TOKYO METROPOLITAN UNIVERSITY

DOCTORAL THESIS

(PH.D. IN OCCUPATIONAL THERAPY)

Concretizing occupational justice constructs in occupational therapy practice within the substance addiction rehabilitation setting in the Philippines

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CHAPTER 1

Introduction

1.1 Background

This Ph.D. dissertation is situated in the Philippines, a country in Southeast Asia and is presently under the leadership of Rodrigo Roa Duterte, the sixteenth president of the Republic of the Philippines. Upon assuming the presidency, President Duterte instigated one of his primary platforms centering on the eradication of crime in the Philippines especially the elimination of illegal drugs called the "war on drugs" (Simangan, 2017). While the war on drugs campaign rhetorically hopes to engender productivity, peace, and order among citizens, the addiction science community perceives the approach as harmful and ineffective (Chapman & Babor, 2017). In other words, the present government wants to eliminate illegal drug use with an approach that does not provide clear evidence on effectiveness except for casualties and human rights violations. The professional and scientific communities, who mainly depend on evidence-informed knowledge, practice, and policies, are silenced by the campaign (Chapman & Babor, 2017) and left bewildered in enacting better strategies to protect the health, well-being, and rights of the Filipino citizens who use or used drugs.

Occupational therapists use their expertise in enabling people to do purposeful activities of daily living through the therapeutic use of meaningful activities or "occupations" as used in the field of occupational therapy. With the expansion occupational therapy's scope in recent decades, addressing the causes of injustices and inequality that decrease occupational participation has always become an emerging role among occupational therapists (Bailliard, 2016; Hammel & Iwama, 2012; Hocking, 2017; Kronenberg & Pollard, 2005; Whiteford & Townsend, 2011). Espousing the enablement of equitable access to participation in occupation is a concept called "occupational justice" which is facilitated

mainly by occupational therapists along with other health and social care professionals involved in justice work. Occupational justice is an idea initially conceptualized from an international dialogue by Elizabeth Townsend and Ann Wilcock (2004). For them, occupational justice has two knowledge foundations: 1) occupation i.e., "daily life activities in which people engage" (American Occupational Therapy Association [AOTA], 2014); and 2) client-centered practice i.e., an approach emphasizing clients' knowledge and experience, strengths, capacity for choice, and overall autonomy (AOTA, 2014). However, Townsend and Wilcock (2004) also recognized that some occupational therapists are more interested in the methods and techniques of (occupational therapy) practice than in activism. This finding from their seminal work posits that while occupational justice as a concept is supposed to be used as an outcome in occupational therapy (AOTA, 2014), occupational justice cannot be readily translated in occupation-based or occupation-focused practice due to theory-practice dissonance (Gupta, 2016). This dissonance is reinforced when advocacy, activism, and serving marginalized populations are not enabled within practice contexts (i.e., medically dominated environments) (Frank, 2012). Aside from facilitating client-centered, occupation-based, and community-based practice approaches (Gupta, 2016), it is essential to emphasize that actuating "occupation-centered reasoning" promotes occupational justice. For Fisher (2013), the term "occupation-centered" is the adoption of a profession-specific perspective where occupation is placed in the center and ensures that what occupational therapists do is linked to the core paradigm of occupational therapy.

The term "occupation-centred" is mainly used to describe an occupational therapist's (professional) reasoning for his or her subsequent actions, and not merely foregrounding occupation in daily practice, i.e., enacting occupation-based and occupation-focused evaluation and intervention. Identifying and being aware of injustices among clients are not necessarily therapeutic but can assist occupational therapists in designing an individualized

intervention plan or a community program that will enable participation in occupations eventually. Godoy-Vieira and colleagues (2018) illustrated how an occupational therapist helped a client to recognize that losing a front tooth, and not drug addiction, is the cause of his unemployment. Accordingly, the occupational therapist, in this case, did not continue doing the regular occupational therapy intervention but instead tapped resources through interprofessional collaboration, networking, and advocacy to provide a denture for the client. This illustration is one of the many ways to actuate occupation-centered reasoning and thereby bridge occupational justice theory and practice (Gupta, 2016; Nilsson & Townsend, 2010).

1.2 Focus of study

While this dissertation draws arguments from multiple perspectives that are primarily based on Western concepts, evidence, and illustrations, the studies that constitute this book focus on discussing the interrelatedness of occupational therapy, occupational justice, and substance addiction and rehabilitation (SAR) in the Philippine setting.

Within Philippine-based literature, published works that touched on these abovementioned topics centered on the criticisms on the war on drugs (Go, 2017; Johnson & Fernquest, 2018; Simangan, 2017), evidence-informed drug intervention for the community especially for families and the youth (Hechanova, et al., 2018; Porio & Crisol, 2004), expert consensus called the "Manila Statement on the Drug Problem in the Philippines" (Simbulan, Estacio, Dioquino-Maligaso, Herbosa, & Withers, 2019), and the prioritization of substance abuse rehabilitation as part of mental health care (Republic Act 11036; Romualdez, et al., 2011). Occupational therapy concepts were chronicled in (un)published works including the historical involvement of Filipino occupational therapists in establishing the first SAR program in the Philippines (Bondoc, 2005), occupational therapy services in SAR (Basco,

Garcia, & Mendoza, 2004; Dangerous Drug Board, 2013), and the incidental involvement of occupational therapists in community-based drug treatment services (United Nations Office on Drugs and Crime [UNODC], 2015). No local published work has been found about occupational justice except for the implicit assertion that "the drug problem in the Philippines is but a symptom of deeper structural ills rooted in social inequality and injustice, lack of economic and social opportunities, and powerlessness among the Filipino people" (Simbulan, et al., 2019). The relationships of occupational therapy, occupational justice and SAR in the Philippines have not been incorporated in a research undertaking which makes this dissertation original and socially relevant.

1.3 Value of Research

Given the complexities and multi-faceted drug crises in the Philippines, it is crucial to respond to the call of Filipino experts within the drugs and addiction fields by developing strategies that incorporate evidence-based, socially acceptable, cost-effective, and rights-based approaches that are timely, relevant, and culturally fit (Simbulan, et al., 2019). Aside from a lack of local literature on these topics, the studies within this Ph.D. dissertation aim to provide empirical evidence by using different research methods and epistemologies to provide fresh and alternative ways of understanding the SAR situation in the Philippines. It is also crucial that these studies are underpinned by theories that inform occupational therapy and occupational science. Moreover, this series of research undertakings is essential because it provides a critical discourse on illicit drug-using and confronts the conventions within healthcare and occupational therapy services in SAR. Accordingly, findings in this dissertation can be used to frame policies, educational curricula, service programs, and advocacy works concerning SAR in the future.

1.4 Operational definition of key terms

1. *Citizen who use drugs.* A term used to describe a Filipino national who is engaged in drug using; also, this term aims to replace the label "drug addict", "drug victim", and "criminal" to facilitate a more dignified way of addressing individuals who are in the condition of drug using.
2. *Drug using.* An action and behavior that involves the consumption of illicit drugs for recreational, habitual, or occupational purposes.
3. *Illicit drugs.* Substances that are non-sanctioned or illegal in the Philippines including commonly consumed drugs i.e., methamphetamine hydrochloride (shabu) cannabis (marijuana), contact cement, and 3,4-methylenedioxy-methamphetamine (ecstacy).
4. *Occupational Justice Health Questionnaire (OJHQ).* A questionnaire developed by Elizabeth Townsend and Anne Wilcock (2014) that provides a checklist and guideline to document injustices and encourage action towards promoting occupational justice; this questionnaire has been adapted and translated in the Filipino language to suit the target population of this dissertation.
5. *Occupational justice.* A concept concerned with ethical, moral, and civic issues such as equity and fairness for individuals and populations, specifically citizens who use drugs, in terms of their engagement in diverse and meaningful occupations.
6. *Occupational science.* An academic discipline dedicated to the study of the things people do, particularly the form, function, and meaning of human occupations.
7. *Occupational therapist.* A health professional with a license to perform occupational therapy-related evaluations and interventions for clients in SAR settings.
8. *Occupational therapy.* A profession dedicated in helping people do the day-to-day activities that are important and meaningful to their health and well-being through engagement in valued occupations.

9. *Substance addiction and rehabilitation (SAR).* A field under mental health that focuses on screening, assessing, and treating clients who are recovering from drug addiction through various kinds of rehabilitative means: behavioral, psychological, social, vocational, occupational, and spiritual.
10. *War on drugs.* A nationwide campaign duly sponsored by the Philippine government under the leadership of President Rodrigo Roa Duterte which focuses on the neutralization of illegal drug personalities (suspected criminals and people addicted to drugs)

1.5 Research Objectives

This dissertation constitutes five related studies (Chapters Two to Six). Each study translates into one article that represents a chapter in this dissertation. The chapters are organized to chronicle the transactions across occupational justice, occupational therapy, and SAR concepts in the Philippine setting with an overall aim of exploring the potentialities of integrating occupational justice principles within occupational therapy practice in Philippine-based SAR settings. Hence, the following research objectives were formulated to achieve the overall aim of this dissertation using different research methods:

- Chapter Two: To examine the historical, social, and cultural values underpinning the notions of productivity and work ethic in light of the Philippines' war on drugs political rhetoric through a literature review.
- Chapter Three: To identify the role of occupational therapists in SAR settings based on the perspectives of Filipino occupational therapists, mental health professionals, and former service users and carers in the community through a mixed-method Q-methodology design.

- Chapter Four: To present a single-subject case study that described the experience of a recovering Filipino citizen who used illicit drugs from an occupational justice perspective through an interview guided by the Occupational Justice Health Questionnaire (OJHQ).
- Chapter Five: To understand the lived and justice experiences of 24 Filipino citizens who used illicit drugs before and during rehabilitation through an interpretative phenomenological analysis approach guided by the OJHQ Filipino Version.
- Chapter Six: To describe researchers' field notes constituting their own experiences and reflections in using the OJHQ Filipino Version as part of the instrument development process through an auto-ethnographic approach.

1.6 Dissertation Flow

To guide the readers of this book, succeeding this introductory chapter are the chapters representing the five related studies I conducted along with my colleagues and research supervisor, Dr. Nobuo Ohshima, in the past three academic years (2016–2019) as part of my Ph.D. Chapters Two, Three, Four, and Five are already published articles, while Chapter Six is still under review for journal publication. The dissertation ends with a concluding chapter followed by the references and appendices sections.

Chapter Two is a literature review that contextualizes the setting of the dissertation. The chapter outlined the situation in the Philippines particularly on the war on drugs campaign and analyzed illicit drug-using from a Philippine standpoint based on occupation-related concepts—form, function, and meaning. The discussion examined productivity as a moral construct and examined its relationship with illicit drug using and the work ethics that Filipinos espouse. While neither condoning or vilifying drug using, this chapter underlined the intricacies of poverty in the Philippines and the desire to gain agency as viable reasons as to why some Filipinos use drugs (shabu) in order to adhere to the norm underpinning the

addiction-as-occupation discourse. This chapter instigated the need to identify the role(s) of occupational therapists in the SAR setting.

Chapter Three zooms into the potential role(s) of occupational therapy in the SAR setting especially within the Philippines' political landscape. In terms of human resources for health, psychiatrists, psychologists, counselors, social workers, and nurses dominate the SAR practice setting. With the approval of the Mental Health Act of 2016 and the nationwide promotion of the war on drugs campaign, government positions for occupational therapists started to become available in drug treatment and rehabilitation centers (DTRC). While occupational therapists were part of the establishment of the Dangerous Drug Board in the 1970s, the recent re-entry of occupational therapists in the SAR setting is a challenge in itself. Aside from the lack of knowledge, skills, and experience in SAR setting, Filipino occupational therapists who enter the SAR setting are often misunderstood resulting in their underutilization in the DTRCs. Using Q-methodology, a mixed-method research design, a tripartite role of Filipino occupational therapists in SAR has been revealed: 1) promoter of occupational participation, 2) collaborator to enhance participation and well-being, and 3) facilitator of environmental supports for occupational participation. Across these roles, the use of occupation, whether facilitated immediately or eventually, remained a central theme. The discussion even highlighted that occupational therapists in SAR settings are not just clinicians but advocates for recovering citizens who use drugs. Developing competencies in doing advocacy work is crucial for modern-day occupational therapists particularly in espousing occupational justice principles within daily occupational therapy practice. In order to initiate the role of advocating for recovering Filipino citizens who use (or used) illicit drugs, a single-case study was conducted which examined the potentialities of occupational therapy amid the presence of occupational injustices in daily practice.

Chapter Four offers a single-subject case report that describes how justice and injustices in everyday living occur within the context of drug using and recovery in the Philippines. The case of Donnie, a 36-year-old male who formerly used illicit drugs, was used to articulate not only the health and social factors that caused and resulted to drug (ab)using but more importantly the different injustices he experienced including occupational alienation, deprivation, imbalance, and apartheid. While the single-case study is not enough to conclude if these experiences are generalizable, the systematic and evidence-informed approaches used (i.e., utilization of the OJHQ) offer Filipino occupational therapists a guide in identifying injustices from an occupational justice perspective. According to Townsend and Marval (2013), occupational justice has been recorded to be practiced in six populations: people with disabilities; people living in poverty; people in disaster, war, and refugee zones; seniors (elderly); people in minority groups based on class, gender, race, or sexual orientation; and, people who are in incarceration. While citizens who use drugs have not yet been included among the populations where occupational justice is being practiced, this chapter asserts how occupational therapists can enact justice within SAR settings. In spite confirming that injustice experiences occur from an individual level, the lack of empirical data supporting this from a populational level (i.e., larger sample) necessitated more investigation which is covered in the next chapter.

Chapter Five explored the occupational justice determinants that affect the lived experiences of Filipino citizens recovering from drug addiction. Framed by the Participatory Occupational Justice Framework (POJF) (Whiteford & Townsend, 2011), in-depth interviews guided by the OJHQ Filipino Version were conducted from a larger sample of 24 participants. Interview transcriptions were analyzed using an interpretative phenomenological analysis approach (IPA) (Smith, Flowers, & Larkin, 2009). The IPA involved six steps: 1) Reading and re-reading transcripts, 2) coding everything that comes to mind based on content

and form while reading the transcripts, 3) compiling emerging themes using the codes, 4) consolidating themes into categories, 5) moving onto the next case and repeating the process, and 6) looking for associations once all cases had been analyzed. While these steps were followed with flexibility, the analyses revealed four themes with each theme representing a "period of participation": 1) Living with drugs, 2) living around rules, 3) living for the future, and 4) living amidst the war on drugs. Occupational injustices were identified across these periods of participation which activated the first enablement skill "raise consciousness of occupational injustice" within the POJF. Recognizing these experiences concerning occupational injustice justifies the integration of an occupational model into the hegemonic biopsychosocial and medical models which inform present-day SAR programs in the Philippines. Findings in this chapter determined four pointers that could propel the POJF enablement skills and improve SAR programs. The pointers include 1) Using of occupation-based social participation interventions, 2) seeing the limitation of occupational therapy services as opportunities for partnerships and collaboration, 3) facilitating a participatory approach in discussing and addressing injustices, and 4) utilizing Political Activities of Daily Living (pADLs) deliberately in occupational therapy practice and justice work. To further strengthen the integration of occupational therapy and justice principles within SAR practice, it is crucial to, first, validate tools that measure injustices that affect the health and well-being of individuals and populations. The initial step in validating the OJHQ is further elucidated in the following chapter.

Chapter Six describes the refinement process of the OJHQ as an instrument for occupational therapy practice and justice work. This chapter explores the researchers' personal experiences and reflections in using the OJHQ Filipino Version from an auto-ethnographic epistemology. Findings from analyzed field notes revealed three emergent themes: 1) Usefulness of the OJHQ, 2) Guidelines in the OJHQ administration, and 3)

Instrument development of the OJHQ. Moreover, this chapter reveals how field notes function beyond enriching interview data in qualitative studies after being strategically used to initiate the development and validation of qualitative instruments such as the OJHQ. As an instrument, findings unearthed the benefits of using OJHQ in daily practice (within and outside the occupational therapy profession) since it could potentially enhance practitioners' narrative clinical reasoning and generate non-clinical data to enrich clinical data. While more studies using the OJHQ in various settings, contexts, and culture are necessary to develop the tool further, this chapter engenders future possibilities in integrating occupational justice and social determinants of health within systems where physical, behavioral, and legal outcomes predominate.

Chapter Seven is the final chapter of this dissertation. This chapter outlines the summary of the findings and conclusions formed from the five studies conducted followed by recommendations that will address the gaps in this Ph.D. dissertation and inform future directions. This chapter ends by underlining the original contribution of this Ph.D. dissertation to the existing knowledge in occupational therapy and related fields as well as a paragraph articulating the author's reflections about the contribution of doing a Ph.D. to his professional life as an academic and personal character.

CHAPTER 2

Articulating the form, function, and meaning of drug using in the Philippines from the lens of morality and work ethics

Michael Palapal Sy, Peter Bontje, Nobuo Ohshima, & Niki Kiepek

2.1 Abstract

Drawing on concepts of occupational justice, this article examines historical, social, and cultural values underlying notions of productivity and work ethic and the influence of these values on the Philippine War on Drugs political rhetoric. We contend that contrary to government claims that the national War on Drugs campaign achieves productivity, peace, and order, it has contributed to occupational injustices, particularly occupational apartheid and occupational marginalization.

The Philippine War on Drugs policies of "neutralization" of drug-related activity has resulted in the deaths of over 9,000 people suspected of drug-related crime. These measures are claimed to be necessary for the sake of productivity, peace, and order.

By analyzing drug use, as a non-sanctioned occupation, according to occupation-related concepts of form, function, and meaning, it becomes apparent that drug use may, in some ways, conform to Filipino social norms, values, and moral standards, such as to *enhance* productivity and economic participation. We demonstrate that country- and culture-specific scholarship about drug use that encompasses considerations of spiritual health, occupational justice, and occupational rights can enrich humane policies and practices.

This article offers insights about drug use in the Philippines relative to distinct historical, cultural, and socially situated values of work ethic and productivity. Re-examination of drug use policies and practices in drug rehabilitation through the lens of

occupational science may contribute to occupationally just possibilities for occupational engagement, participation, and choice for citizens.

2.2 Background

Under the leadership of President Rodrigo Duterte, the Philippine War on Drugs has enacted a policy of "neutralization" of drug-related activity (Barrera, 2017). Neutralization, in this context, means that between June 30, 2016 and the end of 2017, it was estimated by *Human Rights Watch* that over 9,000 people suspected of drug crime were killed (Simangan, 2017). Rhetorically, the War on Drugs measures are necessary for the sake of productivity, peace, and order (Simangan, 2017). This article draws on occupational science to re-conceptualise interpretations of relationships between substance use and productivity.

In particular, we propose that this issue is closely related to the occupational justice concepts of occupational apartheid and occupational marginalization. Occupational apartheid is a term used to refer to "restriction or denial of access to dignified and meaningful participation in occupations of daily life on the basis of race, colour, disability, national origin, age, gender, sexual preference, religion, political beliefs, status in society, or other characteristics" (Kronenberg & Pollard, 2005, p. 67). Occupational apartheid is an institutionalized practice that results from "occupational restrictions at the economic, social, legal or religious level… created through 'unresponsive, collusive, or exploitative policy measures maintaining privilege over poverty'" (Durocher, Gibson, & Rappolt, 2014). In the Philippines, killing citizens for engaging in non-sanctioned occupations of drug use and drug distribution certainly extends beyond the concept of occupational apartheid; yet, this occupational justice concept may be used to examine the types of occupational possibilities that contribute to engagement in drug-related occupations and other, less extreme, forms of intervention imposed on or available to citizens.

Occupational marginalization occurs informally through "invisible" norms and expectations that shape perspectives about who should participate in what occupations, how, when, where and why (Durocher, et al., 2014). Occupational marginalization reflects social structures that limit some peoples' choice, control, and decision-making to participate in valued occupations and they may be constrained to less valued occupations. This concept is used to describe the effects of social processes of exclusion and to investigate how people are afforded different opportunities and access to resources.

