professional Identity.....	76
Educational Discourses in Occupational Therapy.....	78
Impact of Educational Level on Appreciation and Use of Theory .	81
The Use of Theoretical Knowledge in Mental Health Occupational Therapy.....	83
Conclusion.....	88
CHAPTER 4: INFLUENCES ON OCCUPATIONAL THERAPY PRACTICE IN MENTAL HEALTH.....	90
Mental Health Policy in Australia: Influences on Occupational Therapy Practice in Mental Health	91
Occupational Therapy Mental Health Practice.....	94
Competing Discourses in Mental Health Practice.....	100

Tensions in Interprofessional Teamwork.....	104
Professional Isolation	105
Communication	106
Case Management and Generic Working	107
Perceived Lack of Respect	109
Conclusion.....	111
CHAPTER 5: METHODOLOGY	114
Purpose of the Study.....	114
Research Questions.....	115
Using Qualitative Methodology	116
Adopting an Interpretivist-Constructivist Research Approach	116
Narrative Inquiry.....	118
Reflexivity	119
Research Process	121
Stage 1: Literature Review	122
Stage 2: Ethical Issues Relating to The Study	122
Stage 3: Sample Selection and Recruitment	122
Demographics of The Participants.....	125
Stage 4: Data Collection	126
Research Diary	127
In-depth Interviews.....	129
Stage 5: Data Analysis.....	138
Step 1: Pre-reading	142
Step 2: First cycle coding – developing concept-driven codes	142
Step 3: Reading and cross-sectional coding of transcripts	143
Step 4: Second cycle coding-Analysis of themes	145
Step 5: Narrative thematic analysis	146
Step 6: Adding and coding new data	147
Step 7: Rewriting and cross-analysis of themes	147
Stage 6: Dissemination and Writing of Thesis.....	147

Trustworthiness of Findings: Application of Quality Assurance

Criteria 148

Credibility149

Transferability150

Dependability150

Confirmability and authenticity151

Limitations of the Study 151

Conclusion..... 152

CHAPTER 6: FINDINGS PART 1—DEVELOPING PERSONAL

PARADIGMS AND THEORETICAL KNOWLEDGE USE IN MENTAL

HEALTH PRACTICE 154

Section 1: Professional Journeys and the Value and Use of

Theoretical Knowledge..... 155

A Description of the Participants and Their Workplaces156

The Professional Histories: Commonalities.....157

Three Stories From Across the Spectrum of Personal Paradigms160

Diana’s story – Professional ambivalence..... 161

Bronwyn’s story—Purpose, contradiction and confrontation—A
dynamic shift..... 164

Alex’s story – Consolidating Professional Ideologies and Identity .. 170

Episodes in Professional Histories173

Pre-entry level stories: Influences on the value placed on
occupationally-oriented theoretical knowledge..... 173

Entry-level program: Valued theoretical knowledge..... 174

First jobs career stage: Professional identity and action..... 176

Ideal jobs: Finding the right match 179

Section 2: Developing a ‘Professional Toolbox’-The Integration of

Different Forms of Theoretical Knowledge in Participants’ Mental

Health Practice 182

Use of Professional Knowledge Domain186

Occupation-Focused Models Shape Professional Identity and Reasoning.....188

Tacit Use of Occupation-Focused Models190

Developing Professionally Bilingual Skills.....	193
University Curricula: Source of Occupation-Focused Knowledge and Models	195
Using Psychological Frames of Reference	196
Adding Psychological Frames of Reference to a ‘Professional Toolbox’	197
Losing the Balance: Adapting Psychological Frames of Reference Through an Occupational Perspective—Intentions vs. Realities	204
Combining Different Forms of Theoretical Knowledge in Tandem—‘It’s a Balance’	206
Combining Different Forms of Theoretical Knowledge in Tandem: Steps in Maintaining the Balance	208
Conclusion.....	212
CHAPTER 7: FINDINGS PART 2 —DEVELOPING PROFESSIONAL RESILIENCE AND THEORETICAL KNOWLEDGE USE	214
Dominant Discourse Dimensions in Mental Health Practice Contexts	215
Practice Knowledge Dimensions.....	218
Biomedical Practice Knowledge Discourse	218
Psychology Practice Knowledge Discourse.....	218
Dominant Discourse Dimensions: Living With The Tensions.....	220
Living with the Biomedical Discourse	220
Living with Recovery Approaches	224
Living with Psychology as a Dominant Discourse.....	225
Living with Evidence-Based Practice Discourses	225
Maintaining and Developing Professional Resilience: Strategies for Living with Tensions.....	228
Developing an Assertive Stance-Dealing with Competing Theoretical Discourses in Mental Health	229
Developing Negotiation Skills.....	231
Using Occupation-Focused Theoretical Knowledge and Professional Values as Protective Factors	233
Protecting Professional Identity: Knowing when it’s Time to Go.....	234
Seeking Support Networks: Sociocultural Dimensions and Communities of Practice	235
Professional Supervision	238
Conclusion.....	240

