RAFT: KEEPING RECOVERY AFLOAT THROUGH SELF-MANAGEMENT

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Introduction

Coming into this master’s program almost two years ago, I have to say I had no idea what to expect. Fresh from a few months volunteering on an organic farm in Costa Rica, I couldn’t have been further from my academic undergraduate past. Before I knew it, I was immersed in occupational therapy theories, while half of me didn’t even know if I wanted to be back in school or in Canada at all. It wasn’t love at first sight, it took me a while to find my stride in this program, and I almost left – a few times. But I can honestly say now, looking back, that I am wholeheartedly glad I am in this program and I will be proud to say that I am an occupational therapist upon graduation.

Sometimes people have “aha” moments, when a new idea or realization suddenly dawns on them. One such realization for me, that I have truly come to see being an occupational therapist as part of my identity, happened only a couple of months ago. My research partner and I were conducting our first interview for a graduate research project I am overjoyed to be working on. Our participant was a consumer-survivor who provided us with many articulate personal stories, including one, which touched me, deeply. In this story, he described his own personal metaphor of recovery; that of a raft built from many “logs” or different elements of his life, coming together to mutually hold weight and prevent him from “sinking under water”. A fuller account of this individual’s story will be included later on within this paper. Hearing this story stayed with me and resonated for weeks. I kept coming back to it and thinking about the links between this metaphor of a raft and the OT role in mental health.

The “aha” moment came one day when I was thinking about this individual’s story and my own identity as an occupational therapist. I began to think about how perhaps this metaphor could be used to help frame a new or different way of understanding our practice as OTs in mental health. As my idea developed, I realized how much I have come to relate to the role of occupational therapist
and how much value I believe is inherent in this role. What started out as a little idea and a moment of connection between one metaphor and my personal understanding of my role as an OT, eventually developed into a model of occupational therapy practice in mental health: RAFT. The RAFT model will be presented in this paper.

Furthermore, I have started to think about the influence that words themselves have and how for me, it took hearing a metaphor to make me realize how I see the OT role in mental health. Words are powerful, and I believe it is important to choose words carefully, whether you’re describing recovery principles to clients or your own role as an occupational therapist to others. Through introducing this metaphor and model, I will attempt to use new words to describe the OT role in mental health; words that helped me understand my own OT identity. Perhaps in the future these words and ideas will be able to help clients and occupational therapists collaborate on recovery and self-management client-centred goals.

Note: Before introducing the RAFT model I wanted to draw attention to my use of the Canadian Model of Client-Centred Enablement in developing and continually modifying my idea (Davis, Craik, & Polatajko, 2007). In short, I did follow the general outline of the process through the initial brainstorming phase, bouncing ideas off of others, trying out various options, deciding on an initial plan, implementing the plan of developing a RAFT with one individual (Appendix A), and continually modifying the idea as it grows and develops. The following article outlines the R-A-F-T cycle, followed by additional sections specifically relating to leadership, self-assessment, and a personal summary message.

And now, here is my idea...
RAFT: Keeping recovery afloat through self-management

*Speak a new language so that the world will be a new world.* Rumi

The way we talk about things shapes our understanding of the world around us. Metaphors give us a way to think about and communicate abstract ideas; they promote new understanding, sanction actions, and help set goals (Lakoff & Johnson, 1980). Metaphors have the power to change both current understanding and future action. Within this article, I will describe how one metaphor; that of building a raft, has changed my understanding of the role of occupational therapy in mental health and inspired me to develop a self-management model for individuals with chronic mental health issues.