In this article, we propose drug policies and practice in the Philippines, to a certain extent, have contributed to occupational injustices. We provide a historically and culturally situated overview of the present context in relation to social values of work ethic and productivity. We contend that government claims of drug use as a social ill that transgresses social values and norms, thereby posing a destabilizing threat, warrants critical evaluation. We provide an analysis that substance use can be understood to enhance productivity and economic participation, which conforms to social norms. Rather than being guided by immoral principles, citizens involved in drug use and distribution may be constrained in the types of occupations available to them, due to occupational marginalization. Once identified by authorities, they may experience occupational apartheid, as they may be forced into certain occupations (e.g., abstinence-based drug treatment) and excluded from others (e.g., restricted from engaging in certain types of productive occupations). While neither condoning nor vilifying drug use, we posit that a more liberal understanding of substance use that creates spaces for harm reduction principles to be integrated into Philippine drug policy will enhance occupational justice and increase social cohesion, inclusion, and compassion.

2.3 Historical and political context of the Philippine War on Drugs

In 1965, the late Ferdinand Marcos was elected President of the Philippines; he stayed in power until 1986. Contemporary political framing of the drug "problem" emerged under President Marcos, leading to the *Dangerous Drugs Act of 1972* and subsequent establishment of the Dangerous Drug Board (DDB). At this time, the top drug choice was marijuana with only 20,000 users identified (DDB, 2013a), or less than 0.05% of the population (Philippine Statistics Authority, 2015).

Reportedly, drug-related crimes such as rape, smuggling (via drug mules), drug manufacturing and trading, narcocracy, and narcoterrorism have increased, resulting in destabilization of the country's security, economy, and governance (Ang, 2011). Accordingly, between 1972 and 2013, the DDB led a process of mandating nation-wide activities concerning drug abstinence through broad ranging initiatives, such as preventive education, legislations, conferences, campaigns, use of information technology, community-based programs, to peer-based programs (DDB, 2013b; Sy, et al., 2018).

Under President Rodrigo Roa Duterte (2016–2022), the current government initiated a national campaign called the War on Drugs. This anti-drugs campaign is considered to be a warfare between the government and drug manufacturers, dealers, and users (Ang, 2011; Simangan, 2017). The War on Drugs is in adherence to the *Comprehensive Dangerous Drugs Act of 2002*, a policy that aims to:

> "…safeguard the integrity of its (Philippines') territory and the well-being of its citizenry… defend the same against acts or omissions detrimental to their development and preservation… enhance further the efficacy of the law against dangerous drugs, it is being one of today's more serious social ills… pursue an intensive and unrelenting campaign against the trafficking and use of dangerous drugs… [and] provide effective mechanisms or measures to re-integrate into society individuals who have fallen victims to drug abuse or dangerous drug dependence

through sustainable programs of treatment and rehabilitation." (Republic Act No. 9165, Section 2)

According to this law, individual involvement with any crime is seen as a social ill, or put differently, a socially deviant behaviour. Deviance from normative, socially sanctioned occupations, such as by engaging in drug use, is viewed to bring dishonour to the whole family and endanger the welfare and protection of ones' kin (Medina, 2015). As a predominantly Christian nation, the general Philippine population tends to place high regard on spirituality and prosocial behaviours (Batara, 2015). Accordingly, contravening criminal law is further stigmatized as contravening societal values and is considered to be dishonourable. The War on Drugs campaign has enhanced internally persuasive messaging to legitimize policies and practices by drawing on social values of spirituality, prosocial, normative behaviours, and honour.

The national War on Drugs campaign is pushed forward with the involvement of Church leaders; a pastoral letter, released in 1972, labelled citizens who use drugs as "physical and mental wrecks" who deserve "the highest punishments" (Lasco, 2016). These views are shared by many Filipinos from that time until today (Johnson & Fernquest, 2018).

While harm reduction approaches are shown to improve public health internationally (Hartnoll & Hedrich, 2015; Hedrich & Hartnoll, 2015), these liberal and positivist approaches to respond to drug use and addiction are not well received in the Philippines; a country that has remained steadfast to its conservative positionality in dealing with drug use through total abstinence via the War on Drugs campaign (Chapman & Babor, 2017). However, with the recent approval of the Mental Health Act (2016) (Republic Act 11036) in the Philippines, there is timely opportunity to re-envision responses to the country's drug crises which identify health, social, and human rights issues that go beyond merely contravening laws.

2.4 Drug use in the Philippine context

In the occupational science literature, drug use is not conceptualized as a unified construct. For instance, drug use has been presented as a harmful activity that can have negative impacts on health and occupation (Helbig & McKay, 2003) and as a meaningful occupation that contributes to identity, motivation, and routines (Kiepek and Magalhães, 2011; Wasmuth, Crabtree, & Scott, 2014). To examine the occupation of drug use in the Philippines, we consider drug use to be an occupation that can impact health and other occupations. In this section, we present our overview of drug use, drawing on the concepts of form, function, and meaning (Helbig & McKay, 2003; Njelesani, Tang, Jonsson, & Polatajko, 2014).

Occupational form refers to the observable 'what,' 'how,' 'where,' and 'who' aspects of occupation (Larson & Zemke, 2003). In 2017, the DDB released statistics profiling drug (ab)users who are based in state-funded drug facilities which we compared to the general population as summarized in Table 2.1. The most commonly (ab)used drugs by Filipinos were methamphetamine hydrochloride (locally known as "shabu"), cannabis, and contact cement (a.k.a. Rugby Original) and the nature of drug use is "mono drug use," meaning only one drug is used (DDB, 2017). Shabu, cannabis, and contact cement are the most commonly used illicit drug in the Philippines and are often administered through inhalation and smoking (e.g., using paper or plastic bags for contact cement; foil, straw, and lighter for shabu; and, parchment paper for cannabis). Among those defined to be in recovery, 43.3 percent live in an urban area, particularly Metro Manila, the fifth most populous urban area in the world (DDB, 2017). The information in Table 2.1 indicates that approximately half the citizens who are confined in a facility for drug use are married, are more likely to be unemployed (though may engage in non-sanctioned productive occupations), are less educated, and have a lower income.

Table 2.1

Profile of Filipino drug abusers confined in state-funded facilities in comparison to the general population

Determinant	Filipino drug user	General population
Marital status	46.5% are married[a]	--
Unemployment rate	46.0%[a]	5.1%[b]
Reached high school education and beyond	27.3%[a]	66.8%[c]
Average monthly income	PhP 12,338.00 (USD 234.75) [a, d]	PhP 22,000 (USD 418.58) [b, d]

Legend: [a]Dangerous Drug Board (2017); [b]Philippine Statistics Authority (2018); [c]Philippine Statistics Authority (2013); [d]1 USD = PhP 52.00 (approximately as of 2018)

Occupational function refers to the reason, purpose, or intended outcome when participating in an occupation (Russell, 2008). During the Philippine pre-colonial and colonial eras, intoxicants and narcotics were primarily used for rituals, social intercourse, medicinal purposes, and to stave off hunger during a long work day (Zarco, 1995). Later, drugs became accessories during warfare (e.g., gather courage in preparation for an ambush or suicidal attack) and a means for recreation (e.g., during social intercourse) (*Valdes, 2004;* Zarco, 1995). Today, using drugs *s*erves different purposes such as gaining control or agency and having a temporary sense of freedom from anxiety and other concerns (Kiepek, et al., 2018; Kiepek, 2016; Sy & Ohshima, 2018; Wasmuth, et al., 2014); experiencing pleasure (Kiepek, 2016; O'Malley & Valverde, 2009); giving meaning to life and organizing behaviour (Kiepek & Magalhães, 2011); and representing symbols in religious ceremonies (Kiepek, 2016, p. 13). At the same time, in dominant discourse, pleasure is constructed to be achieved when drugs and alcohol are consumed moderately and responsibly (O'Malley & Valverde, 2009).

Occupational function is variable in relation to drug use, as it depends on a multiplicity of factors such as type of drug, dose, frequency of use, individual physiology, setting, social supports, legal repercussion, and social judgement. Effects may range from

short-term psychological responses of feeling relaxed, awakened and energized, or feeling "free" (Hechanova, et al., 2018). There is also evidence that some longer-term drug use can impair decision-making and judgment and make people more vulnerable to engaging in drug-related crimes (Ang, 2011).

Occupational meaning refers to motives of individuals and groups when enacting volitional choice and personal values (American Occupational Therapy Association, 2014; Russell, 2008). Meaning of occupation changes over time and varies from across eras, technologies, values, circumstances, and cultures (Reed, Smythe, & Hocking, 2013). Drug use is no exception (Kiepek, et al., 2018; Stewart, Fischer, Hirji, & Davis, 2016; Kiepek & Magalhães, 2011; Helbig & McKay, 2003). We can see that meanings of drug use can be shaped not only by the user but also by the very society he or she belongs to; meaning is subjective and largely constructed by culture (including religion) and history (Reinarman, 2005). Meaning of engaging in substance use may not be a singular experience; it may simultaneously pose positive meanings and less positive ones for an individual or group. For instance, addiction-as-occupation discourse balances the potential for positive meaning to coexist with potential risks of anti-social behaviours (violence), relational constraints, ill-health, and precarious financial situations (Hechanova, et al., 2018; Kiepek & Magalhães, 2011). For instance, among workers in the Philippines who require high stamina (e.g., truck drivers, housekeepers, porters, sex workers) drug use is beneficial to enhance performance and may be interpreted as cogent and functional (Hechanova, et al., 2018). Being accepted within a social circle (friends or family), being productive at work, and desiring to try new things (experimentation) are some of the meanings associated with drug use in the Filipino context (Hechanova, et al., 2018).

Occupational form, function, and meaning can be illustrated in a case scenario of Donnie, a 36-year-old Filipino man who surrendered to the authorities regarding drug use and

distribution (Sy & Ohshima, 2018). Donnie had been using shabu since he was 14 years old through inhalation and usually used within a group in inconspicuous places within the neighbourhood. With respect to occupational function, Donnie described his motivations for using *shabu* as a means to earn money to provide for his family, a means to temporarily experience a sense of escape from his personal problems (e.g., dealing with the death of his father, poor finances, strained family relationships), to keep himself awake when performing menial tasks in the landfill as a scavenger, and to experience enhanced sensations during sexual activity with his spouse. In this way, drug use can be viewed as a "secondary occupation" to facilitate engagement in primary occupations and roles (Sy & Ohshima, 2018). Over time, the occupational meaning for Donnie was a loss of control over life options, which had become scarce due to an enduring level of poverty, compounded by low attainment of education.

2.5 Productivity as a moral construct

Analysis of form, function, and meaning of occupations are situated in historical, cultural, and social context that influence evaluations of morality. Contemporary social values of work ethic have emerged historically and can be interpreted as embedded in religious doctrine. It is argued that the Book of Genesis from the Holy Bible highlights how human beings were originally created by God (of the Judeo-Christian religions) to be productive individuals through work (Ostring, 2014). Christian-based concepts related to Protestant Work Ethic were largely developed philosophically by Martin Luther, John Calvin, and Max Weber (Smith & Smith, 2011). In the sixteenth century, Martin Luther espoused that saving money (frugality), taking pride in achievement (excellence), moderation, and working hard are fruits of spiritual discipline and ways of pursuing one's worldly calling (Weber, 1930). Conversely, idleness (manifested in unemployment), drunkenness, and promotion of personal pleasure are

highly discouraged among Christians or Protestants because it is believed that those who "do such things shall not inherit the kingdom of God" (Galatians 5:21, King James Version). Weber, a German sociologist and philosopher, argued that societies embracing the Protestant Work Ethic have highly developed capitalist economies because their members worked hard and prioritise reinvest of profits over spending on frivolous pleasures (Weber, 1930; Smith & Smith, 2011).

Although Protestantism and Catholicism have their own doctrinal and liturgical distinctions, the core values of these two branches of Christianity are largely based on what adherents consider as the infallible truth—the Holy Bible and the Nicene Creed (325 A. D.). For instance, the account from Proverbs 31 describes how drinking wine is forbidden (for kings) for it could perverse how they uphold justice and law (verses 4–5). Alcohol use, for instance, is forbidden or, at most, allowed when drank in moderation in adherence to Christian morals which is associated with the efficiency of one's calling. Falling into an addictive state makes an individual accused of "being weak" while pertaining the drug as a "powerful demon that needs to be cast out" (Reith, 2004).

At the turn of the twenty-first century, industrialism was replaced by globalization resulting in the notion of a "hard working society"—collective behavior promoted by the Protestant values of work ethic rooted from the Christian religion (Reed, et al., 2013, p. 256; Heller & Ruiz-Quintanilla, 1995). The term "work ethic" is considered to be a derivative of the Protestant Work Ethic that was adopted to drive economic success (Swedberg & Agevall, 2005). As work ethic increasingly influenced the social perspectives of morality and values among Western Europeans (Weber, 1930), Americans (McCortney & Engels, 2003), Japanese, Jewish people, and non-Christians (Swedberg & Agevall, 2005; Heller & Ruiz-Quintanilla, 1995), some of the religious underpinnings were lost. From an occupational perspective, the concept of work ethic can be understood as doing productive work

(occupation), which entails working efficiently and arduously (form) to fulfil one's worldly calling or profession (function), motivated by acting on one's faith towards salvation in the afterlife (meaning).

Being influenced heavily by Western colonizers and the Christian religion, most Filipinos today adhere to this work ethic irrespective of their Christian denomination (either Catholic or Protestant Christians) or religion (e.g., Muslin minority). While the work ethic is called "Protestant", the ethic itself is shared among all (or most) Christian religious denominations (i.e., Catholic Church, Protestantism, Eastern Orthodox, and Oriental Orthodoxy) including Filipinos who share the values of frugality, achieving excellence, and working hard. An empirical study using a sample of 150,000 individuals from 82 societies (including the Philippines) asserted that the Protestant Work Ethic indeed exists today (van Hoorn & Maseland, 2013).

To further contextualize drug use in the Philippines from a work ethic lens, the following section contains explanations on how drug use is perceived in the Philippine society in terms of law, culture, and religion.

2.6 Work ethic and productivity in relation to drug use in the Philippines

As mentioned, the Philippine government aims to eradicate "crime" by extinguishing drug use and distribution activities (Simangan, 2017). While enforced with reported fatal and non-fatal violence from the police, a mandate of the War on Drugs is to send people arrested for drug use to penitentiaries and rehabilitation centres where they are expected to "change" and become "productive" citizens (Go, 2017).

We posit that the Philippines' War on Drugs is ideologically rooted in work ethics values that expect citizens' actions to conform with social efforts to "achieve peace and order" (Simangan, 2017). From this perspective, peace and order are prerequisites toward

leading productive and healthy lives. Departure from these standards makes an individual susceptible to an unproductive and unhealthy lifestyle, as perceived by other members of society and the person is then expected to seek and/or accept help from experts to achieve socially sanctioned forms of citizenship (Reith, 2004).

Close family ties, spirituality, and prosocial behaviours are collective values indicative of how Filipinos generally share the assumptions of a strong work ethic, which implies abstinence from drug use. In other words, members of Filipino society are expected by the government and religious entities (Church) to groom productive individuals and collectives through engagement in valued forms of work.

According to dominant models, addiction is believed to destabilize a person's reasoning and productivity due to a form of "disordered consumption" (of drugs) (Reith, 2004). Reith (2004) asserts that addiction has come to be viewed as the antithesis of the Protestant Work Ethic and has been constructed as a form of insanity, disorder, or disease that emerged from the industrial age which exists even to this day. Impaired decision-making attributed to addiction (Ang, 2011) not only exposes ones' self to vulnerability, but others may be negatively impacted.

We thus reiterate that *doing* productive work, *being* productive, and *becoming* productive entails *belonging* in a productive community—all of which are fundamental to Christian living. Although productive occupations tend to be constructed as inherently healthy, it might be argued that certain types of work, performed in certain ways, can be detrimental to health. The economic merits of globalization and neoliberalism are perceived to have created more pressures to modern-day humans to work longer hours at the expense of their health and well-being (Matuska, 2010). Working more than what is expected is also perceived positively in today's globalized world because it suggests job loyalty, drive to work (enthusiasm), and job satisfaction (Piotrowski & Vodanovich, 2006). Furthermore,

pressures to conform to what is perceived as normative work form, function, and meaning, in addition to a reliance on a certain standard of income to meet basic needs, can cause undue mental stress (Hechanova, et al., 2018).

Paradoxically, a desire and need for high performance can sometimes lead a person to seek drugs as a means to more easily and effectively enhance performance and engage in work. For some, drug use can enhance productivity, motivation, and performance, as a means to meeting or exceeding economic and social expectations (Hechanova, et al., 2018; Kiepek, Beagan, Harris, & Buchanan, in press; Kiepek, Beagan, Laliberte Rudman, & Phelan, 2018). For instance, in the Philippines, shabu is commonly used by some people to enhance work productivity especially in jobs that require stamina, long hours, and hard work (Hechanova, et al., 2018, p. 8; Department of Health Dangerous Drugs Abuse Prevention and Treatment Program [DOH-DDAPTP], 2016, p. 3). Although more time given to work means higher income, workers-turned-drug-users can be caught into a vicious cycle of drug addiction; not only to keep their jobs, but also to get enough money to sustain their drug use (DOH-DDAPTP, 2016). Sex work, which is associated with shabu use, also became an option for some Filipino women who work in bars and spas to augment their income in order to support their families and daily needs (Urada, et al., 2013). While using drugs can benefit a person's productivity, drug use is considered a weakness in a predominantly Christian society like the Philippines and perceived as a crime by law.

While the State and Church in the Philippines reinforce a moral discourse that encourages adherents to fulfil their calling, including abstinence from drug use, we cannot discount the fact that there is a group of people who also badly wants to adhere to the societal and moral expectations of "being productive" but they just could not without drug use.

2.7 Conclusion

We contend that the Philippine government's justification of the War on Drugs as a means to uphold social values of productivity, peace, and order neglects humane understandings of the constraints faced by citizens to uphold these values. A binary view of productivity as inherently good and healthy and drug use as inherently immoral and unhealthy overlooks the complexities of these occupations; as demonstrated in this article, productive occupations have a potential to impair physical and mental well-being, while drug use can enhance work performance.

By analyzing drug use, as a non-sanctioned occupation, according to occupation-related concepts of form, function, and meaning, it becomes apparent that drug use may, in some ways, conform to social Filipino social norms, values, and moral standards, such as to *enhance* productivity and economic participation. In this paper, we discussed that productivity is the goal of individuals and collectives in the Philippines in order to thrive in today's competitive and globalized/neoliberal world even at the expense of drug use just to remain productive. Values of working hard and saving for one's family may underlie decisions to use drugs that enhance performance. By developing more nuanced interpretations of the form, function, and meaning of drug use, the Philippine government may be encouraged to reconsider drug use. Rather than exclusively viewing drug use as a deviant occupation, it may be viewed as a response to social inequities in a society highly influenced by work ethic values. We posit that values related to work ethic plausibly account for drug use among some Filipinos, who are otherwise persecuted as amoral and a threat to social harmony. Our discussion underlined the intricacies of poverty in the Philippines and the desire to gain agency as viable reasons as to why some Filipinos use drugs (shabu) in order to adhere to the norm.