CHAPTER 8: DISCUSSION.....	241
Section 1: Dominant Discourse Dimensions and the Use and Value of Theoretical Knowledge.....	244
Discourse Dimensions in Mental Health Practice	244
Practice Knowledge Dimension	245
Living with the Tensions Created by Discourse Dimensions	249
Section 2: The Role of Professional Resilience in Supporting Valued Theoretical Knowledge and Occupation-Based Practice in Mental Health Workplaces.....	251
Being and Becoming Professionally Bilingual	257
Professional Socialisation	260
Formal and Informal Networks	261
Professional Supervision with an Occupational Therapist	262
Section 3: Developing Personal Paradigms – Using Occupation-Focused Models	263
Influence of University on Valuing and Using Occupation-Focused Models in Mental Health Practice.....	265
Transitioning into Practice: Influences on Using Occupation-Focused Models	267
Describing the Uses of Theoretical Knowledge	268
Using Occupation-Focused Models in Practice	269
Section 4: Applying Psychological Frames of Reference in Mental Health Practice	273
Influences on Valuing and Using Psychological Frames of Reference	274
Using Psychological Frames of Reference	277
Prioritisation of Psychological Issues	277
Section 5: Introducing a Unifying Professional Practice Typology for Understanding the Different Forms of Knowledge Domains Integrated into the Phronesis of Occupational Therapists	280
Conclusion.....	284
Gap Filling and Role Blurring.....	287
CHAPTER 9: CONCLUSION	289
Implications for Educators	292

Curricula Design.....	293
Implications for Employers of Occupational Therapists in the Mental Health Workforce.....	297
Supporting Professional Resilience at Macro and Mesolevels	298
Supervision.....	301
Implications for Occupational Therapy Mental Health Practitioners	303
Occupation-Focused Models	303
Psychological Frames of Reference.....	305
Recommendations for Research.....	307
Further Research into the Integration of Theoretical Knowledge in Curricula	307
Further Research into Professional Resilience	308
Further Research into the Use of Occupation-Focused Models in Mental Health Practice	309
Further Research into Use of Psychological Frames of Reference in Mental Health Practice	310
Limitations of the Study	311
Conclusion.....	313
REFERENCES.....	315
APPENDICES	340
Appendix I-Human Research Ethics Committees' Approvals.....	341
Appendix II-Information Statement	342
Appendix III-Consent Form.....	346
Appendix IV Interview Schedule.....	347

TABLE OF TABLES

Table Number and Title	Page Number
2.1: Forms of knowledge in professional occupational therapy practice	37
2.2: Various Classifications of Knowledge	40
2.3: Occupation-focused models	52
2.4: Levels of environment named in social ecological theory, with examples from mental health-adapted from Bronfenbrenner (1979)	55
3.1: Australian Bureau of Statistics' (ABS 1997) classification of occupational therapy	77
3.2: Summary of occupational therapy mental health research, which included theoretical knowledge use	85
3.3: Frequency of models used by mental health occupational therapist in Craik, Chacksfield and Richards' (1998) UK study	86
4.1: Australian occupational therapists mental health practice (Ceramidas 2010)	96
4.2: Summary of generic skills identified in three international studies of occupational therapy mental health practice	98
4.3: Summary of discipline-based skills identified in three international studies of occupational therapy mental health practice	99
5.1: Stages in the PhD research process	121
5.2: Description of participants' entry-level education	125
5.3: Participants' careers in mental health	126
5.4: Timeline for data collection	130
6.1: Participants' practice context	157
6.2: Common career stages in professional journeys	159
6.3: Participants' use of different forms of theoretical knowledge	185
6.4 Examples of knowledge from the professional knowledge domain	188
6.5: Use of occupation-focused knowledge in practice	189
7.1: Social ecological factors in the workplace	215
7.2: Themes and subthemes in the development of professional resilience	229
9.1 A Summary of major findings, research implications, and practice implications	291