The metaphor of a raft: Rooted in client experience

Recently, I had a conversation with “Paul”, an individual living with chronic mental health issues, who shared his personal metaphor of recovery with me. Paul used the words “drowning in water” to describe his experiences, including a long history of grabbing onto various “logs” in order to drag himself out of the water. Over the years he relied on various “logs” such as exercise, religion, relationships, and children but found that no one “log” kept him afloat for long. Paul’s key realization towards his sustainable recovery was learning how to bring these individual logs together to build a raft and find a meaningful balance in order to keep himself above water. This powerful image of logs collected together to mutually share imposing weight in order to keep someone afloat resonated with me. I envisioned occupational therapists in practice collaborating with clients to build strong personal rafts; I envisioned rafts, which enabled these clients to self-manage mental health issues, and stay “above water”.
Introducing the RAFT Model of occupational therapy practice:

What started out as an image and a powerful metaphor of individual recovery, led to a model, which lays out the foundations for collaborating with a client to build his or her own RAFT. Building a RAFT would merge Recovery Principles – facilitating a journey in which hope, healing, empowerment, and connection are key components (Jacobson & Greenley, 2001), and self-management strategies – including problem solving, patient-provider partnership, action planning, and self-tailoring (Lorig & Holman, 2003). Furthermore, RAFT grew out of the foundations of occupational therapy enablement and highlights an occupational therapist’s core competencies of change agent and collaborator (CAOT, 2007). As with recovery and self-management approaches, the process of building a RAFT could occur within a group or in a one-on-one setting.

The R-A-F-T cycle:

**R - Reflect and Reassess (using Relaxation):** During this phase of the RAFT-building process, an occupational therapist helps a client to reassess their current situation and to begin to see opportunities where change is possible. In order to enable clear reflection, a therapist uses relaxation techniques. In individual therapy or within a group, discussion around current life situations and images for the future augments the relaxation strategies.

**A - Alternative Action (through Art):** At this phase, the therapist and client or group begins brainstorming ways of organizing “logs” to help each client build their own RAFT. Logs are explained as meaningful activities, support systems, or personal values. They may be both current and future, thus incorporating goals and visions of possibility into the model. Clients use various art forms to build their RAFT into an individual and personal image. They are encouraged to be creative and use any art form to bring their RAFT to life, including written word or collage. They discuss thoughts about
particular logs that support other logs and areas of their RAFT which might require some “rebuilding”.

**F – Fasten down (by Framing and Forging a plan):** This phase leads the individual or group from thought to practice. Once the vision of the RAFT is established, a more in-depth assessment of areas where change is needed would be carried out, guided by the RAFT image created. Each individual’s RAFT is fastened down through framing and forging a RAFT recovery plan. Plans are guided by assessment and both short and long-term specific and practical goals, which would ensure the RAFT stayed afloat.

**T - Take Away and Tailor (by Talking to others):** During this phase in the process, clients put their RAFT plan into practice, with the knowledge that it can be modified or tailored at any time. Within a group setting, individuals are encouraged to talk with others about their RAFT plan as they try it out, sharing ideas and discussing ways to stay accountable to each other in order to keep every member’s RAFT above water. The occupational therapist’s role diminishes as the client or group builds confidence and self-efficacy and takes on a central responsibility in determining the outcome.

* * *

The image of one individual’s RAFT presented here (Appendix A), exhibits the cyclical nature of the raft-building process. Every RAFT cycle would repeat throughout a client’s life as circumstances change and further reflection and reassessment is needed. Depending on the particular situation, these RAFT iterations can occur in collaboration with the occupational therapist or individually, highlighting the possibilities of self-management inherent in the model. It is also important to note that the figure presented here illustrates merely one RAFT for one individual; each client’s RAFT will look unique, with the R-A-F-T cycle surrounding the page offering one element of cohesion.
Enablement foundations:

Imbedded deep within the RAFT Model of practice are intrinsically occupational roots. Various foundations of occupational therapy enablement are reflected in the description of RAFT. Client participation and power sharing are both necessary in order for the RAFT to be built. Visions of possibility would drive the artistic portion of the RAFT-building, as well as the more concrete planning phase. Finally, the entire RAFT process would enable a client to move towards positive occupational change (Townsend et al., 2007). An occupational therapist’s core competencies are highlighted when using RAFT in practice, in particular collaborator and change agent roles. Change agent elements include providing hope and building visions of possibility through art, imagery, and problem solving. Collaborator components would also be central to the process, as the RAFT-building and goal planning needs to be directed by the individual with the OT playing a supportive role (CAOT, 2007).