This article offers insights about drug use in the Philippines relative to distinct historical, cultural, and socially situated values of work ethic and productivity. Re-

examination of drug use policies and practices through the lens of occupational science may contribute to the development of occupationally just possibilities for occupational engagement, participation, and choice for citizens. In particular, concepts of occupational apartheid and occupational marginalization can be drawn upon to examine political, institutional, and social inequities with respect to access to productive occupations, workplace wellness, and sustainable incomes. We propose that more complex understandings of drug use that incorporate analyses of occupational justice and occupational rights may enhance humanely developed and instituted policies and practices (Sy & Ohshima, 2018; Whalley Hammell & Beagan, 2017). Drawing on the concept of occupational apartheid, individual experiences and "choices" may be explored in relation to human rights, as well as societal, cultural, and even spiritual determinants that shape a person's beliefs and values. This may also open possibilities of instituting harm reduction principles (with abstinence as but one means to reduce harm) can contribute to a more humane and effective approach in addressing the drug addiction problems in the Philippines. In relation to occupational marginalization (alienation), an individual may reveal how having tattoos (indicating that he used to be a former prisoner) hinder him or her from getting a job (Sy & Ohshima, 2018).

Moving forward, concepts of social occupational therapy may serve to enhance responses to occupational injustices by shifting focus from predominantly individualised interventions to encompass critical reflection on root causes of socially identified "problems" (e.g., relationships between unemployment rates, education, and drug use) (Godoy-Vieira, Soares, Cordeiro, & Maria Sivalli, 2018). We demonstrate that country- and culture-specific scholarship about drug use that encompasses considerations of spiritual health, occupational justice, and occupational rights can enrich humane policies and practices.

We call for policies and practices that involve the voices and perspectives of people who use or have used drugs as valued, autonomous citizens. Emancipatory approaches foster

full (re)integration and honour principles of partnership and leadership among those most impacted by policy, law, and regulations (Godoy-Vieira, et al., 2018). The role of professionals shifts to one of advocacy rather than agenda setting.

A unique contribution of this article within the occupational science literature is a focus on spiritual health manifested by beliefs, values, and meanings rooted from religion and culture (Jones, et al., 2016). While "spirit" and "spirituality" are embedded in some models of occupation, it is a concept that is not explicitly addressed. We propose that historical, cultural, and socially situated scholarship about drug use should, ideally, be acknowledged as country- and culture-specific considerations of spirituality or spiritual health.

In summary, we propose that policies legalizing of extermination of people involved in drug use for the sake of productivity, peace, and order are unjust and neglect to consider social and economic realities that impact occupational possibilities for engagement in and performance of productive occupations.

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CHAPTER 3

The role of Filipino occupational therapists in substance addiction and rehabilitation: A Q-Methodology

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3.1 Abstract

More than the shortage of manpower, occupational therapists (OTs) in substance addiction and rehabilitation (SAR) practice have remained to be underutilized and misunderstood in the Philippines. This study aimed to identify the role of Filipino OTs in people with SUD based on the perspectives of OTs, mental health professionals, and former service users and carers in the community. Using Q-Methodology (QM), this research revealed a tripartite role for Filipino OTs in SAR: 1) "Promoter of occupational participation", 2) "Collaborator to enhance participation and well-being", and 3) "Facilitator of environmental supports for occupational participation".

3.2 Introduction

Globally, the number of people with mental, neurological and substance use (MNS) disorders is steadily increasing. One in 10 people have a mental health disorder, but only 1% of the global health workforce provides mental health care (World Health Organization [WHO], 2016). The World Drug Report of 2012 confirmed that the continual increase in the use of illicit substances is exacerbated by the incessant illegal production and distribution of these substances in many parts of the world (United Nations Office on Drugs and Crime [UNODC], 2012). The same report described how more than 30 million individuals have become substance dependent from being mere substance users. Aside from inadequate healthcare services, lack of manpower, and budget constraints, people with substance use

disorder (SUD) have high risks of committing crimes (to sustain their lifestyle) and death (250,000 casualties per year) (UNODC, 2012). Concurrently, the WHO released standard guidelines on assessment and management for mental, neurological, and substance use disorders (WHO, 2016). Although these guidelines included screening tests and a set of psychosocial interventions, there was only a marginal statement on the referral to occupational therapy (OT) only upon availability (WHO, 2016).

In the Philippines, SUD is within the top 7 and 8 risk factors causing both death and disability in 2005 and 2016, respectively (Institute of Health Metrics and Evaluation, 2017). Regardless of the unchanged status of SUD in the country, a stand-alone legislation for mental health is absent with some mental health policies enacted only partially (WHO, 2014). The "Mental Health Act of 2016" is still continuing towards legislation (Hontiveros-Baraquel, 2016). This senate bill aims to provide integrated mental health services to the public, protect the rights and freedoms of persons with mental health needs, and provide the direction for a unified response to the national mental health issues.

In 1972, occupational therapists (OTs) played an active role in the establishment of the Dangerous Drug Board (DDB) by being part of the team that spearheaded the substance addiction and rehabilitation (SAR) program in the Philippines (Bondoc, 2005). Activities of the DDB included mandating the "Drug Abuse Prevention and Control Week" every November (1972); preventive education (1974); international and national conferences (1970s); legislative amendments (1982); national campaigns on drug prevention called "OPLAN Iwas Droga" [Operations Plan Avoid Drugs] (1995) and "Mamamayan Ayaw sa Droga" or MAD [Citizens Against Drugs] (1999); expansion of partnerships to national agencies as a result of the approved "Comprehensive Dangerous Drugs Act" (2002); use of information technology through a project called "Integrated Drug Abuse Data and Information Network" (IDADIN) (2006); and peer-based programs called "Barkada Kontra

Droga" [Peers Against Drugs] (DDB, 2013). In spite of being part of the inaugural team that formed the DDB, OT's contributions to the agency were unfortunately not recorded since its inception until present.

The earliest published work on the role of OT in SAR was a descriptive review written by Clarey and Felstead (1990) who described OTs as team members with an unclear professional role. They described the main role of OTs as limited to assisting people with SUD in both detoxification and rehabilitation phases by using activities to develop life skills for community re-integration. OTs are among the manpower that provide mental health services in the Philippines. However, the World Federation of Occupational Therapists (WFOT) human resource project in 2016 revealed that the Philippines is recognized to have a shortage of OTs with only 3 OTs per 100,000 Filipinos (WFOT, 2016). This scarcity is even greater in the mental health sector where there is only 0.06 OT per 100,000 Filipinos (WHO, 2014).

There are currently 50 drug treatment and rehabilitation facilities across the country operated by a team of professionals, including OTs (DDB, 2013; Department of Health (DOH), 2016). In 2004, Basco and associates surveyed that only four of 30 (13.3%) drug treatment and rehabilitation facilities in Metro Manila (National Capital Region) offered OT services which focused on social skills training, withdrawal symptom management, and counseling. After more than a decade, there are currently one OT officially employed by the Philippine government specifically for SAR (Leabres, personal communication, 27 March 2017). Today, OTs in SAR are expected to operate within any of these modalities as recommended by the DDB (2013): 1) Therapeutic Community (behavioral modification and value reformation); 2) Hazelden Program (a belief that a Power greater than oneself could restore mental health); 3) Faith-based Model (faith is seen to be an inspiration to recover and be a more productive person); or 4) Multi-disciplinary Team Approach (combination of all

treatment modalities with the help of physicians, social workers, and psychologists). These modalities have their merits, but without outcome measurements, their effectiveness cannot be evaluated making it problematic to hire more OTs in SAR. Aside from manpower inadequacy and the use of multiple approaches, OT has been documented to promote recreational activities, sports, and culture within a community-based treatment and care service framework for people with SUD (UNODC, 2015). As acceptable as it may seem, health authorities in the Philippines appear to underutilize and misunderstand the capacity of OTs as a human resource in SAR.

The national campaign instigated by the new government called "war on drugs" continues to be a polarizing issue among those who are for and against enforcing punitive measures towards people who are using, abusing, and trading illicit substances. The media has been covering news about "extrajudicial killings" which was believed to be the goal of the head of state in order to eradicate illegal drugs nationally. However, while these allegations are not settled yet, the government managed to revamp the campaign to "bloodless" war on drugs by creating teams who will perform the anti-drug operations composed of at least four policemen, a member of the local Anti-Drug Abuse Council (ADAC), a human rights advocate, and sometimes a religious leader.

As a health profession with a historical connection to mental health, OT deserves to assume its contribution in the area of SAR (Paterson, 2014). Although the scarcity of Filipino OTs working in SAR magnifies the profession's neglected role in this area of practice, champions of the profession are called to lead scientific inquiry and empirical documentation to establish the role of OT in SAR. This study aimed to identify the role of Filipino OTs in people with SUD based on the perspectives of OTs, mental health professionals, and former service users (clients and caregivers) in the community.

3.3 Method

3.3.1 Ethical consideration. This research received full ethics approval from the Tokyo Metropolitan University Research Ethics and Safety Committee with a reference number of 17016. Moreover, this research was conducted in collaboration with the Philippine Academy of Occupational Therapists, Inc. who gave a signed letter of agreement of support and collaboration. All participants signed a written informed consent.

3.3.2 Participants. A total of 28 participants were recruited through poster advertisement in selected local institutions and social media. A nonprobability purposive sampling strategy was used since Q-Methodology (QM) is partially qualitative in nature which aided the study in recruiting the most knowledgeable people possible to illuminate the role of OT in SAR (Dilaway, Lysack, & Luborsky, 2006). The sample size for this study was deemed appropriate based on the 20 to 40 participant range set in past QM studies within OT (Corr, Phillips, & Capdevila, 2003; Corr, Neill, & Turner, 2005). The sample size was reached upon combining the 5 participants from the pilot test and the 23 participants from the actual QM administration. This decision of combining the two sample sizes was made since the sampling procedure and methods used were similar and to promote efficient data analyses (Thabane, et al., 2010).

There were 15 males (mean age = 35.1, SD = 11.1, range = 32) and 13 females (mean age = 46.5, SD = 16.6, range = 48) with a diverse background composed of OTs (n = 11, mean age = 31.7; 6 males, 5 females), mental health professionals (n = 7, mean age = 41.1; 2 males, 5 females), and former clients and caregivers from the community (n = 10, mean age = 49.5; 7 males, 3 females). The participants in the two professional groups had valid licenses to practice, with at least six months of work experience in mental health settings, and prior training in mental health care competencies via internship, certification, or professional seminars. The last group was composed of former service users (clients) and caregivers with

prior experience of undergoing drug rehabilitation or caring for people with SUD, respectively. All participants were able to comprehend high school level English.

3.3.3 The Q-Methodology. This study used QM (also known as operant subjectivity) that provides a complementary approach to quantitative and qualitative research methods (Corr, 2006). SAR as a research topic may possibly be influenced by political, cultural, and social biases of researchers, research units, and funding agencies, thus QM was deemed to be the most appropriate research design to reduce bias while exploring and generating a greater understanding of people's perspectives, attitudes and beliefs at a certain point in time. QM is considered a mixed methods research design with four distinct phases (Corr, 2006). The four phases in QM are Developing the Q-Sort Statements (QSS) (Phase 1), Administering the Q-Sort or Q-Sorting (Phase 2), Factor Analysis (Phase 3), and Interpreting Factors (Phase 4). Specifically, QM is classified under the "sequential exploratory design" type which initially requires the collection of qualitative data through relevant literature and expert opinions (via web-based survey) to create the QSS followed by the development and validation of a quantitative tool (i.e., 5-item Q-Sort Package [QSP]). Consequently, the QSP prototype underwent a pilot test and focus group discussion (FGD) for tool refinement before it was utilized for actual data collection. Collected data were digitized using the PQMethod Software 2.35 (Schmolck, 2014) for ease in factor analyses and interpretation.

3.3.3.1 Phase 1: Developing the Q-sort statements. Each QSS containing a role of OT in SAR was derived and established from relevant literature within the scope of OT and SAR, opinions from OT experts in mental health (i.e., a qualified expert must either have at least 10 years of experience as an OT or published one peer-reviewed paper in an OT/mental health journal), and a pilot test with FGD.

A total of 33 QSS (i.e., first QSS is coded as QSS1, second QSS is coded as QSS2, and so on and so forth) pertaining to the roles of OT in SAR based on relevant literature were

initially encoded in a web-based survey application (Survey Monkey™) for expert validation. Seven experts from six countries were invited to validate the 33 QSS through a web-based binary questionnaire but only three experts (average years of professional experience = 14.3) completed the questionnaire within the given timeframe. One (out of three) expert[s] stated that QSS18 (To facilitate spiritual approaches in collaboration with spiritual leaders i.e., discussions on healing, testimonial sharing, and retreats) is not a role of OT in SAR. However, QSS18 was still included since only one expert disagreed. Another expert suggested to revise QSS30 by including psychiatrists in performing psychotherapy for clients and to add a new statement (QSS 34) stating "To educate clients about SUD and its impact on sexual activities and sexually-transmitted disease".

The final set of QSS was composed of 34 statements which sought to capture the constellation of possible roles of OT in SAR. Then, a pilot test and an FGD were conducted causing the reformulation of 4 statements (either by adding [QSS1 and QSS33] or changing words [QSS19 and QSS29]); no statement was removed nor added in the final set of QSS. However, it is important to note that these identified roles can be characterized by any treatment activity, method, or approach as used by OTs in SAR practice. The complete list of QSS is presented in a sample Q-Sort (representing one datum) in Figure 3.1.

3.3.3.2 Phase 2: Administering the Q-sort. The collection of the Q-Sorts (data set) commenced with an orientation (15 minutes) where the rationale of the research, ethical provisions, and QM instructions were discussed. All participants were then tasked to 1) read and sign the informed consent, 2) sit in their designated places, 3) receive the five-item Q-Sort Package (6-page informed consent document, 34 QSS cards, 1 sorting grid, 1 pen, and 1 glue stick), 4) complete the demographic profile sheet, and 5) ask any questions before proceeding to the actual Q-Sorting. Also, the participants were informed that three research aides and a qualified counsellor would be available anytime to help participants with

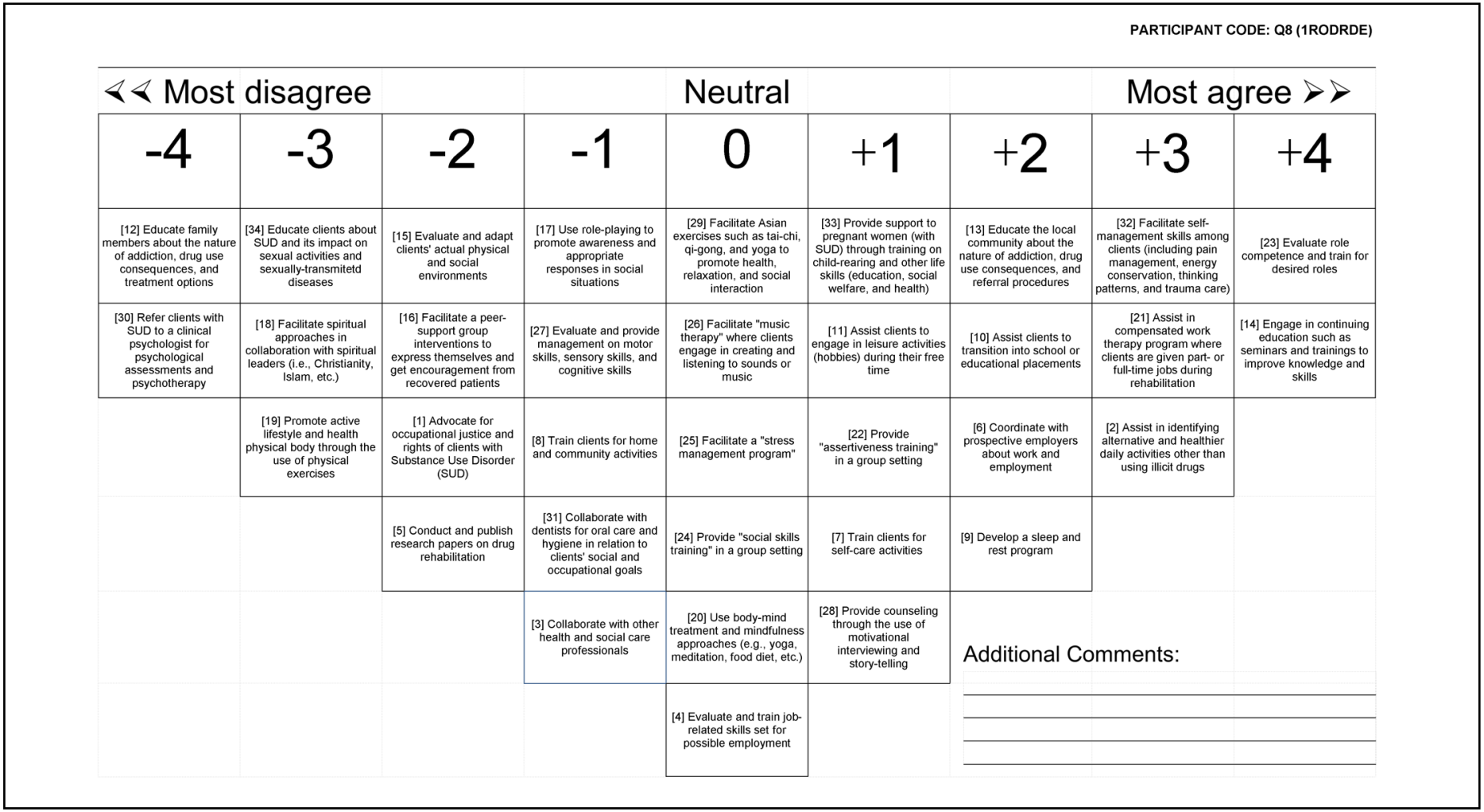

Figure 3.1. Sample Q-sort from a participant. Note: The design of this sorting grid was adapted from Corr, S., Neill, G., & Turner, A. (2005). Comparing occupational therapy definition and consumers' experiences: A Q-Methodology study. *British Journal of Occupational Therapy, 68*(8), 338–346. The Q-sort package included this grid, the 34 QSS, glue, pen, and informed consent form.

problems comprehending QSS and who feel fatigued or anxious as a result of the activity, respectively.

In the actual Q-sorting, all participants were tasked to rank the 34 QSS according to their agreeability or otherwise (general sorting). Afterwards, they were asked to place each QSS in their respective columns ranging from –4 (least agree) to +4 (most agree) based on their opinion and prioritization on the role of OT in SAR (specific sorting). For example, a participant would initially agree (general sorting) that OTs "assist clients to engage in leisure activities (hobbies) during their free time [QSS11]", but would later on place the statement within column +2 (specific sorting). After all cards were placed on the sorting grid, participants were reminded to ensure no card was left unsorted. If none, they glued the QSS cards to secure their placements on the sorting grid. A comment box on the sorting grid was provided for feedback. Most participants managed to complete their Q-Sorts within 45 minutes (20 minutes longer than the expected time). Furthermore, a 30-minute optional forum was held after the Q-Sorting task to allow participants to further communicate and verify their opinions. Participants' comments were transcribed electronically by one of the research aides.

3.3.3.3 Phase 3: Factor analysis. All demographic data and comments were encoded using Microsoft Excel for Mac (version 15.31) program, while the 28 Q-Sort data, each representing participant's opinion on the role of OT in SAR, were entered into the free PQMethod (version 2.35) software (Schmolck, 2014). Each Q-Sort was correlated with every other Q-Sort, and then their inter-correlation matrix was factor-analysed using the Principal Component Analysis (PCA) with Varimax Rotation. In other words, the correlation analysis compared the views among participants to find similarities and differences among participants' opinions while the factor analysis categorized correlated participant's opinion (as represented by his/her Q-Sort) under different factors. Originally, eight factors were

extracted, all of which had eigenvalues exceeding 1.00 (from 1.3 to 6.6). However, since there is no absolute standard in determining how many factors must be extracted, the author's theoretical knowledge and judgement were used to choose only three factors for extraction (Webler, Danielson, & Tuler, 2009) to provide a simpler method to interpret the factors, which will be called "role perspectives" (based on OT roles in SAR).

3.3.3.4 Phase 4: Interpreting factors. Upon the application of correlation and factor analyses, perspectives were created based on the normalized factor scores (z-scores, which indicated the ranking of each statement within each perspective). These quantitative data outputs were then compared to the demographic profile of the participants and their comments during the forum. The interpretations are described in the results and discussion sections.