TABLE OF FIGURES

Title of Figure	Page Number
2.1 An adaptation of Trevithick's (2012) unifying professional practice typology	38
2.2 An example of codified knowledge in occupational therapy (Ashby 2010)	54
5.1: Research design and methods used	127
5.2: Spectrum of valued and used theoretical knowledge	136
5.3: Iterative process	139
5.4: Stages involved in the coding of the data	140
6.1: Structure of professional history	158
6.2: Different forms of theoretical knowledge use, and implications in practice (Ashby 2011a)	186
6.3: Representation of the forms of knowledge domains used in practice by the participants	207
8.1: The socioecological model adapted to reflect how occupational therapists' mental health practice is influenced at different levels	242
8.2 Socioecological levels in mental health practice	247
8.3: The PRIOrity (Professional Resilience, Identity, Occupation) model, in which occupation-based practice is supported by, and impacts on, professional resilience	253
8.4 Unifying professional practice typology for understanding the different forms of knowledge domains integrated into the phronesis of occupational therapists	282

GLOSSARY

Key Terms	Definitions
Borrowed or shared theoretical knowledge	Occupational therapists in mental health practice adopt or borrow knowledge from other professions, primarily psychology (Duncan 2006). The forms of borrowed theoretical knowledge are often described as frames of reference.
Codified or propositional knowledge	Codified or propositional knowledge includes discipline-based theories and concepts, which are integrated with practical processes and procedural knowledge, and further influenced by subjective impressions, interpretations, and experiences to create practice knowledge (Eraut 2007).
Community of practice	Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly (Wenger, McDermott & Snyder 2002). In occupational therapy they can include the professional networks, organisations, and professional reference groups.
Conceptual knowledge	Conceptual knowledge is espoused theory, which guides practice but is not directly responsible for occupational therapists' treatment interventions. (Osmond 2005).
Explicit knowledge	The knowledge practitioners can articulate and link to practical actions

Frames of reference	<p>For consistency throughout the thesis I use the term ‘frame of reference’ (Krefting 1985; Townsend & Polatajko 2007) to refer to those theories containing propositions or rationales, which underpin treatment approaches. According to Duncan (2006) they are ‘theoretical or conceptual ideas developed outside the profession but with judicious use, are applicable within occupational therapy practice’ (p. 45). This term is used to refer to models of practice based on propositional knowledge: They have explicit assumptions, propositions, and provide treatment approaches. They provide a bridge between theory and practice and offer hypotheses and propositions for treatment interventions (practical actions and behaviour) (Blesedell Crepeau, Cohn & Schell 2009; Krefting 1985; Mosey 1981; Townsend & Polatajko 2007).</p> <p>The American Psychological Association (2012) describes psychological frames of reference as ‘theories of psychotherapy’. These psychological frames of reference include Acceptance and Commitment Therapy (ACT) (Hayes & Lillis 2012); Dialectical Behavioural Therapy (DBT) (Linehan et al. 1999); Narrative Therapy (Madigan 2010); Brief Solution-Focused Therapy (BSFT) (de Shazer 1988); Cognitive Behavioural Therapy (CBT) (Beck 1976) and Contemporary Attachment Theory (Schoore & Schoore 2008). In the occupational therapy literature additional frames</p>
----------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	of reference described are the behavioural, humanistic, and psychodynamic (Duncan 2006).
Instrumental use of knowledge	Instrumental use – denotes directly observable changes in behaviour or practical actions (Dunn 1983 cited in Osmond 2005). In this thesis, it refers to knowledge used directly with service users to work on a specific impediment to their engagement in their chosen occupations, i.e., those things people do to maintain their self-care, engage in leisure or productivity, which can include paid or unpaid forms of work.
Mental health practice	A term used in the Australian public health system. It encompasses other terms referred to in the occupational therapy literature – ‘psychiatric’ and ‘psychosocial practice’.
Meta-models	Traditionally, the classification of theories depends on what they seek to explain. For example, grand theories, or meta models (Mills 1959), are overarching theories which attempt to explain more or less everything in society by drawing on abstract conceptualisations, such as scientific theories and research.
Midrange theories	Occupation-focused models are midrange theories as they seek to describe one phenomenon and do not provide direct interventions for practice.
Occupational therapy	Occupational therapy is defined by its international governing body, the World Federation of Occupational Therapists (2012) [WFOT], as:

	<p>A client-centred health profession concerned with promoting health and wellbeing through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement (p.4).</p>
Occupations	<p>In occupational therapy, a core aim of intervention is the enablement of meaningful occupations to promote health and a sense of wellbeing. In the language of this unique professional domain, occupation is defined as meaningful by the client and can include 'chunks of activity that can be named in the lexicon of the culture' in which the person lives (Zemke & Clark 1996, p.vii) .</p>
Occupation-based practice	<p>This is the explicit use of occupation to achieve a client's goal – a goal orientated to his or her occupational issues. It focuses on service-users' occupational issues and enhances and supports an occupational perspective. Occupation-based practice involves the use of occupation as both a 'means' and 'end' of therapy (McLaughlin Gray 1998).</p>

Occupation-focused models	<p>Midrange theories describe occupational behaviour and participation devised by occupational therapists for use in the profession. In occupational therapy, Duncan (2006) defines midrange theories as ‘occupation-focused theoretical constructs and propositions that have been developed specifically to explain the process and practice of occupational therapy’ (p. 45). Occupation-focused models are thought to be conceptual, and central to the study of occupation. They offer a theoretical basis for practice by providing explanations about the process and practice of the profession (Ashby & Chandler 2010; Duncan 2006).</p>
Paradigms	<p>‘Professional paradigm’ is a term which, when used in occupational therapy, is defined as a shared consensus about the most fundamental beliefs of the profession (Kielhofner 2009). ‘Personal paradigms’ (Törnebohm 1991) reflect a social-constructionist approach. They are unique to particular situations, and they are the result of collective context-based processes rather than universal movements. Törnebohm distinguished between a therapist’s personal paradigm, which comprises four mutually reinforcing components, namely, (i) worldview, (ii) interests, (iii) field of action, (iv) competence, and the broader professional paradigm.</p>
Personal knowledge	<p>Personal life experiences form part of the ‘personal knowledge domain’ (Bazeley 2007).</p>

Phronesis	‘Phronesis’ or ‘practical wisdom’ is the prudence and capability of a person to consider a mode of action and to deliver change in order to enhance their quality of life or personal wellbeing (Hughes 2001a).
Practice wisdom (personal knowledge)	A term used to describe craft knowledge, and the judgements required to make professional decisions. It refers to the Aristotelian notion of ‘poiesis’. It is the use of knowledge with judgment or with wisdom (Trevithick 2012).
Practice theory nexus	The intersection that occurs during clinical interactions with service users.
Praxis	The action resulting from professional judgements. According to Aristotle, disciplines can be divided into three categories: theoretical (theoria), technical (techne), or practical (praxis). These divisions are derived from his observations of how people in each discipline makes the decisions, which influence their practical actions, referring to this professional reasoning and decision making process as praxis (Hughes 2001a).
Process or procedural knowledge	This refers to the practical application of knowledge to occupational therapy process during assessment, treatment planning, and evaluation phases, i.e., ‘how to do things’.
Professional codified knowledge	An overarching term which includes discipline-based theories and concepts, which blend with practical, process and procedural knowledge, based on impressions, interpretations and

	experiences, to create practice knowledge (Eraut 1994).
Propositional knowledge	This refers to the factual knowledge generated formally through research and scholarship: 'It includes scientific knowledge (from the sciences), aesthetics (from the arts) and logic (from philosophy)' (Higgs, Jones & Titchen 2008, p. 154). It requires translation into procedural knowledge or the 'knowing how' used in practices.
Recovery	A terms defined by Anthony (1993, p. 11) as 'A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and or roles. It is a way of living a satisfying, hopeful and contributing life. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of psychiatric disability'.
Service user	The term 'service user' is used in this dissertation as it reflects its use in Australian policy documents, and recovery approach literature. Other literature refers to service users as clients, patients or consumers.
Tacit knowledge	Tacit knowledge describes the intrinsic practice knowledge which forms a practitioner's thinking and doing which can be espoused through the use of reflective practice (Polyani 1966; Schön 1983).
Technical rational	The term technical rational skill is used to describe the skills and practices of professionals,