A self-management strategy:

Self-management strategies are directly related to the collaborative nature of the RAFT-building process. Self-management is essential for individuals with chronic health issues and is often a lifetime task, putting the onus on the individual to be responsible for their day-to-day care (Lorig & Holman, 2003). Self-management is collaborative by nature and encourages a client to work in partnership with health care professionals through self-directed care, illness-management and recovery, shared decision-making, joint crisis planning, and wellness planning (Kemp, 2011). The RAFT Model of practice touches upon each of these cornerstones of client self-management of chronic health issues and the use of the raft metaphor makes it easy to remember, potentially increasing its utility. Key to the self-management component of RAFT is the fact that it is situated in both the present through the reflection component and the future through the planning and tailoring phases.
Summary of the RAFT model:

As 13th Century mystic Sufi poet Rumi so wisely said, the way we understand possibilities for change in the world is shaped through the words we choose to use. Within this article I have outlined a new way of using metaphor and imagery to understand the role of occupational therapists working with clients who have chronic mental health issues. Based on one individual who shared his moving narrative of personal recovery with me, the RAFT model follows key occupational therapy enablement foundations and competencies to build self-management strategies. In collaboration with clients, occupational therapists using the RAFT model can adopt a new way of enabling clients to move towards recovery through metaphor and imagery. Both therapist and client would take on the role of “RAFT-builders” together, through practical phases of application represented by the acronym R-A-F-T. Self-management strategies represent a key component of the model, because of the strong focus on client involvement, future planning, and goal development present throughout the RAFT cycle.

*The name has been changed of the individual mentioned in this article.

Leadership:

Now that the RAFT model has been introduced in more detail, I intend to show it’s direct link to leadership in OT mental health practice. There are a few different ways of tying in this leadership element and I will outline each. Firstly, from a personal perspective, developing this model has helped me see my own personal possibilities for leadership in the future. For me, understanding my leadership potential is directly linked to understanding my role as an OT. Becoming confident in the way I view my own role, helped me see the possibilities for leadership within this role. Something I’ve
noticed throughout my two years in the OT master’s program, is the general feeling of confusion regarding “what OTs really do in mental health”. What with the role blurring between professions and the holistic nature of OT, it sometimes becomes confusing for students to wrap their heads around what exactly the OT role in mental health entails. Finding new words to describe this role and an image to employ helped me understand one possible way an OT could use his or her enablement and recovery-oriented skills in a mental health setting.

Secondly, one of the steps in developing this model, was a conversation I had with Isabella Cheng, a senior mental health OT currently practicing on an ACT team in Toronto. When discussing issues related to leadership with her, she asked me to reflect on what I personally believe are characteristics of a leader. We discussed a leader’s ability to transcend lack of knowledge or “knowing all the details” by seeing connections at a broader level and being able to interpret these connections to others in a more comprehensive way. She asked me how I thought I might be able to persuade other OTs that my RAFT model is a tool worthy of their use with clients, or how I might be able to convince a client to use the RAFT on their own personal recovery journey. This conversation made me think about the importance of continually reflecting on the possibilities for the future of the RAFT model.

Lastly, I thought more about what leadership means to me and asked myself the question: “How do we create OTs in mental health who are competent, knowledgeable, confident in their abilities, sure of themselves, capable of motivating others and able to make positive and sustainable changes in client’s lives?” I think that there is a possibility the RAFT model could help us propel mental health OT practice in order to create therapists who are leaders. I have thought about how an OT using this model could develop his or her leadership skills at each phase of the R-A-F-T cycle through showing clinical competence, confidence, client-centredness, the ability to work towards
visions of possibility, and the commitment to facilitating change and goal planning with clients (Townsend et al., 2007).