3.4 Results

Factor loadings indicating the degree of correlation between an individual Q-Sort and each factor as well as factor score correlations are shown in Table 3.1. The first column lists the 28 Q-Sort collected (respondent code), the second column indicates each participant's age and gender, and the third column specifies their professional background. The numbers represent the factor loadings, which are correlation coefficients indicating the extent to which each of the 28 Q-Sorts is similar or different to each of the four composite factor arrays. The three factors identified explain 44% of the total variance within the range of data.

The rows denote the participants' opinions while the values signify the loading of each respondent's views to each factor. In other words, a positive value means that a participant shares subjectivity with others on that perspective, while a negative value means that the participant rejects the perspective. For instance, the opinions of Q-Sort 7 (former client) correlate highly with Perspective 1, while the opinions of Q-Sort 12 (occupational

Table 3.1

Factor loadings based on the 28 Q-sorts through principal components analysis with varimax rotation

Respondent Code	Age & Sex	Role	Factor		
			1	2	3
7	37, M	Former User	**0.62X**	-0.22	-0.11
13	40, M	OT	**0.58X**	0.01	0.48
14	26, M	OT	**0.72X**	-0.02	0.34
16	24, M	OT	**0.66X**	0.02	0.01
18	22, F	OT	**0.55X**	0.39	0.09
19	23, M	OT	**0.53X**	0.49	0.08
20	24, M	OT	**0.71X**	0.25	0.08
23	30, M	Psychiatrist	**0.77X**	0.09	0.00
24	63, F	Psychiatrist	**0.77X**	-0.07	0.07
1	55, M	CW (Leader)	-0.08	**-0.64X**	0.12
2	50, M	CW	-0.04	**-0.28X**	-0.07
4	70, F	CW	0.03	**-0.63X**	-0.07
5	47, M	CW	0.24	**-0.63X**	-0.23
9	42, M	CW	0.07	**-0.30X**	0.09
10	56, F	Former Carer	-0.22	**0.60X**	0.38
12	26, M	OT	0.41	**0.66X**	-0.06
25	34, F	Psychiatrist	0.12	**0.41X**	0.35
26	33, F	Pharmacist	0.12	**0.71X**	0.08
28	29, M	Counselor	0.36	**0.53X**	0.47
3	25, M	CW	0.16	-0.06	**0.28X**
6	65, F	CW	-0.13	0.15	**-0.30X**
8	48, M	CW	-0.36	0.04	**0.39X**
11	35, F	OT	-0.13	0.24	**0.42X**
15	44, F	OT	0.42	-0.10	**0.65X**
17	63, F	OT	0.01	0.04	**0.68X**
21	22, F	OT	0.41	0.25	**0.50X**
22	42, F	CW	-0.08	0.14	**-0.14X**
27	56, F	Psychologist	0.25	0.16	**0.64X**
Percentage of Explained Variance			18	14	12
Number of Defining Variables			9	10	9

Note: "OT" means occupational therapist while "CW" means community worker. After rotation of factors, both automatic and manual flagging (**X**) were performed before completing the analysis.

therapist) tend to correlate more with Perspective 2 than 3. Values with an X at the end are "flagged" meaning that they are the most defining sorts for each of the three factors. However, it is also important to note that in using the PQMethod (version 2.35) software not all Q-Sorts were automatically flagged, thus some Q-Sorts were initially not flagged requiring manual flagging to avoid being dropped from the analysis (Schmolck, 2014).

3.4.1 Group 1: "Promoters of occupational participation".

There were six OTs, two mental health professionals (psychiatrists), and one former user who shared this group. They responded that the primary role of OT is to train people with SUD for role competence (23, +4 [QSS 23, ranked +4]), identify leisure pursuits (11, +4), train job-related skills (4, +3), and to explore alternative and healthier daily activities (2, +3). The group, however, did not consider the following to be a key role of OT in SAR: education to the community (13, –3), family (12, –4), and about sexually transmitted disease (34, –4); facilitating peer support groups (16, –1), physical exercises (19, –1), and psychotherapy (30, –1). These roles are assumed to be performed by other professionals such as social workers, physical therapists, and psychologists. As illustrated in Table 3.1, it is evident that the group describes OTs as promoters of health through the use of occupations, hence this group is called "Promoters of occupational participation".

3.4.2 Group 2: "Collaborators to enhance occupational participation".

The second group was composed of one OT, three mental health professionals (1 psychiatrist, 1 pharmacist, and 1 counselor), and six caregivers (1 community leader, 4 community workers, and 1 former wife of a former user). They shared an outlook explaining how OTs are seen to be working closely with other health and social care professionals (3, +3) and service users to promote alternative and healthier occupations (2, +4), train job skills (4, +2), and facilitate self-management skills (e.g., pain management, energy conservation, thinking patterns, stress management, and trauma care) (32, +2). As a team member, OTs are also expected to coordinate with health and social care experts in advocating the human rights and legal representation of clients with SUD (1, +3) as well as in conducting research (5, +4) that will improve SAR programs in the country. On the other hand, this group did not think that mindfulness approaches (20, –3) and compensated work therapy (CWT) (21, –4) are roles of OTs in SAR. Considered to be the most diverse (based on professional or personal

Table 3.2

Distinguishing QSS for group 1 "Promoters of occupational participation"

No.	Q-Sort Statement	Rank		Z-Score
23	To evaluate role competence and train for desired roles necessary for community re-integration.	4	*	1.94
11	To assist clients with substance use disorder to engage in leisure pursuits (hobbies).	4	*	1.65
4	To evaluate and train job-related skills set for possible employment upon discharge.	3	*	1.62
2	To assist clients with SUD in identifying alternative and healthier daily activities that do not involve drug-use and abuse.	3	*	1.50
7	To train clients for "self-care activities" (activities of daily living).	2	*	1.49
14	To engage in continuing professional education (seminars and trainings) on mental health care and SAR.	1	*	0.26
32	To facilitate self-management skills among clients (e.g., pain management, energy conservation, thinking patterns, stress management, trauma care, and relaxation).	1		0.16
9	To develop a sleep and rest program that will support the health and activity engagements of the clients with SUD.	0	*	–0.08
1	To advocate the human rights of clients with SUD by connecting them to agencies that can support their legal representation.	0		–0.20
16	To facilitate "peer support" group interventions where clients can freely express themselves to peers who have recovered.	–1	*	–0.45
19	To use physical exercises to promote an active lifestyle and a healthy physical body during recovery.	–1	*	–0.51
30	To refer clients with SUD to a clinical psychologist or psychiatrist for psychological assessments and psychotherapy, respectively.	–1	*	–0.62
13	To educate the local community about the nature of addiction and its consequences.	–3	*	–1.36
12	To educate family members about the nature of addiction and its consequences.	–4	*	–1.61
34	To educate clients about SUD and its impact on sexual activities and sexually-transmitted disease.	–4	*	–1.85

Note: The rank is derived from the weighted composites, where the sign * indicates significance at $p < 0.01$. The original statements are shortened to make them simpler.

background) among all groups, this group's strong outlook towards the involvement of other professionals and people from the community to accomplish goals resulted in the group name "Collaborators to enhance occupational participation" as shown in Table 3.3.

3.4.3 Group 3: "Facilitator of environmental supports towards occupational participation". The last group was comprised of four OTs, four caregivers (community workers), and one psychologist. This group perceived OTs to have a role in evaluating and identifying physical and social environments to promote activities resulting in non-use of drugs (abstinence) (15, +2). They believed that the physical environment necessitates comprehensive evaluation and adaptation towards occupational participation particularly for employment opportunities (4, +4) and for facilitating alternative and healthier activities (2, +2). The social environment is believed to be within the expertise of OTs since they are perceived to effectively engage clients' family members (12, +3) throughout the rehabilitation and recovery processes. The group also supports supported the idea that a supportive social environment entails improving clients' assertiveness skills (22, +2), regular counselling sessions (28, +1), and awareness of basic human rights and legal support. However, this group did not support that it is within the role of OT to facilitate alternative techniques such as music therapy (26, –3), Asian-based exercises (i.e., qigong and tai-chi) (29, –3), and self-management techniques (32, –2) within SAR practice. Given their strong outlook on the importance of environment to facilitate occupations among clients with SUD, this group was called "Facilitators of environmental supports towards occupational participation" as illustrated in Table 3.4.

3.4.4 Group comparisons. The group analyses based on Q-Sort values revealed that there are four common statements (OT roles) across the groups (QSS2, QSS4, QSS11, and QSS12). Figure 2 depicts each group's perspectives across the OT roles in SAR, which aims to assist OTs in creating or revising existing SAR programs. For instance, data show

Table 3.3

Distinguishing QSS for group 2 "Collaborators to enhance occupational participation"

No.	Q-Sort Statement	Rank		Z-Score
5	To conduct researches focused on improving programs in mental health and SAR.	4	*	2.19
2	To assist clients with SUD in identifying alternative and healthier daily activities that do not involve drug-use and abuse.	4	*	2.12
1	To advocate the human rights of clients with SUD by connecting them to agencies that can support their legal representation.	3	*	1.70
3	To collaborate with other health and social care professionals e.g., psychiatrists, pharmacists, psychologists, nurses, social workers, special educators, anthropologists, policemen.	3	*	1.51
4	To evaluate and train job-related skills set for possible employment upon discharge.	2	*	0.98
32	To facilitate self-management skills among clients (e.g., pain management, energy conservation, thinking patterns, stress management, trauma care, and relaxation).	2		0.69
12	To educate family members about the nature of addiction and its consequences.	1	*	0.63
31	To collaborate with dentists for oral care and hygiene in relation to clients' social and occupational goals.	0	*	–0.16
11	To assist clients with substance use disorder to engage in leisure pursuits (hobbies).	–1	*	–0.51
10	To assist clients with SUD to transition into school placements after discharge (high school, vocational, or college education).	–1	*	–0.67
20	To use body-mind treatment and mindfulness approaches (e.g., yoga, meditation, food diet).	–3		–1.38
21	To assist in compensated work therapy program where clients can be provided part- or full-time employment during recovery.	–4	*	–1.49

Note: The rank is derived from the weighted composites, where the sign * indicates significance at $p < 0.01$. The original statements are shortened to make them simpler.

that training for job-related skills (QSS4) and facilitating alternative and healthier activities (QSS2) are essential OT roles among all groups. However, it is evident that assisting in leisure pursuits (QSS1) is generally an essential OT role for health professionals (Group 1), but not necessarily for those from community workers and social care professionals (Group 2 and 3). This can assist decision makers in prioritizing their program development efforts towards work evaluation and training and the promotion of alternative activities to enable abstinence from using illicit drugs. The data can also help facility administrators and the government in prioritizing continuing education activities as well as purchasing assessment tools, materials, and equipment for the OT facility.

Five consensus statements were identified. In other words, these five OT roles were not distinguishable in any of the groups (factors). Using of role-playing to promote appropriate responses in social situations (QSS17), providing a social skills training group (QSS24), and facilitating a stress management program (QSS25) were perceived as neutral (scored 0) roles of OTs across groups. Additionally, all groups disagreed that the role of OT should include the use of spiritual approaches in collaboration with spiritual leaders (QSS18) and providing pregnant women with SUD support and training on child rearing activities (QSS33). This can inform decision makers that OTs are not perceived to be performing these roles because other professionals are more skilled in doing them, or there is a call to conduct a comprehensive evaluation or needs assessment for such approaches or programs.

3.5 Discussion

3.5.1 SAR Role Perspective 1: Promoter of occupational participation. "Occupational participation" means one's engagement in work, play, or activities of daily living is part of one's socio-cultural context and desired and/or necessary to one's well-being (Forsyth, et al.,

Table 3.4

Distinguishing QSS for group 3 "Facilitator of environmental supports towards occupational participation"

No.	Q-Sort Statement	Rank		Z-Score
4	To evaluate and train job-related skills set for possible employment upon discharge.	4	*	2.56
12	To educate family members about the nature of addiction and its consequences.	3	*	1.39
15	To evaluate and adapt clients' actual physical environment (home, school, work place, neighborhood) and social environment (relationships with family, peers, and co-workers) to promote controlled use or non-use of drugs.	2	*	0.97
22	To provide "assertiveness training" in a group setting to train clients to state their own views and desires and act confidently in daily living and social situations	2	*	0.80
2	To assist clients with SUD in identifying alternative and healthier daily activities that do not involve drug-use and abuse.	2	*	0.61
28	To provide counselling through the use of motivational interviewing and story-telling to clients with SUD and family members.	1	*	0.32
1	To advocate the human rights of clients with SUD by connecting them to agencies that can support their legal representation.	1		0.28
8	To train for "home and community activities" (instrumental activities of daily living).	0	*	0.16
11	To assist clients with substance use disorder to engage in leisure pursuits (hobbies).	0	*	0.14
27	To evaluate and provide management on motor skills, sensory skills, and cognitive skills.	–1	*	–0.40
32	To facilitate self-management skills among clients (e.g., pain management, energy conservation, thinking patterns, stress management, trauma care, and relaxation).	–2	*	–0.91
29	To facilitate Asian-based activities to promote health, relaxation, and social interaction (e.g., qi gong, tai-chi).	–3	*	–1.40
26	To facilitate "music therapy" where clients engage in active (creating sound or music) or receptive (listening to sound or music) musical expressions to improve health.	–4	*	–2.04

Note: The rank is derived from the weighted composites, where the sign * indicates significance at $p < 0.01$. The original statements are shortened to make them simpler.

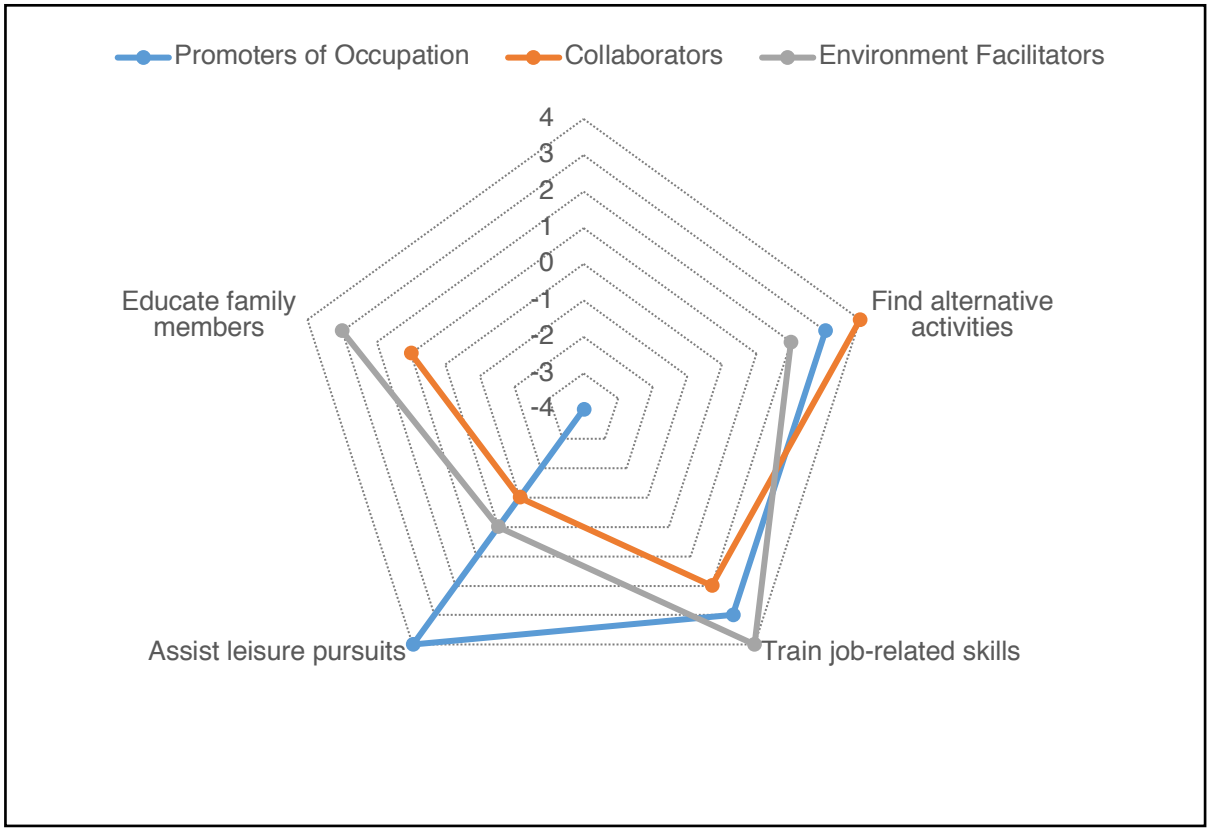

Figure 3.2 Group outlooks across commonly distinguished OT roles in SAR based on Q-methodology findings

2014). The first identified role perspective "promoter of occupational participation" implies that OTs therapeutically use tasks, activities, and occupations to [re]habilitate people with SUD. Facilitating occupational participation applies to all areas of occupation (i.e., activities of daily living, instrumental activities of daily living, rest and sleep, education, work, leisure, and social participation) (American Occupational Therapy Association, 2014). However, promoting work and leisure occupations to develop occupational roles necessary for community re-integration will be emphasized in this section since the results show that these areas of occupations received the highest agreeability for the first SAR role perspective identified.

In the Philippines, OTs in SAR practice work with job coaches and vocational trainers to evaluate and train job-related skills for clients. Usually coined as "vocational training", this

program aims to [re-]establish necessary skills for a work of choice to close the gap between disability and employment (Webb, Shakeshaft, Sanson-Fisher, & Harvard, 2009). Prior to discharge, client skills and health status are re-assessed in preparation for paid employment. Today, a wide gap still exists between the drug rehabilitation center (DRC) and the community causing problems during community re-integration such as placement in the same environments, inability to overcome stigma, and unemployment. Studies reveal that this gap could be resolved when recovering clients are assisted to gain employment through peer referral while going through follow-up interventions and psychosocial skills training (Webb, Shakeshaft, Sanson-Fisher, & Harvard, 2009). Among OT work programs, Compensated Work Therapy (CWT) (a program that allows clients to have part-time or full-time employment while undergoing rehabilitation) is evidenced to reduce addiction tendencies, episodes of imprisonments, homelessness, and to improve over-all physical health of people with SUD (Kashner, Rosenheck, Campinell, Suris, & CWT Study Team, 2002).

Work programs in Philippine DRC are currently being developed with the Technical Education and Skills Development Authority (TESDA). For instance, the lead OT in a therapeutic community located in the City of Taguig partnered with TESDA to provide training on automotive and bartending skills for male residents and aesthetic and massage (hilot) skills for female residents. The partnership is generally seen as positive; however, client-centeredness may be compromised since there is only one OT working with hundreds of residents, thus missing the opportunity to thoroughly evaluate their goals and desired occupational roles during early recovery (Sells, Stoffel, & Plach, 2011). There is also no established system that safeguards the work placement of discharged residents which often leads to returning to old habits and environments. Hence, multiple re-entries to the DRC is common.

As experts in work rehabilitation, OTs must also take into consideration that illicit substances (specifically cannabis and methamphetamines) are often used by people to improve work productivity i.e., altered level of energy, improved attention, enhanced enjoyment, and relief from stress (Kiepek, 2016, pp. 12–13; Twinley, 2013). The social pressure to be productive today may have urged some people to resort to illicit substances for what they perceive to be its short-term effects. However, the long-term effects of these illicit substances pose detrimental effects during recovery especially when transitional services and alternatives to illicit substance use are not provided.

Aside from work, leisure is seen to be vital in daily living among people with SUD. OTs have expertise in assisting clients with mental health problems to overcome barriers and facilitate social supports to enable leisure participation and identify leisure options (Pieres & Craik, 2004). Some individuals with mental health problems have experienced repeated failures, social stigma, or both so it is important to have an understanding of the challenge-skill ratio when developing interventions towards leisure participation (Howells, 2011).