skills	or artisans. It indicates a focus on the technical aspects of practice and the instrumental knowledge that informs 'how to' (Schön 1983).
Theoria	Theoria refers to the knowing, or informing which underpins an action.
Theoretical knowledge	In occupational therapy, theoretical knowledge is usually described using the terms 'paradigm', 'conceptual models of practice' and 'frames of reference' (Duncan 2006).

Definition of Knowledge Domains

Professional knowledge domain	In this thesis, this term refers to occupational therapists' philosophical core beliefs and assumptions. These assumptions include occupational wellbeing – described as 'an experience in which people derive feelings of satisfaction and meaning from the ways in which they have orchestrated their occupational lives' (Townsend and Polatajko 2007, p.372). This also refers to the efficacy of occupation as a therapeutic medium.
Theoretical knowledge domain	In occupational therapy, theoretical knowledge is usually classified as conceptual or directional – guiding practice through treatment approaches and specific therapies. However, as noted in the thesis, little is known about how different forms of theoretical knowledge are integrated into occupational therapists' practice in mental health. Some authors in the health profession describe theoretical knowledge as 'propositional' because

	theories are based on propositions or assumptions (Higgs, Jones & Titchen 2008).
Service-user domain	<p>This domain refers to the expertise of service users regarding their lived experience of mental illness and illness experience.</p> <p>Service users can also refer to those people who care for, or live with a person with mental health issues, who are also involved in developing plans with the person and the occupational therapists.</p>
Personal knowledge domain	This refers to pre-profession and the personal experiences of work and life which impact on professional practice.
Factual knowledge domain	Factual knowledge refers to codified, or research-based knowledge. It contributes to the ‘knowing what’ aspects of practice. For occupational therapists in mental health practice, this includes knowledge from the clinical sciences, psychiatry, along with policy knowledge about State Mental Health Acts and other relevant legislation.

Abbreviations

ACT— Acceptance and Commitment Therapy

BSFT— Brief Solution-Focused Therapy

CBT—Cognitive Behavioural Therapy

CMOPE— Canadian Model of Occupational Performance and Engagement

CPD —Continuing Professional Development

DBT—Dialectical Behavioural Therapy

MOHO—Model of Human Occupation

OPM -Aus—Occupational Performance Model-Australia

ABSTRACT

This thesis adds new insights and understandings about the integration of theoretical knowledge in the personal paradigms of occupational therapists in mental health practice, a previously unexplored area of research. The qualitative research used narrative inquiry to explore the professional histories of nine occupational therapists who worked in mental health practice in a regional area of Australia. Thematic analysis of professional histories highlighted the crucial episodes, practice contexts and social values, which informed the value and use of different forms of theoretical knowledge across time. This study contributed new information about the nexus between occupation-focused models and practice by identifying a spectrum of theoretical knowledge use. Bronfenbrenner's (1979) social ecological model provided a lens to view the data and to consider the ways in which macro, meso and microlevels' environments shape practitioners valuing and use of different forms of theoretical knowledge. If used in tandem, the tacit use of occupation-focused models conceptualised and drove the direction of therapy towards occupational goals, whereas the explicit and instrumental use of psychological frames of reference resulted in visible explicitly psychologically oriented practical actions. Findings suggested professional self-care strategies, including professional socialization and the adoption of negotiation skills, were key responses to environmental tensions, which arose from the practice knowledge discourse, and dominant discourse dimensions. Pressures to adopt biomedical and psychological discourses often diminished the use of the occupational perspective discourse in phronesis and praxis and subsequently on reduction of occupation-based practice.

The study identified that drawing upon professional knowledge domains and occupation-focused models appeared to protect professional identities. Professional resilience and identity were crucial in assisting practitioners to resist the pressure to adopt, rather than adapt, psychological modalities. This thesis highlights the need for further research into strategies at the macro, meso and microlevels which maintain the use of occupation-focused theoretical knowledge and the development of professional resilience in mental health practice.