Finally, I believe that one of the most important elements of this model is the collaborative nature and power-sharing encouraged throughout the raft making process. As OTs, our enablement foundations guide our practice and power-sharing forms an essential element of our identity. This involves general interest, acknowledgement, empathy, altruism, trust and creative communication (Townsend et al., 2007). An OT using RAFT would ensure that the raft making process was sustainable by using self-management strategies and continually collaborating with clients throughout the process. I believe that the ability to power-share and collaborate is one of the signs of a confident and competent clinician and a true leader.

**Self-Assessment:**

As a new model in occupational therapy practice, it would be extremely important for the RAFT to be assessed by other OTs and then modified based on their opinions, before being put into practice. In order to do this, workshops would be held in which OTs would have an opportunity to learn about and discuss the RAFT model and its potential use in practice. The objective of these workshops would be that the OTs present would come to understand the raft metaphor and model and how to use it with clients in group therapy as well as individually. Both informal and formal assessments would be used, so that OTs present could rate and discuss their learning in the workshop. Informal assessment would include written and verbal feedback as well as discussion. Formal feedback would include a questionnaire in which the following questions would be asked:

1) *Rate your understanding of your role as an OT in mental health before and after this workshop on a scale from 1-10*
2) Do you think that this workshop helped you to feel more confident in your ability to explain your role as an OT in mental health to others? Y/N? Please expand.

3) Before this workshop, would you have considered yourself a leader in mental health? Y/N? Has this mentality changed at all through taking this workshop? Please expand.

4) Would you consider using the RAFT model in your OT practice? Y/N? Please expand.

5) How comfortable would you be using this model after this workshop?

6) What suggestions do you have for the potential use of the RAFT model in OT practice?

Furthermore, if the RAFT were to be put into practice, it would be important that it be continually assessed by clinicians who were using it. This would help determine how well it was working and would also facilitate the continual process of monitoring and modifying the model. Thus, as a potential follow-up, it would be important to conduct a survey of these clinicians to determine how helpful the RAFT had been to them in practice.

**Summary Message:**

As the in-class portion of our two-year master’s program comes to a close, I have begun to reflect on the incredible creative potential of my classmates. I look around in class sometimes and think about the strong leadership qualities and great reflective practice of those sitting around me. We have the power to help shape the future of our profession and I have no doubt that we will. Developing these first stages of the RAFT model, have made me excited about the future – my own as well as my soon-to-be fellow colleagues. Two years ago, I didn’t have the faintest idea of how to tie OT into my professional identity. Since that time, glimmers of ideas here and there have developed into a much clearer picture and even now, a model to attempt to clarify this identity.
In summary, I see the RAFT model as one way an OT could frame his or her mental health practice. By using this model, an OT would have new words and a new tool to help him or her collaborate with clients on the recovery journey. On a broader level this model could help OTs clearly see their role in mental health and give them new words to describe this role to others. By acting as “raft-builder” in collaboration with clients, OTs would lead through sharing power as opposed to yielding it. Taoist philosopher Lao-Tzu said it best, and I will leave you with his words of wisdom: “To lead the people, walk behind them”. Similarly, an OT using RAFT would act as leader by following the lead of the client and enabling recovery through promoting sustainable self-management strategies.
References


Appendix A

Progressive Muscle Relaxation Script

The following exercise involves a script for relaxation strategy to help with the “R” phase of the RAFT cycle. The relaxation strategy chosen is Progressive Muscle Relaxation, however, a variety of different relaxation techniques such as deep breathing or imagery could be used. An OT using this exercise in RAFT-based practice would lead discussion before and after the exercise. Discussion would revolve around how the client or group members see their own life and where they want change to occur. The exercise would be used as a way of clearing away unnecessary stress and worry, and encouraging clients or group members to forget about the little things and focus on the big picture and how they see their lives now and in the future. Throughout the exercise, soothing music would be played quietly. Clients or group members would lie down on the floor and follow the directions of a Progressive Muscle Relaxation script. A singing bowl could be used to help bring clients into and out of meditation.