In Philippine DRC, leisure activities are integrated in their programs particularly using sports activities, physical exercises, and film viewing. Although OTs were given a key role in facilitating leisure pursuits in DRC (UNODC, 2015), limited leisure activities are provided from the highly-structured programs in the DRC. As a result, DRC residents may experience occupational deprivation and alienation. Hence, the role of OT may be emphasized by partnering and collaborating with the residents in selecting and engaging in positive leisure and social participation. Through the use of a supported socialization model (Howells, 2011), residents can engage in actual occupations with intermittent therapies for skills training and processing.

The first role perspective identified asserts that addressing leisure pursuits, job-related skills, and self-care skills during OT develops role competence or community re-

integration. Occupations are seen as tools used by OTs to promote not only health but social inclusion for people with SUD.

3.5.2 SAR Role Perspective 2: Collaborator to enhance occupational participation.

Being able to collaborate is one of the core competencies an OT must possess regardless of practice setting: clinic, community, advocacy work, or research. Generally, it can be challenging to secure employment as an OT in SAR services since the field is predominantly supported by social workers, nurses, and diploma-level addiction counsellors (Kiepek, 2016). Despite this challenge, it is still workable when OTs start to introduce their contributions to an interprofessional team (Kiepek, 2016). The relatively positive attitudes of Filipino OTs towards interprofessional collaboration (Sy, 2017) can be cultivated to efficiently work with other professionals in developing and improving programs for people with SUD.

A prospective interprofessional-led program may focus on identifying alternative and healthier activities using a strengths-based approach as guided by a recovery-oriented mental health practice (Xie, 2013). The principles behind strengths-based approach is to work with the person rather than the problem, look for resources rather than deficits, explore possible and preferred futures, and interact with clients as experts in all their life aspects (Duncan, Ghul, & Mousley, 2007). One modality that can be used as an alternative activity operated within the strengths-based approach is art or creative therapies (Matto, Corcoran, & Fassler, 2003; Wasmuth, Pritchard, & Kaneshiro, 2015). Programs operated from this model aim to teach organizational and time management skills specifically making appointments and assuming responsibilities involving other people at home and in the community (White, Meade, & Hadar, 2007). OTs are expected to partner with service users, other professionals, and agencies to effectively implement programs using a strengths-based approach (Xie, 2013).

For occupations to have a larger impact on people, programs for people with SUD necessitate advocacy. The "Mental Health Act of 2016" (Hontiveros-Baraquel, 2016) stipulates the strategic position of Filipino mental health professionals in advocating the rights of service users including those with SUD. In collaboration with social workers, lawyers, and law enforcers, OTs are expected to be aware of state legislations and legal consequences regarding usage and dealing of illicit substances to effectively advocate for the rights of people recovering from SUD (Lancaster & Chacksfield, 2014; Lim & Duque, 2011). This OT role has not yet been explored, but collaborative projects with government and non-government offices through lectures and seminars on occupational justice and participation can be a start in advocating for people with SUD.

Advocacy work can be strengthened through research. There is a call for OTs to conduct research to substantiate their practice in SAR settings. Kiepek (2016) suggested the following foci for future SAR-specific researches: a) impact of substance use on injury, b) occupation-focused assessments and interventions, and c) understanding substance use within the context of occupational performance, engagement, and experience. However, realizing an increased research productivity in OT can only be achieved through collaborative research either with clinicians or researchers from other professions (Kielhofner, et al., 2006).

Despite the improved quality of OT research in Asia over the past decade, a research tradition in the Philippines has yet to be established (Lim & Duque, 2011). One of the solutions proposed is the formation of partner networks and interprofessional collaboration (Lim & Duque, 2011). Collaboration has been a stimulant for this Q-methodology research (i.e., partnering with institutions and communities; sampling professionals and researchers from different fields) which aims to yield results that would reflect different perspectives, enhance mental health practice, and promote policy changes.

The second role perspective identified asserts that OTs are not just clinicians but also researchers and advocates to improve SAR practice and the people recovering from SUD. The effectiveness of OT in performing these roles relies on their ability to collaborate and partner with the service users, other professionals, people from the community, organizations, and the government.

3.5.3 SAR Role Perspective 3: Facilitator of environmental supports towards occupational participation.

As a promoter of occupational participation, OTs also have a significant role in facilitating environmental supports and reducing environmental barriers. Fritz and Cutchin (2016) argued that OTs' expertise on environmental and contextual modification can be used to enhance habit formation and training, which is a bridge towards building role competence and occupational participation.

According to the International Classification System for Functioning, Disability, and Health (ICF), environments can include: a) physical elements (natural environment, products, and technology), b) social elements (support and relationships), c) attitudes, and d) services, systems, and policies (WHO, 2001). These elements create a complex environment where occupations are performed. For instance, support programs for people with SUD (services, systems, and policies) are implemented in mental health centers and actual work placements (physical environment) under the guidance of health care professionals and employers (social environment), respectively. In spite of these positive environmental supports, societal and personal stigma (attitudes) towards people with SUD affect how they perform and participate in their new routines as they transition from rehabilitation to recovery. The existence of stigma can be reduced with family education and support for the person with SUD (support and relationships).

OTs as collaborators enable them to maximize the social elements in the environment. OTs may act as mentors to clients with SUD through the use of empathy and personal

experiences (occupational storytelling) (Vogel, 2011). They may also act as a peer-support facilitators in therapeutic groups that use occupations and target social participation outcomes, which is evidenced to reduce risk of relapse and reveal positive impact on recovery from substance addiction and homelessness (Boisvert, Martin, Grosek, & Clarie, 2008; Wasmuth, Pritchard, & Kaneshiro, 2015).

In schools, OTs collaborate with a team of specialists to modify environments in prevention programs for vulnerable and disengaged youth by turning their out-of-school time (OST) into sports participation, supervised social activities, and enjoyable alternative substance-free activities (Lee & Vandell, 2015; Andrabi, Khoddam, & Leventhal, 2017). Preventive interventions also extend from school to the home through the use of a self-teaching workbook that aims to guide youth with SUD on how to live a substance-free life such as the Serigaya Metamphetamine Relapse Prevention Program (SMARPP) workbook in Japan (Matsumoto, Chiba, Imamura, Kobayashi, & Wada, 2011).

Group physical exercises, music therapy, and Asian-based activities (tai-chi and qi-gong) were perceived to be outside the scope of OT in SAR based on this QM study. These activities were found to be effective interventions as used by OTs to some extent (Wasmuth, Pritchard, & Kaneshiro, 2015), however the findings in this study may imply how these activities are perceived to be implemented by other professionals, or that it is necessary to carefully consider the cultural environment and attitudes of people with SUD before providing these activities in DRC and SAR programs in the Philippines.

This last identified role perspective claims that OTs are environmental facilitators who see people recovering from SUD as occupational beings within a complex ecology of transacting environments and contexts. OTs in SAR practice are, therefore, called to be guided by paradigms and practices that are occupation-based, collaborative, and context-specific.

3.5.4 Consensus OT Role Perspectives in SAR.

Being a facilitator of spiritual approaches and a trainer of life skills for pregnant women with SUD and their children with fetal alcohol spectrum disorder (FASD) were unanimously perceived as outside of the role of OT.

The Philippines is a predominantly Christian nation which explains how spirituality is inevitably infused within SAR programs. Activities that promoted personal pleasure, heightened sensory and emotional experiences, and excessiveness (Kiepek, 2016) are severely frowned upon in traditional Christian societies. Substance use possesses these three ingredients that can lead to an ungodly life, which can only be reconciled by religious confession, communion, or penance (Kantartzis & Molineux, 2012). In the Philippines, one way of reconciling is through institutionalized spiritual-based programs like the *Hazelden Program* (a belief that a Power greater than oneself could restore mental health) and *Faith-based Model* (where faith is seen to be an inspiration to recover and be a more productive person) (Dangerous Drug Board, 2013). Certainly, these spiritual-based programs have been heavily employed due to culture and religiosity and not necessarily science. Thus, it is essential to conduct periodic evaluation and research on these approaches to create empirical data that will show their effectiveness (or lack thereof) and to ensure achieving tangible outcomes on spirituality, health, and well-being among people recovering from SUD (Galanter, 2007; McColl, 2011).

On the other hand, OTs working with women with SUD and children with FASD have dual roles including 1) inquiring about alcohol use among all adult, female clients and 2) enforcing family-centered care approach when working with either children with FASD or mothers who appear to be using alcohol (Sells, Stoffel, & Plach, 2011; Kiepek, 2016). Although OTs still remain on the periphery of this practice area, a unique role as an educator

or public health advocate can assist women with SUD and children with FASD (Kiepek, 2016).

Although perceived to be out of the scope of OT in SAR practice, addressing spirituality within recovery programs and working with women and children affected with FASD can be considered as role-emerging areas in Philippine SAR practice.

3.6 Limitations. Several limitations were considered which may influence the results of this study. Although the sample size (n = 28) obtained fits the methodology used, the profile of the respondents could have been more representative by having more former clients as well as OTs, community workers, and mental health professionals from areas other than Manila and Central Luzon. Although this QM research did not aim to generalize the role of OT in SAR, the findings intend to offer a localized yet systematic process of describing perspectives among stakeholders on the role of Filipino OTs in SAR. Moreover, the 25-minute time allotment for Q-sorting (Phase 2) might be too short for decision-making which could have compromised the reliability of the data collected. Cultural and political biases could also be present since the research respondents were recruited during the period of an on-going national campaign against the use and trade of illicit substance.

3.7 Conclusion. The findings of this study serve as an initial step in asserting OT's contribution to the SAR practice in the Philippines. The tripartite role perspectives of Filipino OTs in SAR practice are promoters of occupational participation, collaborators to enhance participation and well-being, and facilitators of environmental supports for occupational participation. However, these identified role perspectives are found to be divergent to the OT role as perceived by health authorities in the country, which may possibly explain to some extent why Filipino OTs cannot secure jobs, develop practice, and create research in SAR

practice. As an important human resource in mental health, OTs can only be maximized when their contribution to SAR is perceived by all stakeholders. Furthermore, this study demonstrates that QM is not limited for program evaluation to improve OT services, but also in conducting attitudinal, perceptual, and mixed-method research. In the future, the identified tripartite role of Filipino OTs in SAR may be translated into research, continuing education modules, occupation-centered SAR programs, and a springboard for role-emerging practices.

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CHAPTER 4

Utilizing the Occupational Justice Health Questionnaire (OJHQ) with a Filipino drug surrenderee in occupational therapy practice: A case report

Michael Palapal Sy and Nobuo Ohshima

4.1 Abstract

In the past two years, the problem on illicit substance use and trade in the Philippines has become a focal interest by the government, human rights advocates, media, and healthcare professionals. This case report aims to describe illicit substance (ab)use from an occupational justice (OJ) perspective by presenting a case of a Filipino drug surrenderee who underwent an OT interview which utilized the Occupational Justice Health Questionnaire (OJHQ). Using the OJHQ, findings showed that individuals involved in substance addiction could possibly experience different levels of occupational injustices: occupational alienation, occupational deprivation, occupational imbalance, and occupational apartheid. Identifying the occupational injustices experiences by an individual and collectives allows occupational therapists and clients to mutually prioritize occupations that are important and meaningful which could potentially inform recommendations and plans of action towards OJ. Moreover, using the OJHQ in OT practice could open opportunities for collaborative practice with other professionals, community workers, and agencies that would facilitate OJ for clients like Donnie.

4.2 Introduction

Occupational justice (OJ) is concerned with ethical, moral, and civic issues such as equity and fairness for both individuals and collectives but specific to engagement in diverse and meaningful occupations (Wilcock & Townsend, 2014). Today, individuals and collectives are

facing issues that are related to occupational therapy (OT) as seen in the prevalence of insufficient housing, unemployment, and inadequate financial support to sustain their mental, physical, and spiritual health (Wilcock & Townsend, 2014). People with disabilities and illness living in developing countries can be assumed to be experiencing more occupational injustices. In recent years, social injustices have been classified conceptually by scholars studying occupations and OJ into occupational alienation, occupational deprivation, occupational imbalance, and occupational apartheid (Stadnyk, Townsend, & Wilcock 2010; Kronenberg, Algado, & Pollard, 2005). This case report aims to establish a baseline assessment in terms of occupational justice issues that could inform OT practice by exploring the lived experiences of an adult Filipino who was formerly involved in substance addiction using the Occupational Justice Health Questionnaire (OJHQ) (Wilcock & Townsend, 2014, pp. 548–549) and OJ perspective.

4.3 Background

In the past two years, the problem on illicit substance use and trade in the Philippines has become a focal interest by the government, human rights advocates, media, and health and social care professionals. Mental health and human rights advocates criticise how the government run the national anti-drug campaign or "war on drugs" by arguing that substance [ab]use is a health, social, and a disability concern necessitating health services and respect for basic human rights. In the Philippines, the nature of abuse is characterized by more than six months of mono-drug use among any of the following: methamphetamine hydrochloride ("shabu"), cannabis (marijuana), or methylenedioxymethamphetamine ("ecstacy") (Dangerous Drug Board, 2016a). Effects of drug using, abusing, and trading could lead to a decline in mental health, productivity, and/or maintaining social harmony. To date, little is known about the number of individuals who surrendered to authorities in relation to their

designated after-care substance addiction and rehabilitation (SAR) programs as well as their situations in terms of exercising basic human rights and engagement in meaningful occupations before, during, and after any form of SAR program.

4.4 Reason for practice and the role of occupational therapy

In the psychology and psychiatry-dominated practice of SAR, it is necessary for occupational therapists (OTs) to assert its position in helping people transform their addictive behaviors into health-promoting activities that can develop into meaningful and socially acceptable role patterns. Doing so could leverage OT as a health and social care profession that uniquely deals with a person's human rights in relation to his or her physical, mental, and social well-being throughout and even after the OT process. Presently, there are 50 drug treatment and rehabilitation facilities throughout the Philippines operated by a team of professionals, including OTs (Dangerous Drug Board, 2016b). While there is an evident manpower shortage, the role of OT in Philippine SAR is deemed to either be medically oriented (i.e., reduce and manage symptoms; train skills) or tangent to the occupation-focused paradigm (i.e., promote sports, culture; provide counseling) (United Nations Office on Drugs and Crime [UNODC], 2015; Basco, Garcia, & Mendoza, 2004). To clarify the role of Filipino OTs in SAR, a recent Q-methodology study identified OTs to assume a tripartite role of promoting occupational participation, facilitating environmental supports, and collaborating with clients and other professionals (Sy, Ohshima, & Roraldo, 2018). This finding sheds light in expanding the professional role of OT not only as a rehabilitation professional but also as a health advocate who is responsible for the assessment and service delivery for people experiencing occupational injustices (Wilcock & Townsend, 2014).

Both an idea and a need, OJ may be considered as a relatively new concept in OT practice. However, scholars over the past decades have asserted that people's actions towards

being, becoming, and belonging are not merely a matter of individual choice but is greatly affected by the complex contexts and environments where those individuals thrive (Wilcock & Townsend, 2014). Within these contexts and environments, occupational injustices may be classified into four OJ-related conceptual issues that describe social exclusion in varying degrees: denying of people from engaging in meaningful occupations (occupational alienation); restricting people from health-promoting occupations while residing in diverse contexts (occupational deprivation); having too little to do or excessively burdened to do things on a daily basis (occupational imbalance); and denying access to meaningful occupations on the basis of socio-political, sexual, and religious characteristics (occupational apartheid) (Stadnyk, Townsend, & Wilcock 2010; Kronenberg, Algado, & Pollard, 2005).

Townsend and Marval (2013) determined role-emerging OT practices that deal with OJ-related issues among individuals, communities, and populations: people with disabilities; poverty; war, disasters, and refugees; elderly; social class, race, and gender; and, penitentiaries. Interestingly, the substance use disorder (SUD) group was unclassified possibly due to its complex nature of its disability effects on the person such as intellectual and cognitive impairments, chronic pain, as well as mental health decline including trauma and emotional discomfort. However, OJ has been criticized in ascertaining practice dissonance among OTs who find it problematic to provide services within an OJ perspective by all-together enacting an occupation-focused, client-centered, and community-based practice (Gupta, 2016). To address the disjoint between OJ and OT, operationalizing and publicizing OJ through stories of occupational injustices in context must be encouraged among OTs positioned in different practice settings informing individual, group, and collective levels of action (Wilcock & Townsend, 2014).

4.5 Method

In an attempt to establish a baseline assessment of occupational justice issues, OJHQ was used to collect data from an interview with Donnie, a Filipino drug surrenderee. OJHQ is a five-part checklist with binary options (able and unable) across 27 items related to basic needs (Part I), overall well-being (Part II), living standards (Parts III & IV), and specific injustices decreasing occupational participation (Part V) (see Appendix). As part of the initial stages of the first author's research project, the first author contacted prospective research sites (hospitals, communities, and non-profit organizations) where data from drug surrenderees could be collected in Manila, Philippines. With a formal letter of permission, a leader from a "barangay" (village) in an urban district accepted the request and invited the author to visit them. With permission and informed consent, one volunteer was interviewed among the cohort using the OJHQ. The face-to-face interview lasted for 90 minutes. The dialogue, anecdotes, and comments were transcribed and organized to complete the OJHQ documentation which is appended as a supplementary material.

4.6 Case: Donnie, a Filipino drug surrenderee

The case of Donnie, a 36-year old male who is a former user and trader of shabu residing in an urban village in the City of Manila, will be framed based on the OJ-related conceptual issues according to the occupational injustice taxonomy based on data collected by using the OJHQ (Stadnyk, Townsend, & Wilcock, 2010).

The OJHQ enabled the first author, a qualified occupational therapist, to obtain data about Donnie's ability or inability to experience basic needs (e.g., food, income), aspects of well-being (e.g., aspirations, leisure), rights concerning health and well-being (e.g., employment, education). The experiences of being unable to participate in occupations were further explicated by health, political, social, and/or economic reasons. At the end of the OJHQ, specific issues that decrease occupational justice (e.g., poverty, disasters, armed

conflict) can be identified and be utilized to contextualize Donnie's experiences. The completed data set allowed the first author to analyse the case by classifying Donnie's experiences into the four occupational justice typologies: occupational alienation, occupational deprivation, occupational imbalance, and occupational apartheid.

Occupational alienation is the "sense of social isolation, powerlessness, frustration, loss of control, estrangement from society or self as a result of engagement in occupation which does not satisfy inner needs" (Wilcock, 1998, p. 257). Due to extreme poverty and lack of educational attainment, job options were limited or absent. Donnie thought that he is physically fit to take on any job and is willing to be trained just to put food on the table. However, he disclosed that seeking employment was problematic due to his physical appearance (wearing tattoos) and criminal records, thus leaving him with no choice but to scavenge for garbage in a nearby landfill for a USD 2.00 wage in a day. He even disclosed: "I tried to get a job as a porter at the big market in downtown Manila, but since the employer saw my tattoos, she immediately said I cannot work for her…"

Occupational deprivation is the "deprivation of occupational choice and diversity because of circumstances beyond the control of individuals or communities" (Wilcock, 1998, p. 257). The chronic issue of unemployment led Donnie to settle in using shabu instead of resorting to health-promoting occupations simply because there was no other option. Motivations for using shabu were to earn money to provide for his family, escape from problems (e.g., death of father, finances, and family relationships), keep himself awake to perform menial tasks in the landfill as a scavenger, and experience enhanced sensations during sexual activity with spouse. Donnie seemed to perceive using shabu as a lone "starter" to engage in more diverse occupations. Although using shabu could provide him with short-term relief, eventually this occupation could lead to detrimental long-term effects on his

health and over-all well-being. With the hope of being financially productive, Donnie also admitted:

> "I used to consume the drug but also sold them for 3000 to 5000 pesos (USD 60-100) in one day… I had to do it for my growing family or else we won't eat…"

Donnie became both a consumer and trader of this illicit substance because his environment created conditions that significantly limited his opportunities to be a productive part of society, even to the point of putting the validation of his personal uniqueness aside.

Occupational imbalance is defined as the "disproportion of occupation resulting in decreased well-being" due to either having too little or too much to do each day (Wilcock, 1998, p. 257; Stadnyk, Townsend, & Wilcock, 2010). In the previous anecdotes, it is evident that Donnie experienced the other side of the spectrum of having too little to do in a day due to unemployment, extreme poverty, and lack of education and skills. This state of boredom led Donnie into constant conflict with his wife who frequently worries about having food on the table and their survival as a family every single day.

Lastly, occupational apartheid refers to the "segregation of groups of people through the restriction or denial of access to dignified and meaningful participation in occupations of daily life on the basis of race, color, disability, national origin, age, gender, sexual preference, religion, political beliefs, or status in society" (Kronenberg, Algado, & Pollard, 2005). Based on recent national statistics, Donnie is part of the marginalized and poor population which is characterized by their inability to meet basic needs on a daily basis, large family size relevant to low income, lack of housing, unemployment, and low or no education attainment (Bersales, 2015). Poverty and social segregation are occupational injustices that could have instigated Filipinos like Donnie to use or trade illicit substances in order to survive and thrive.

Despite the occupational injustices experienced by Donnie, his OJHQ results (see Figures 4.1 to 4.3) revealed that regular physical activity and coping to survive current situation were possible. Rest, engagement in the community, and participation in government matters were also achievable due to the recent relationship he has had with the government after his surrender. Arts and scientific pursuits, however, were not applicable at the point of the interview due to his history and profile.

4.7 Implications and impact

This case report demonstrates the utility of the OJHQ as a starting point in identifying social injustices experienced by clients in vulnerable settings. Being mindful of clients' disability experience and their contexts (health, political, social, and economic) could allow OTs to frame issues based on the OJ typology and perspective that would help them in developing human rights- and justice-oriented programs using health-promoting occupations. Donnie's long-term use of illicit substances could have been a result of his childhood experiences, which severed his values and motivation for education. These compounding factors implicate his limited interests and thus constrained his skills which could have given him better opportunities for himself and his growing family. The social stigma towards people recovering from SUD makes it more difficult for Donnie to reintegrate and realize his personal and familial goals. While the community provides free vocational skills training, OTs can assist in assessing the skills of participants to set realistic outcomes of transferring skills to actual trades or jobs. OTs can also co-organize socio-civic-spiritual activities sponsored by the barangay through addiction education and promotion of drug-free and health-promoting activities.

In the psychology- and psychiatry-dominated practice of SAR, it is necessary for

Instructions. [For Parts I to IV] Tick column 2 if client or community is able to meet the right listed in column 1. Tick one or more of columns 3-6 if client or community is unable according to the reason(s) stated. [For Part V] Tick one or more if occupational injustice results from the community issues listed below.

Client: (Individual) Donnie
Date: March 2017

DETERMINANTS	ABLE	UNABLE Health	UNABLE Political	UNABLE Social	UNABLE Economic	COMMENT
I. Basic Needs (WHO)						
Peace			✓	✓	✓	• Surrendering as a former drug user may still pose fear of authorities. • Obtaining a permanent job is difficult due to social stigma, discrimination, and limited education. • Having no permanent job cannot secure Donnie and his family a decent place to live in, three meals per day, and sustainable resources. • Opportunities for vocational courses are available but not a priority due to severe financial constraints.
Shelter					✓	
Education				✓	✓	
Food					✓	
Income			✓	✓	✓	
Sustainable resources			✓	✓	✓	
Social equity			✓	✓	✓	
II. Social, Physical, and Mental Well-being (WHO)						
Life pattern = well-being				✓	✓	• Donnie's circumstances at this point do not provide him a balance between life pattern, work, leisure, and well-being. • Due to social and economic constraints, he can only limit his goals to provide food for himself and his family; other needs and validating personal uniqueness may possibly be put aside. • Regular physical activity is possible since he moves
Work = well-being			✓	✓		
Leisure = well-being					✓	
Can realize aspirations				✓	✓	
Can satisfy specific needs				✓	✓	

OJHQ (Donnie) | 1 of 3

Figure 4.1 OJHQ results of Donnie, taken March 2017 (page 1 of 3).

Has regular physical activity	✓					from one place to another to find work. • In general, Donnie is able to cope to survive their family's current situation.
Change/cope with environment	✓					
Validate personal uniqueness				✓		
III. United Nations Rights—Living Standard Adequate for Health and Well-being. Free Choice to:						
Employment			✓	✓		• Rest, community cultural life, and participation in local government are possible. • Employment opportunities are limited due to social stigma, limited education, and lack of job-related skills. • Participation to leisure activities and holidays are limited due to severe economic constraints. • Arts and scientific advancement are not applicable based on Donnie's occupational profile. • However, Donnie expressed his desire to learn new skills to improve his employability.
Rest	✓					
Leisure					✓	
Holidays					✓	
Community cultural life	✓					
The arts				✓	✓	
Scientific advancement				✓	✓	
Participate in government	✓					
Education toward full development of personality				✓	✓	
IV. World Federation of Occupational Therapists (WFOT) Rights 5 As above plus free choice to participate in:						
Cultural beliefs and customs	✓					• Donnie are given the chance by the local community to engage in traditional customs and local events.
Local events	✓					

OJHQ (Donnie) | 2 of 3

Figure 4.2 OJHQ results of Donnie, taken March 2017 (page 2 of 3).

V. WHO & WFOT—The right to health and well-being through occupation is decreased because of:			
✓	Poverty	✓	Low incomes
	High unemployment	✓	Stressful work conditions
	Gender discrimination	✓	Social discrimination
✓	Limited education	✓	Occupational discrimination
	Unhealthy lifestyles		Displacement
✓	Lack of health facilities		Political unrest
✓	Lack of recreational opportunities		Human rights violations
	Natural/Man-made disasters		Armed conflict

RECOMMENDATIONS/ACTION

1. Refer to social welfare office for general family planning, counselling, and assistance at least once a month.
2. Refer to 1 to 3-month long livelihood training programs in the community to enhance job-related skills and to increase potential of securing a stable job.
3. Encourage participation in local events, community gatherings, social functions, and other recreational activities in the community at least twice a month.
4. Refer to community physician for general physical and mental health check-up at least once every 6 months.
5. Engage in occupation-based programs in collaboration with local occupational therapy practitioners and researchers.

Source: Wilcock, A. A. & Townsend, E. A. (2014). Occupational Justice and Health Questionnaire (OJHQ). In B. A. Boyt Schell, G. Gillen, & M. E. Scaffa (Eds.), *Willard & Spackman's Occupational Therapy* (12th ed., pp. 548-549). Philadelphia: Lippincott Williams & Wilkins.

OJHQ (Donnie) I 3 of 3

Figure 4.3 OJHQ results of Donnie, taken March 2017 (page 3 of 3).

OTs to apply their OJ knowledge by asserting their contribution in evaluation and intervention planning based on the OJHQ. Data from the OJHQ can guide the OT and client to mutually identify and prioritize occupations that are important and meaningful, which will later on inform recommendations and plans of action (as shown in the Appendix). Since OJHQ has a wide conceptual coverage, using it nonetheless allows OTs to collaborate with other professionals and community workers as well as coordinate with agencies that can facilitate OJ and occupational participation for clients like Donnie.

4.8 Conclusion

Donnie's case represents the reality of life in a poverty-stricken community in the Philippines and how occupational injustices contributed to the national drug crisis. The OJHQ was demonstrated as a pragmatic tool that could assist OTs in identifying and framing social injustices among clients from vulnerable populations from an occupational perspective and prioritizing which occupations could be used as a starting point in the OT process. Doing so can potentially provide OTs the confidence in co-creating SAR programs that are occupation-focused, client-centered, and community-based.

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CHAPTER 5

Uncovering the lived experiences of Filipino drug recoverees towards occupational participation and justice through an interpretative phenomenological analysis

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5.1 Abstract

The drug using crisis entails participation and justice issues making it a pressing health and social concern today in the Philippines. This study explored the lived experiences of Filipinos recovering from drug addiction and sought to understand the occupational justice determinants of drug addiction to better develop substance addiction rehabilitation programs in the Philippines. Using a qualitative approach, we conducted in-depth interviews guided by the Occupational Justice Health Questionnaire to 24 participants. Data were analysed using interpretative phenomenological analysis. We found four emerging themes: living with drugs, living around rules, living for the future, and living amidst the war on drugs. Each theme represented a "period of participation" exposing occupational injustices that activated the first enablement skill "raise consciousness of occupational injustice" from the Participatory Occupational Justice Framework. Understanding the participants' lived experiences raised consciousness of the injustices that exist before and during rehabilitation which uncovered pointers to improve substance addiction rehabilitation programs in the Philippines: use of occupation-based social participation interventions, limitation of occupational therapy service is an opportunity for partnerships and collaboration, a participatory approach is essential in discussing and addressing injustices, and deliberate use of political activities of daily living.

5.2 Introduction

The Philippines has been the focus of local and international media and human rights agencies because of its notorious "War on Drugs" campaign. This national campaign was even described as an act of genocide that has killed more than 7,000 Filipinos who are either suspected or proven drug users without investigation (Simangan, 2017). People engaged in and recovering from drug addiction have occupational participation concerns necessitating occupational therapy services that focus on promoting occupations, providing environmental supports, and facilitating collaborative practice (Sy & Ohshima, 2018). Occupational participation occurs when a person is actively involved in carrying out daily life activities (occupations) that he or she finds purposeful and meaningful (American Occupational Therapy Association [AOTA], 2014). While drug using is proposed to be a meaningful occupation (Kiepek, Beagan, Laliberte Rudman, & Phelan, 2018; Wasmuth, Crabtree, & Scott, 2014; Twinley, 2013; Kiepek & Magalhaes, 2011), Filipinos engaged in this non-sanctioned (illegal) occupation are at risk of being arrested resulting in confinement inside treatment and rehabilitation centres (TRCs) and penitentiaries, or exterminated outside the rule of law (Simangan, 2017). While a temporary confinement keeps Filipino drug users away from participating in illegal occupations, it is interesting to know what happens inside the TRCs in terms of participation and occupational justice.

Occupational participation entails occupational justice (AOTA, 2014; Townsend & Wilcock, 2004). Defined by Anne Wilcock and Elizabeth Townsend (2004), occupational justice highlights people as occupational beings who can achieve health by living in a just society where they can have diverse opportunities and equitable resources towards occupational participation in varied contexts. Although no longer novel, occupational justice is a concept that is constantly being discussed from different lenses producing discourses on its theoretical approach (Olivares-Aising, 2018; Hammel, 2017), moral underpinnings

(Hocking, 2017), historical roots (Malfitano, Gomes da Mota de Souza, & Lopes, 2016), and practice implications (Benjamin-Thomas & Laliberte Rudman, 2018; Gupta, 2016; Durocher, Rappolt, & Gibson, 2014; Townsend & Marval, 2013). These scholarly works hope to contribute to the evolving discourse surrounding human rights in occupational therapy, occupational science, and other disciplines in a global context (Frank, 2012).

While occupational therapists and scientists are diligently redefining and critiquing occupational justice concepts, Gupta (2016) generated a review that underlined how occupational justice constructs could be applied in population-focused occupational therapy. Well (non-disabled), disabled, and disadvantaged populations around the world cannot participate in daily occupations due to social inequalities and violations of basic rights (Gupta, 2016; Townsend & Marval, 2013). Being socially excluded is a determinant of occupational injustice as illustrated in a recent single-case study of a former Filipino drug user and his experiences in occupational alienation, deprivation, marginalization, and imbalance (Sy & Ohshima, 2018). Contrarily, people recovering from drug addiction were not explicitly classified within the six populations where occupational justice practice is emerging i.e., persons with disabilities, people in poverty, refugees and war victims, those discriminated by gender and class, prisoners, and elderly (Townsend & Marval, 2013). Perhaps recovering clients from drug addiction cannot be classified in just one of these marginalised populations due to the complexity of drug addiction's nature and determinants, hence we assume that they pervade across all abovementioned populations (Sy & Ohshima, 2018). Herewith, we posit that drug using in the Philippine context fits within the constructs of occupational (in)justice.

Chapman and Babor (2017) reasoned that the voices of the scientific community have been silent not only about the abuses (i.e., extrajudicial killings [EJK]) committed by the Philippine government towards drug users, but also about the lack of empirical grounding of

the national campaign. Furthermore, practices in substance addiction rehabilitation (SAR) in the Philippines are strongly functionalist where behaviour changes are primarily addressed without responding to the drug user's "social (and justice) needs related to problematic substance use" (Godoy-Vieira, Soares, Cordeiro, & Sivalli Campos, 2018). Attaining these social and justice needs is a manifestation of properly exercising their human rights, which is advocated in the recently approved "Mental Health Act of 2016" (Mental Health Act of 2016, Republic Act 11036). However, the ability to exercise one's human rights among Filipino drug users remains questionable when drug rehabilitation practices in the Philippines focus on addressing behavioural outcomes and crimes rather than the social and justice determinants of the country's drug using crises.

To begin the process of identifying these social and occupational justice determinants, an evidence-informed framework is expected to be used as a guide in SAR practice and uphold fidelity in SAR research. Accordingly, we adopted the Participatory Occupational Justice Framework (POJF 2010) (Whiteford & Townsend, 2011) to guide our study in promoting social inclusion and change by raising the awareness of and addressing occupational injustices (Whiteford, Jones, Rahal, & Suleman, 2018). The POJF 2010 (see Figure 1) profiled six key enablement skills that galvanize collaborative partnerships to achieve occupational justice (Whiteford & Townsend, 2011). While the framework follows a non-linear progression, a typical starting point and finishing point would be "raising consciousness of occupational injustice" and "inspiring sustained advocacy or closure", respectively (Whiteford, et al., 2018). To raise the consciousness of occupational injustice (first enablement skill), we decided to explore the lived experiences of Filipino drug recoverees and documented them accordingly to facilitate knowledge transfer and exchange as emphasized by Whiteford and Townsend (2011). The results in this paper activated the first enablement skill within the POJF 2010 while the activation of the other enablement

skills can be explored in future research based on the interpretations and proposals in the discussion section which were drawn from the study findings.

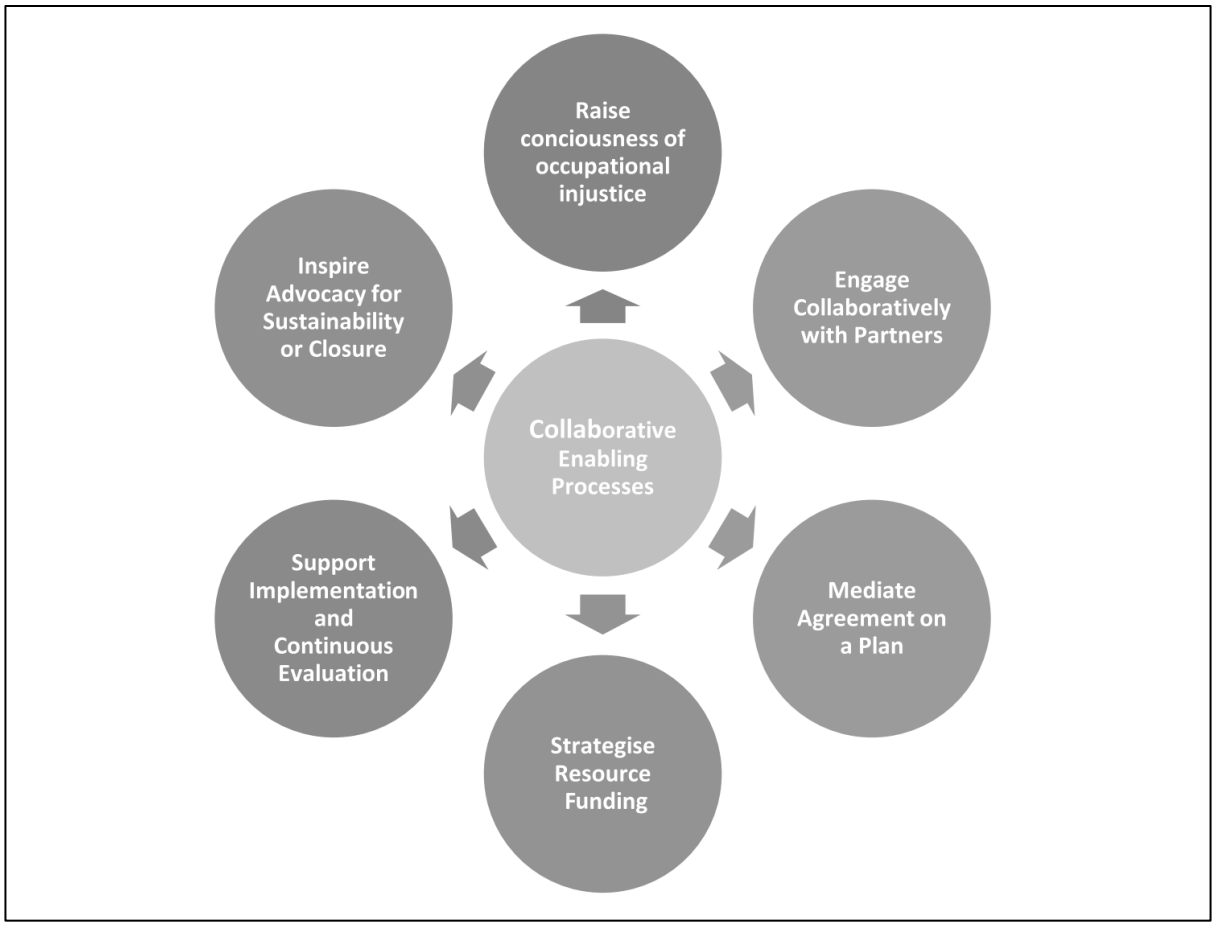

Figure 5.1. Participatory Occupational Justice Framework (POJF 2010). Permission to use from Whiteford G., Jones K., Rahal C., and Suleman A. (2018).

The aim of this paper was to understand the lived experiences of Filipinos recovering from drug addiction towards participation in daily living and occupational justice before and during rehabilitation in the Philippine context. Furthermore, the timeframes "before" and "during" rehabilitation were identified in order to further understand if injustices are actually reduced or eradicated if these citizens who use drug were admitted in TRCs, or not.

5.3 Method

5.3.1 Design. This study used a qualitative approach as guided by the POJF 2010 (Whiteford & Townsend, 2011). The conceptual underpinnings of the POJF 2010 encourage researchers on occupational justice to investigate social indicators or contextual forces that appear to contribute to occupational injustice (Whiteford & Townsend, 2011). Accordingly, the OJHQ (Wilcock & Townsend, 2014) was used to guide the in-depth interviews which were carried out face to face between interviewer and participant in order to collect pertinent data to address our research aim. The OJHQ contains constructs that explore a person's ability to engage in a variety of daily occupations, ability to exercise basic human rights within a certain context, and experiences on pressing occupational injustices. While the OJHQ is a five-part questionnaire with 27 items i.e., basic needs (Part I), overall well-being (Part II), living standards (Parts III & IV), and specific injustices decreasing occupational participation (Part V), an expanded interview guide containing open-ended inquiries was utilised in order to remain inductive throughout the process of data collection and analyses.