Following the exercise, the OT would ask their client or group members the following questions: How do you feel different after this exercise than you did beforehand? Did you find this exercise useful in clearing your mind and thinking about your life? Do you think you could use these techniques on your own? Do you feel more or less stressed now than 15 minutes ago? Where do you see possibilities for change in your future? It would be important for the OT to explain that it is normal for some people to initially feel more stressed when they begin learning to meditate because they are getting off of “automatic pilot” and becoming aware of their own current stress levels. Often with time and practice in mindfulness techniques, improvements in stress levels do occur. Possibilities for individual practice at home would also be discussed.
Progressive Muscle Relaxation Script (Inner Health Studio, 2010)

Begin by finding a comfortable position lying down. You can change positions any time during the exercise to make yourself more comfortable as needed.

Breathe in forcefully and deeply, and hold this breath. Hold it...hold it... and now release. Let all the air go out slowly, and release all the tension.

Breathe even more slowly and gently... breathe in....hold....out....

Continue to breathe slowly and gently. Allow your breathing to relax you.

Starting with the large muscles of your legs. Tighten all the muscles of your legs. Tense the muscles further. Hold onto this tension. Feel how tight and tensed the muscles in your legs are right now.

Squeeze the muscles harder, tighter... Continue to hold this tension. Feel the muscles wanting to give up this tension. Hold it for a few moments more.... and now relax. Let all the tension go. Feel the muscles in your legs going limp, loose, and relaxed. Notice how relaxed the muscles feel now. Feel the difference between tension and relaxation. Enjoy the pleasant feeling of relaxation in your legs.

Now focus on the muscles in your arms. Tighten your shoulders, upper arms, lower arms, and hands.

Squeeze your hands into tight fists. Tense the muscles in your arms and hands as tightly as you can.

Squeeze harder.... hold the tension in your arms, shoulders, and hands. Feel the tension in these muscles. Hold it for a few moments more.... and now release. Let the muscles of your shoulders, arms, and hands relax and go limp. Feel the relaxation as your shoulders lower into a comfortable position and your hands relax at your sides. Allow the muscles in your arms to relax completely.

Continue to breathe slowly and rhythmically.
Now focus on the muscles of your bum. Tighten these muscles as much as you can. Hold this tension..... and then release. Relax your muscles.

Tighten the muscles of your back now. Feel your back tightening, pulling your shoulders back and tensing the muscles along your spine. Arch your back slightly as you tighten these muscles. Hold.... and relax. Let all the tension go. Feel your back comfortably relaxing into a good and healthy posture.

Turn your attention now to the muscles of your chest and stomach. Tighten and tense these muscles. Tighten them further...hold this tension.... and release. Relax the muscles of your trunk.

Finally, tighten the muscles of your face. Scrunch your eyes shut tightly, wrinkle your nose, and tighten your cheeks and chin. Hold this tension in your face.... and relax. Release all the tension. Feel how relaxed your face is.

Notice all of the muscles in your body.... notice how relaxed your muscles feel. Enjoy the relaxation you are experiencing. Notice your calm breathing.... your relaxed muscles. When you are ready to return to your usual level of alertness and awareness, slowly begin to re-awaken your body. Wiggle your toes and fingers. Swing your arms gently. Shrug your shoulders. Stretch if you like.
Appendix B

Green Quilt Activity

The “Green Quilt Activity” is another exercise that could be incorporated into the use of the RAFT model in occupational therapy practice. This activity would take place during the “A” phase of the RAFT cycle and could only be used in a group therapy setting. It is based on an arts activity I did when I was a child, which was called “Green Quilt”. During this activity, all of the children in the group designed and painted on a single square of a quilt. We all painted images of nature and most of us painted animals. The leader of the group sewed all the squares together to form a quilt, which represented our community and was hung in the community centre we all belonged too. This memory has come to form an important part of my childhood and led to a strong feeling of community and belonging.

I see the “A” phase of the RAFT cycle as a perfect opportunity to include this activity, which would help build feelings of community and trust within the group. As group members developed an image of their RAFT, they could paint these rafts on a square of cloth, which would be sewn together by the members themselves to form a quilt. This quilt would then be hung on the wall in the room where the group was held, and would help to lead and enhance future group sessions and discussions regarding opportunities for positive change.