Moreover, the Interpretative Phenomenological Analysis (IPA) was an approach deemed appropriate to analyse the collected data since IPA offers a six-step guideline that allows in-depth exploration of lived experiences and the extraction of meanings from these experiences (Smith, Flowers, & Larkin, 2009). We presumed that the stories based on the participants' experiences could produce extensive data sets, hence it was wise to be guided by a structured guideline for novice IPA users (Smith, et al., 2009; Rettie & Emiliussen, 2018): 1) Read and reread transcripts, 2) while reading the transcripts, coded everything that comes to mind based on content and form, 3) compiled emergent themes using the codes, 4) consolidated themes into categories, 5) moved onto the next case and repeated the process, and 6) once all cases had been analysed, looked for associations. Moreover, this study involved a double hermeneutic (making sense of the research participants' attempt to make sense of something) while using the OJHQ only as a guide for the line of questioning during

the in-depth interviews to facilitate an inductive approach in the collection, analysis, and interpretation of data (Smith, et al., 2009; Rettie & Emiliussen, 2018).

5.3.2 Participant Selection and Ethical Procedures. Designated coordinators from the research sites (two state-funded TRCs in Bataan and Manila) posted recruitment posters and aided in securing a list of prospective participants based on the inclusion criteria. The inclusion criteria were recovering adults (18 years and above) from drug addiction who had resided in the TRCs for at least four months who could comprehend either basic Filipino or English language. A total of 24 participants, who received medical clearance, were included (i.e., none of the participants had psychosis, cognitive disability, and was under anti-psychotic medication) (see Table 5.1). The exclusion criteria included those who had been residing abroad prior to admission to the TRCs, had a foreign nationality, and were newly admitted. One participant was excluded since he was living in the United States of America before admission to the TRC.

All participants signed the informed consent form before the interviews. They were informed about the study aims, voluntary participation, right to withdraw at any time, audio recording of the interviews, risks and benefits, and sharing of results. To ensure confidentiality, all participants were given pseudonyms. This study also received ethical approval from the Philippines (Department of Science and Technology-Central Luzon Health Research and Development Consortium Protocol No. 2018-10) and Japan (Tokyo Metropolitan University Arakawa Campus-Research Safety Ethics Committee Protocol No. 18011) and followed all ethical guidelines indicated by the ethics committees.

5.3.3 Data Collection. A purposive sampling was used since this study aimed to capture the phenomenology of people with the experience of interest. Each participant had to undergo two 90-minute interview sessions to facilitate an open and interactive dialogue between the interviewer and the participant. The interval of the interview sessions was at

Table 5.1.

Demographics of participants (n = 24)

Pseudonym[a]	Age	Sex	Language preferred[b]	Length of Stay (months)	Manner of admission
Remi	41	F	F	4	arrested
Bayani	29	M	B	6	arrested
Melchor	35	M	F	5	voluntary
Efren	39	M	F	5	arrested
Kidlat	24	M	F	5	arrested
Reynante	38	M	F	5	voluntary
Dakila	41	M	F	5	voluntary
Rizalina	41	F	F	4	volunteer
Mirasol	59	F	F	6	voluntary
Jose	42	M	B	5	arrested
Malaya	47	F	F	6	arrested
Flordeliza	20	F	F	5	arrested
Rafaela	54	F	F	5	arrested
Fe	51	F	F	6	arrested
Karmela	39	F	F	5	arrested
Liberato	29	M	B	12	voluntary
Heherson	23	M	F	13	voluntary
Daniel	33	M	B	10	voluntary
Crisanto	23	M	F	11	voluntary
Jacob	18	M	F	8	arrested
Juanito	22	M	B	7	voluntary
(disqualified)	38	M	B	9	volunteer
Arvin	31	M	F	11	voluntary
Joma	47	M	F	9	voluntary
Ramil	29	M	F	11	voluntary
Mean	35.7 yrs	0.3% females	75.0% preferred Filipino language for interview	7 months	45.8% arrested

Note: [a] Pseudonyms are used to secure anonymity of the participants; [b] F = Filipino language (based in Tagalog); B = Both Filipino and English languages

least one week. Interviews were accomplished for a total of four weeks within August 2018 in a designated room inside the TRCs. To ensure safety and as part of TRC protocol, the interviewers (first, second, and third authors) were duly accompanied by a non-medical staff member with stand-by assistance from the nurse and resident physician throughout the interview sessions.

The interview started by orientating the participant about the interview's purpose, stating the interview duration, and signing the informed consent. Although there is a script to guide the interviewers (see Supplemental File), they could still probe to clarify or obtain more relevant data needed to answer the research aim.

5.3.4 Process of Analysis. Data from both pilot testing (n = 3) and actual data collection (n = 21) were included for analyses since they were deemed valid and complete subsequently addressing the research aim. Before the analyses, interview and audio data were encoded into several spreadsheets (Microsoft Excel) for organization. Each part of the OJHQ had one spreadsheet except for Parts III & IV which were combined. Additional comments from the participants also had a separate spreadsheet. The flow of data analysis followed the IPA's six-step guideline with flexibility (Smith, et al., 2009; Rettie & Emiliussen, 2018). Using the IPA, all text data were read line by line to capture quotations that depicted experiences in occupational participation and (in)justice in different contexts. All captured quotations were collectively termed as "initial codes". All initial codes were transferred to the ATLAS.ti 7 software (Friese, 2013) for further coding; the process refined the initial codes into a total of 31 "selected codes". Each selected code is assigned as summary (operational definition) based on the initial codes and quotations by the first author to aid the categorization process. These defined codes were separately categorized by the second and third authors to identify emerging themes using the "cutting and sorting" technique (Ryan & Bernard, 2003). While the initial themes identified were compared by all authors, a critically

reflexive examination of the authors' values, beliefs, and preconceptions about illicit drug using and the war on drugs campaign were also considered before coming up with the final themes.

5.3.5 Trustworthiness and Rigor. Strategies outlined by Elo and associates (2014) were employed to ensure research quality. To establish *credibility*, interviewers kept field notes to audit authors and participants' experiences throughout the in-depth interviews. Member checking was also completed where interviewers had to interview each participant for the second time to clarify their answers and illuminate initial interpretations from the first interview session. *Transferability* is also possible since the research method could readily be employed in research undertakings in other TRCs including sampling, questionnaire translation, data collection, and analysis. The *dependability* and *conformability* of the study were also increased because in every by-product from data collection and analysis, consultation and confirmation among authors occurred prior to moving to the next step. To establish *authenticity*, a diverse set of narratives were collected and yielded a range of realities and lived experiences that provided us a deeper understanding of the phenomenon under study. All data were transcribed, encoded, and analysed considering varied points-of-view in interpreting study findings.

5.4 Findings

From all the data gathered and analysed, four themes emerged: 1) Living with drugs, 2) Living around rules, 3) Living for the future, and 4) Living amidst the war on drugs. Each theme is portrayed as a "period of participation" and is characterized by participants' experiences in their daily living participation and occupational (in)justice before and during rehabilitation. The emerging themes were organized in a chronological continuum of participation among Filipinos recovering from drug addiction beginning from their life of

drug using, rehabilitation, and preparation for discharge. The themes, including associated sub-themes and codes, are illustrated in Figure 5.2.

5.4.1 Theme 1: Living with Drugs. This first period of participation explicates how drug using was seen as either a barrier (sub-theme 1.1) or enabler (sub-theme 1.2) towards participating in meaningful occupation. For some participants, using drugs is a barrier to participating in self-care activities. The side effects of the illicit drug (shabu) were physiological (e.g., dizziness, losing consciousness, hyperactivity, loss of appetite, and thirstiness) and psychological (e.g., negative self-perception, mood swings, low self-esteem, and desire to consume other vices like cigarettes and alcohol) affecting their sleep participation, regular eating patterns, and other self-care occupations. Liberato (age 29, male) shared: "With drugs, I could not sleep the whole day… there was a point when I took higher dosages just to sleep… when I wake up, I felt "ugly", then I became hungry so I ate a lot and gained weight…" Likewise, due to using and trading illicit drugs, Jacob (18, male) was not able to complete schooling because he was distracted with peer pressure and familial constraints. Some respondents even expressed that drug using limited their choices of work, restricted them in merely engaging in more vices (e.g., gambling, smoking, and consuming alcohol), and limited them to interact with peers who also engage in drugs. Moreover, using drugs led to social isolation like how Dakila (41, male) described his life then: "My life was just all about work… I felt alone and I didn't care... I actually felt ashamed seeing other people….". Social isolation was shared by other participants who also avoided social gatherings (Efren, 39, male; Reynante, 38, male; Liberato; Jacob) while some even left their church congregation because of their drug using habits (Rizalina; Jose, 42, male).

On the other hand, engaging in drugs was also perceived as an enabler towards participating in meaningful occupation (Sub-theme 1.2). Issues in the areas of social participation and work prompted most participants to use drugs as a way to cope.

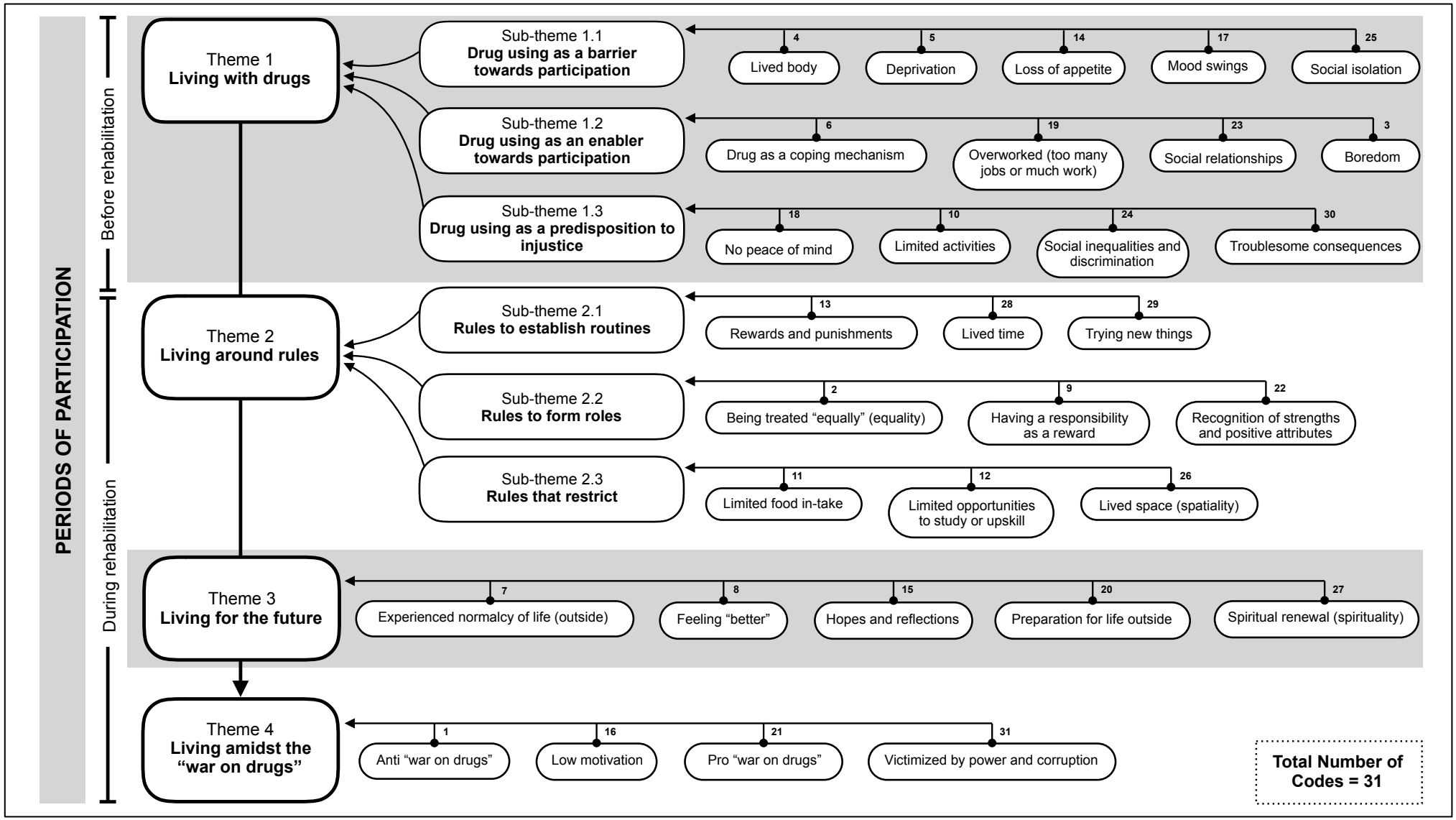

Table 5.2. *Emergent themes including associated sub-themes and number codes*

Most, if not all, participants are motivated to use drugs to temporarily ward off their concerns in social participation (e.g., being part of a broken family, separation from wife and children, and having troubles with authorities) so they can engage in other meaningful occupations like self-care, work, or school. Likewise, overworking was also considered a motivation towards drug using. Daniel (33, male) was a former corporate project manager in an international consumer goods company. He claimed to be his family's breadwinner and had a high-paying job but succumbed to compromises just to achieve his career goals:

> I was with peers who graduated from top-tier universities in my country… I had no choice but to compete and work harder than them… To deliver, I needed to use drugs to keep myself awake and work as much as I could….

Similarly, Rizalina (41, female) was a blue-collar worker who revealed that drug using was merely an effect of her "back-breaking" job in the housekeeping industry:

> I started using drugs when a co-worker introduced me to it… I cleaned the toilets of five buildings of a business process outsourcing company. When caught sleeping, you could get fired. *Shabu* made me hyperactive and wide-awake... I used drugs because of work and not because of anything else.

Boredom is commonly viewed as living or being alone with limited activity engagement. Fe (51, female) lived alone while her husband was away working as a seafarer. She could only see him once every six months and said that her boredom led her to seek company from a neighbour who introduced her to *shabu.* In Fe's situation drug using was seen to enable her to temporarily keep a companion (social participation). While in Jacob's stories, he mentioned that his familial issues led him to seek a "sense of family" from peers and a small-time drug dealer whom he considered his "father-figure". This person was the one who actually exposed him to drug use and trade.

Although both a barrier and enabler, drug using also posed injustices to the lives of the participants (sub-theme 1.3). Having no peace of mind was closely related to how the participants experienced troubles (due to drugs) as well as social inequalities, deprivation, and discrimination. Jacob even shared: "Because of my lack of education, I experienced discrimination. People think of me as 'incapable'… Some even told me, 'How do you know this, you didn't finish anything, right?'" Jacob's account revealed that his troublesome experiences were rooted from family crises and lack of education. These experiences also predisposed him to drug use and trade to sustain himself and feel a sense of belongingness in a social world where he felt safe and where drug use and trade is sanctioned. However, when he attempted to engage in *our* social world where drug use and trade is non-sanctioned, he encountered alienation which pushed him back to that *other* social world where he felt safe and could thrive. Rizalina also shared the same sentiment: "When seeking for a job, I felt discriminated because of my history of drug use and my androgynous look. I also lost a promotion opportunity, one time, from a male colleague who is a self-confessed homosexual but looks and acts like a man." She wanted to seek for a caregiving job in Israel like her sister who is also a lesbian and presumed that gender must not be an issue when seeking employment there. The stories of Jacob and Rizalina provided us an idea as to how drug using in the Philippines could potentially aggravate presently experienced injustices and could make us think if these injustices could be reduced once they get into an SAR program.

5.4.2 Theme 2: Living around Rules. This second period of participation gave rules three meanings in the lives of the participants inside the TRCs. All participants expressed that rules and regulations inside the TRC are strictly implemented in order to establish their daily routines (Sub-theme 2.1). Violating just one rule could lead to negative consequences. Some prominent rules include prohibition of possessing money, food restrictions, eye contact with the opposite sex, cussing, and escaping. Daniel shared the story

of his escape two months after his admission in the TRC: “I once tried to escaped, but I was caught.... Afterwards, I was immediately checked by the physician for mandatory assessment and counselling. They were kind and caring, but I still had to face the consequences—16 days of detention!” Doing obligatory activities is also part of the regulations inside the TRC such as attending meetings, trainings, classes, and programs. There was time for everything as indicated in the Daily Schedule Activity (DSA). Some participants said that the DSA gave them peace, order, and the opportunity to prepare for the real world. Alternatively, some shared that the DSA gave them less to no free time, constrained freedom to do things, and no time to reflect. Karmela (39, female) even complained that the routine inside the TRC is tiring and makes her feel “robotic”. Due to the stringent system, Heherson (23, male) resolved to the motto “less talk, less mistake”. Free time is given on weekends called “balagbag” (Old Filipino term meaning “to scatter”), which is mostly used for sleeping, talking with peers, playing sports, and listening to music. Participants were also exposed to activities that are novel to them including chores, making crafts, and joining competitions in art and drama. These new experiences such as washing his own clothes made Juanito (22, male) realize that “not everything in life should be about comfort”, while Bayani (29, male) said that “the new activities help me move forward from my past”.

From establishing routines, rules were also perceived to form roles (Sub-theme 2.2). Behaving according to expectations led to rewards with respect to the Therapeutic Community Approach (TCA). Those who are successful in following the rules are given ranks within the system. Likewise, some residents possessed skills and strengths that were utilized inside the TRC such as repairing skills, first-aid skills, cutting hair, and computer skills. In exchange, they were given food, privileges (to do more things), or promotion (of ranks) by the TRC staff members. Executing these roles is unpaid, performed leisurely

(compared to doing nothing), perceived as part of discharge preparation, and let them experience equality at least within TRC premises.

Participants recognized that rules (re-)established their daily routines and roles, but these rules were also perceived as restrictive (Sub-theme 2.3) that could potentially galvanize occupational injustices. Such rules limited participants' food in-take, opportunities to study or upskill, and restricted space. The stringent food restrictions made food such a valued commodity inside the TRCs that Reynante (38, male) even likened it as their "new drug". Interestingly, the stringent regulations on food created a sub-culture called "korpo" (from the term "corporation") where TRC residents share whatever extra food they have since not everyone receives visits. The "korpo" was explained thoroughly by Jose:

> Some residents don't receive the same amount of food so those who have share with those who do not have. Though seen negatively by the staff and administration of the TRC, the korpo system helps us survive and feel a sense of family…

Opportunities to upskill and study are available inside the TRC. However, vocational courses were limited and not readily available. For instance, Rizalina expressed that she would like to take caregiving, which had not been offered in the TRC during her stay. Some residents were selected to join a particular program to fill available slots. However, being assigned to a program did not always mean that those selected were intrinsically motivated to train in that area. Likewise, those who have a college-level education could not enrol in vocational courses because they were automatically assigned supervisory functions in the TRC. Still, some of those educated participants commented that their advanced skills were not maximized inside the TRC due to limited opportunities.

Although the TRC is a controlled, crowded, and confined environment, the participants still perceived it as a place where they get to re-establish their daily routines and self-identity, feel at home, and feel safe. However, Rizalina mentioned: "There is no privacy

in the ladies' ward since we take a bath all together naked with limited water usage". When it comes to lived space post-rehabilitation, Fe shared that she wants to change her residence after discharge to avoid going back to drug using due to peer pressure. However, her wish is not possible by law because as part of the after-care protocol, she needs to be monitored from her original residence for eighteen months before being cleared to reside in another place.

5.4.3 Theme 3: Living for the Future. Living for the future is the third period of participation which is characterized by the participants' experiences of feeling better, more stable inner self, and a sense of hope for the future. Feeling better meant their positive experiences during their time in the TRC. Some of the participants mentioned about feeling comfortable, happy, and healthy and having a "clearer mind and stronger body" (Joma, 49, male). Aside from improvements in sleeping and resting patterns, Liberato expressed "Now, I want to engage in more activities compared to not wanting to engage in anything before". Their stay in the TRC also made them learn how to take care of their personal belongings, interact with other people, control anger, and respect one's self again. However, Liberato disclaimed: "I feel that I'm on the 'lighter side' now, but I can't promise that after rehabilitation, I will be sober forever...".

Part of feeling better is due to the skills training and activities they received in the TRC: trainings in coffee making, massage therapy, basket weaving, sewing, and t-shirt printing; seminars in recovery, community reintegration, effects of drugs, and values; and, spiritual-based activities. The TRCs highlight the "Spiritual Enhancement Program" (SEP) that adheres to the TCA where spirituality is considered vital to health and holistic recovery (Dangerous Drug Board, 2013). Adhering to the TCA, the spiritual aspect of health is sustained through weekly Bible studies, prayers, and confessions. Most participants mentioned that their spirituality dwindled outside when they were still using drugs. Through the SEP, some respondents described that their spirituality had been "revived" (Juanito),

"awakened" (Rizalina), and "re-established" (Mirasol, 59, female). Similarly, the SEP was seen to aid TRC residents in terms of accepting their addiction problem, desiring to live healthily, learning how to interact with others, and regaining peace of mind.

The SEP also reinforced the residents' ability to find hope and reflect on their past, present, and future lives. Realizations included learning from mistakes, seeing happiness in family relationships, valuing little things that matter, thinking first before acting, and being thrifty. One participant shared his thoughts while staying inside the TRC, "What I realized is that the people here in the rehabilitation are people with rights... that we made mistakes, but we are people who want to and can change" (Daniel). Alternatively, hopes were expressed through tangible and intangible goals that partly reflected the normalcy of life they once had: have a "good life", achieve goals for self and family, rekindle with family members, be independent, study, have a permanent job, and have a good name. However, others had a more pessimistic disposition articulating their hopelessness: "there is no hope for change" (Flordeliza), "life will be uncertain after rehabilitation" (Jose), and "achieve own dreams is impossible now" (Crisanto, 23, male).

5.4.4 Theme 4: Living amidst the war on drugs. This last period of participation consisted stories that reflected the participants' personal views on the war on drugs. Opinions about the war on drugs were shared during the last part (Part V) of the OJHQ which contained an item that asked about (social) injustices that decreased their occupational participation i.e., "political unrest", "human rights violations", and "armed conflict". Their views on the war on drugs were particularly polarized (pro and anti) and reflected low motivation and anxiety on living within a social world that could potentially let them re-experience victimization due to power and corruption.

Some respondents were against the war on drugs because they felt that it was a brutal approach due to the EJK. A participant even mentioned that the government should "practise

what they preach such as demonstrating good deeds towards goodwill for all… and focus not on drugs but on alleviating poverty…" (Daniel). Interview data revealed expressions like "it has become better now" (Jacob), "giving second chances to people like us make us realize our mistakes and recover" (Fe), "not all those who got killed are from EJK..." (Jose), and "not all were arrested, some of us here volunteered to be admitted" (Rizalina). In spite their approvals, most mentioned that they generally disagree with EJK. Interestingly, Jose expressed his own perspective on the war on drugs:

> The Bible says "Do not kill", but how can you justify the crimes done by people on drugs? For example, when your daughter is raped by a drug addict, do you think that's forgivable? So, it's okay for me that these people be punished…even killed.

The polarity of views with regard to this national campaign consequently demotivated some participants to experience life outside the confines of the TRC. Aside from their history of drug use, impending social stigma, and personal insecurities, several participants shared that in spite of gaining freedom, they have mixed feelings about going out of the rehabilitation because they feared being victimized by power and corruption. One participant remarked about feeling "unlucky" on his present circumstances (Arvin, 31, male) yet another stated that he might be unable to cope since he will need to "start from scratch" (Jose). Several participants recounted their traumatic experiences in light of the war on drugs which revealed stories of abuse (physical), apathy (ignoring their voices), entrapment (being "framed up"), blackmailing (extortion of money), and unfitting process of interrogation (absence of due process). Amidst social injustices, Jose once more explicated his opinions on the war on drugs from a proletarian point-of-view:

> People with money do not like what is happening because they are protected by their own money... They can't have the guts to get angry at criminals who are on drugs because rich people do not understand what we experience under the poverty line!

5.5 Discussion

The themes that have emerged from this study revealed occupational injustices that activated the first enablement skill "raise consciousness of occupational injustice" from the POJF 2010. While we were not able to activate all the other enablement skills in this study, our findings provide support in the interpretations and proposals constructed in our discussion that could potentially reinforce their activation for future research and development of SAR practice.

5.5.1 First Period of Participation. The *first period of participation*, living with drugs, revealed that drug using can be a barrier and an enabler towards participation as well as a predisposition to injustice. Using Wilcock's Occupational Perspective of Health (OPH) (Wilcock, 2007), drug using in this study is described as an occupation that can deprive or harm the *being* (person), can impede *becoming* (life roles), restrict *belonging* (environment), but can facilitate, at some point, *doing* (occupations). Good and holistic occupational therapy practice means tapping all these dimensions during evaluation, intervention, and outcome measurement (AOTA, 2014; Hitch, Pepin, & Stagnitti, 2014). In using OJHQ as a guide in this present study, these four dimensions of occupation were captured and facilitated an open dialogue between the respondents and interviewers. Allowing clients to provide their own meanings to sanctioned or non-sanctioned occupations places occupational therapists in the position to gain the trust of their clients and help them adapt to occupations that they find meaningful (Wasmuth, et al., 2014; Hitch, et al., 2014). Through the OPH lens, our findings suggest that drug using is not an all-negative experience since it can actually activate other occupations. However, we cannot discount the fact that participating in drug using is a "risky" occupation that can expose the vulnerability of individuals to occupational injustices such as occupational alienation (social constraints), imbalance (overworking), deprivation (lack of education), and apartheid (gender discrimination) among others (Whiteford &

Townsend, 2011). Deconstructing drug using from the OPH lens allows for the recognition of occupational injustices from outside and inside the TRCs.

Since the occupational injustices found in the first period of participation are directly and indirectly related to (social) alienation, disengagement, isolation, we propose that professionals develop local SAR programs that emphasize on occupation-based social participation interventions. Such interventions are proven to be consistently superior than other usual therapies and interventions (Wasmuth, Pritchard, & Kaneshiro, 2015) which can be provided by occupational therapists and other professionals in SAR practice (Sy, et al., 2018). Accordingly, we recommend that social participation interventions should focus on addressing occupational justice outcomes by (re)establishing social and communication skills, prioritizing routine and role training, and collaborating with social workers and vocational teachers for gender sensitivity education and work coaching, respectively. This first period of participation allows us to also see the limitation of occupational therapy services in addressing all these injustices which can later support the activation of the second enablement skill "engage collaboratively with partners" in developing SAR practice (Sy, et al., 2018; Whiteford & Townsend, 2011).

5.5.2 Second Period of Participation. The *second period of participation*, living around rules, captured the essence of life inside TRCs for Filipino drug recoverees. Undeniably, the war on drugs campaign provides an opportunity for drug recoverees to have a "second chance" through the TRCs, a starting point where routines and life roles can be (re)established. However, the restricted system has potentially underpinned occupational injustices among the participants such as occupational deprivation (hunger, limited choices, lack of privacy) and imbalance (boredom) that can potentially dampen holistic recovery. The very few Filipino occupational therapists working in SAR settings (Sy, et al., 2018) are bound to follow the TCA model that focuses on addressing behavioural deficits, which other

health professionals already focus on. “What would occupational therapists add to current services?” was the question asked by Wasmuth and associates (2014). This question was partially answered by a recent study asserting that occupational therapists in SAR settings are “environmental facilitators” (Sy, et al., 2018). Being environmental facilitators means identifying and reducing obstacles within physical and social environments including cultural, personal, temporal, and virtual contexts (AOTA, 2014; Sy, et al., 2018) where rules and conditions naturally exist. Demonstrating this role can potentially stimulate services that will fully inform recovering clients about concrete obstacles in participation, including social conditions related to class (Hammel, 2017), akin to what Godoy-Vieira and colleagues (2018) proposed:

> Concrete obstacles to getting a job, such as having no teeth when the job application demands a good appearance, must be taken as a valid object of the occupational therapist’s concern. The professional working from an emancipatory approach will raise awareness about the social determination of this obstacle with clients while addressing the dental problem, referring to a dentist, and advocating for financial resources for dental work.

Another environmental barrier that hinders balanced and healthy participation is the lack of protection in labour policies (systems and policies) for some blue-collar workers who are forced to work more hours than expected without ample breaks or substitute. Without looking into the loopholes within the country’s labour policy, workers can continually anchor their job security on drug using, which they dub as “performance enhancers”, instead of their own unique capacities, skills, and experiences. More than adding a unique layer of human rights-sensitive information, using the OJHQ allows occupational therapists to engage in a critical understanding of environments and contexts such as poverty and gaps within labour policies to foster a more participatory approach in SAR and occupational justice practices (Godoy-

Vieira, et al., 2018; Hammel, 2017). Drawing from the examples above (Godoy-Vieira, et al., 2018), we recognize that limited choices and environmental barriers are injustices that encapsulate the second period of participation. The recognition of these gaps is an initial step to activate the third enablement skill "mediate agreement on plan" in fostering evidence-based and participatory SAR programs in the future (Whiteford & Townsend, 2011). In other words, we see the need to bring together recovering clients, professionals, and even funders to openly discuss concrete obstacles and together form solutions during and especially after rehabilitation.

5.5.3 Third Period of Participation. The *third period of participation*, living for the future, captured participants' inner thoughts about their own reflections of the past, how they are equipping themselves at the present, and their hopes for a "normal" or "better" life in the future. These temporal contemplations were largely drawn from the SEP experiences that aimed to address the spiritual aspect of health among TRC residents. A recent study by Filipino psychologists documented a community-based drug intervention program characterized by interactive and creative methodologies, music, and prayer that instil Filipino values among recovering clients (Hechanova, et al., 2017). Values including collectivism, inclination for indirect and non-verbal communication, and relationality were highlighted (Hechanova, et al., 2017). While being a facilitator of spiritual approaches was perceived to be outside the practice of Filipino occupational therapists (Sy, et al., 2018), facilitating spiritual health in occupational therapy is associated with the principles of holistic and person-centred care that aim at restoring a person's sense of wellbeing and recognizing individual coping strategies (Jones, et al., 2016). Nevertheless, the centrality of spiritual experiences within the participants' accounts calls for a reconsideration to acknowledge spiritual activities as "coping occupations". These coping occupations can be intentionally used by occupational therapists to include clients' spirituality to espouse occupational justice

in their future lives post-rehabilitation (Jones, et al., 2016). Accordingly, the third period of participation can potentially propel the POJF 2010 by activating the fourth enablement skill "strategize resource funding" to assert the position of occupational therapists in facilitating resource generation to sustain SAR programs towards achieving occupational justice outcomes. Whiteford and Townsend (2011) emphasized occupational therapists as human resources who promote occupational justice, but the Philippines has a scarcity of occupational therapists to do that. Hence, we propose that the small number of occupational therapists in SAR setting can foster partnerships with faith-based organizations in co-handling the SEP as one way of maximizing occupational therapy services. These partnerships can also lead in tapping government units, corporations, and prominent personalities that will enable the organizing of fund-raising activities for the residents' post-rehabilitation care i.e., addressing pertinent basic needs and concrete obstacles to participation as mentioned above. The realizations uncovered during the SEP sessions can also be used as themes for the fund-raising activities (e.g., benefit concerts, fun runs, plays, pageants, mangrove and tree planting)—possibilities that can help reduce the feelings of fear and uncertainty among recovering clients while they transition into mainstream society.

5.5.4 Fourth Period of Participation. The *final period of participation*, living amidst the war on drugs, is a collection of experiences and perspectives shared by the participants that unveils the potency (or lack thereof) of the war on drugs campaign in relation to the future that awaits the residents outside the TRCs. [Un]surprisingly, more than half of the participants were supportive of the war on drugs campaign. While not making a direct correlation, this finding is quite reflective of the +72 to +78 (range) net trust enjoyed by the Philippine President Duterte from December 2016 until March 2017 (Simangan, 2017; Go, 2017). Still, the political climate galvanized by the war on drugs campaign imposes uncertainty and fear among the participants. The same feelings are shared by professionals in

the addiction science and care community who are deemed to be silenced in voicing out human rights issues and evidence-based interventions in light of the war on drugs and its political underpinnings (Chapman & Babor, 2017). Amidst this silencing of professionals, Chapman and Babor (2017) was adamant in saying that "silence is no longer an option" and urged the professional community to spearhead evidence-based, person-centred, and more humane SAR programs and policies.

The occupational therapy profession is fundamentally purposed to address injustices to facilitate occupational participation and justice (Kronenberg & Pollard, 2005, p .71). This purpose instigated Kronenberg and Pollard (2005) to conceptualize the term "political Activities of Daily Living" (pADL), referring to politics as "part and parcel of daily human occupation and engagement with others" (Kronenberg & Pollard, 2005; Lim & Duque, 2011). While not sanctioned to facilitate law and justice per se, occupational therapists in SAR settings are strategically positioned to facilitate proposed mechanisms and programs, in behalf of the recovering clients, by negotiating with the community—a collective key player that ensures the proper implementation of these mechanisms, programs and policies [39]. We should, however, acknowledge the subdued reception of occupational therapists in Asia regarding pADL due to traditional norms and culture (Lim & Duque, 2011). We argue that this limitation can be overcome by cultivating the fifth enablement skill "support implementation and continuous evaluation", which can be demonstrated by using occupational justice- or occupation-focused evaluation tools e.g., OJHQ, which can be utilized throughout the implementation of SAR programs (Whiteford & Townsend, 2011). Central to the demonstration of this enablement skill is the documentation of formative and summative evaluations guided by critical reflexivity and emancipatory approaches (Godoy-Vieira, et al., 2018; Whiteford & Townsend, 2011) that will unearth and address issues brought about by the political landscape specifically the war on drugs campaign. For

instance, utilizing the OJHQ as a guide is one way of obtaining stories and tracking narrative progress, documenting challenges-solutions and positive-negative experiences, and analysing power dynamics and resources associated in promoting occupational justice (Sy & Ohshima, 2018; Whiteford & Townsend, 2011). Consolidating what has been documented can then be translated into products that can be readily understood by ordinary people such as culturally-appropriate media (Whiteford & Townsend, 2011, p. 81) i.e., infographics, social media, vlogs, television interviews, plays, independent films, and documentaries. This last period of participation allows occupational therapists to explore the political aspect of their practice through the use of pertinent evaluation tools such as the OJHQ and potentially activates the final enablement skill "inspire advocacy for sustainability or closure" from the POJF 2010.

5.6 Limitations

Study limitations include the recruitment of participants from only two TRCs since they were the most accessible for the authors. Although member checking was completed through two interview sessions, another interview session after rehabilitation could have added more depth into our analysis. Additionally, the findings of this research did not intend to generalize the periods of participation and injustices experienced by Filipino recovering from drug addiction, but instead offered a systematic process of understanding their lived experiences before and during drug rehabilitation and identifying occupational injustices.

5.7 Recommendations

While recent studies concerning the Filipinos using drugs in light of the war on drugs campaign have been published in recent years (Go, 2017; Simangan, 2017; Sy, et al., 2018; Sy & Ohshima, 2018) we propose that future research is necessary in exploring the lived experiences of Filipinos recovering from drugs after rehabilitation. Findings from this future

research can possibly shed light on practice, program, and policy gaps that will further develop SAR and occupational justice practices in the Philippines, fortify the identified roles of Filipino occupational therapists in SAR settings, and bring forth evidences that can inform national policies and occupational therapy practice.

5.8 Conclusion and Significance to Occupational Therapy

This article aimed to offer a better understanding of the lived experiences of Filipinos recovering from drug addiction in terms of occupational participation and occupational justice before and during rehabilitation. These lived experiences suggest that their occupational participation from outside and inside the TRCs follow a chronological pattern as reflected from the identified periods of participation: living with drugs, living around rules, living for the future, and living amidst the war on drugs. Accordingly, we recognized injustices from deconstructing each period of participation which determined that occupational injustices are being experienced before and during rehabilitation in different forms and severity. Our findings asserted the positionality of occupational therapy in its very purpose of reducing injustices to promote occupational participation (Kronenberg & Pollard, 2005).

Our study is valuable to occupational therapists and professionals working in the field of SAR because our findings decoded occupational justice constructs into tangible issues, goals, and strategies, which can be potentially addressed directly and indirectly through occupational therapy. Framing occupational therapy practice in SAR using the identified periods of participation can help occupational therapists in using appropriate occupation-focused evaluation tools, identifying occupation-centered and measurable outcomes, and developing occupation-based interventions for individuals and groups including pADL. We also recognize that while there is a scarcity of practitioners working in SAR today,

occupational therapists can refocus their energies in establishing interprofessional collaboration and partnership with organizations with the goal of facilitating effective intervention and after-care programs for individuals and communities. Moreover, although using an open dialogue to talk about occupational justice issues between former drug users, their families, and professionals is still under development, occupational therapists can be more deliberate in using emancipatory and participatory approaches along with existing SAR practices in order to assert the unique position of occupational therapy in promoting occupational participation and justice in the SAR setting.

For citation (APA format):

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CHAPTER 6

Refining the Occupational Justice Health Questionnaire for occupational therapy and occupational justice practice through field notes

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6.1 Abstract

Occupational justice is one of the outcomes resulting from the occupational therapy process but remains conceptually ambiguous necessitating research on its application in occupational therapy and justice practices. This article describes the researchers' experiences and reflections in using the Occupational Justice Health Questionnaire (OJHQ) as a potential tool for practice. The study employed an auto-ethnography approach and found three major themes: Usefulness of the OJHQ; Guidelines in the OJHQ administration; and, Instrument development of the OJHQ. Findings expanded OJHQ's purpose to enhance clinical reasoning, provided suggestions in tool development, and opened potentialities in integrating occupational justice in the healthcare system.

6.2 Introduction

Occupational therapy researchers have been engaged in the ongoing process of instrument development resulting in evidence-informed assessment tools for occupational therapy practice (Kielhofner, 2006). Instrument developers require moving back and forth between these steps as an instrument is being refined (Kielhofner, 2006): identify the need for the instrument, identify the purpose and the intended population, specify the underlying construct, create a plan of how the construct will be operationalized, decide the format of the instrument, develop items, develop supporting materials, pilot the instrument, revise the instrument and develop supporting materials, and empirically assess reliability and validity in

successive stages. A good instrument used in health care practice must have a clear articulation of the underlying construct to be measured which are generally used by occupational therapists to assess progress toward goal achievement or plan for the future direction of intervention and discharge (American Occupational Therapy Association [AOTA], 2014; Kielhofner, 2006).

One of the constructs (or outcomes) that are being targeted within the occupational therapy process is occupational justice (AOTA, 2014). Occupational justice is defined as the access to and participation in the full range of meaningful and enriching occupations including opportunities for social inclusion and the resources to participate in occupations to satisfy personal, health, and societal needs (Townsend & Wilcock, 2004). Although occupational justice is recognized as an outcome measure in occupational therapy practice, this concept remains ambiguous for some occupational therapists which hinders its utility in actual practice (Durocher, Gibson, & Rappolt, 2014; Durocher, Rappolt, & Gibson, 2014; Gupta, 2016). Where occupational justice remains to be conceptually redefined, occupational scientists and justice workers grab every opportunity to enact and promote justice not only for individuals, but fundamentally for groups and populations (Bailliard, 2016; Serrata, Gomes da Mota de Souza, & Lopes, 2016). Some works that have attempted to bridge theory and practice in occupational justice are the Participatory Occupational Justice Framework (POJF) (Whiteford & Townsend, 2011) and the Evolving Theory of Occupational Justice (Stadnyk, Townsend, & Wilcock, 2010). The former is a conceptual tool that guides critical reflexivity around six, nonlinear, interrelated participatory occupational justice processes for thoughtful use in practice (Whiteford & Townsend, 2011), while the latter depicts elements of a situation which may result in occupational justice or injustice (Durocher, Rappolt, & Gibson, 2014; Stadnyk, Townsend, & Wilcock, 2010). To make occupational justice more concrete in practice, the POJF has been used as a blueprint for (social) action with six

enabling processes to address occupational injustices and enhance social inclusion in different contexts through case illustrations (Whiteford, Jones, Rahal, & Suleman, 2018) and policy analysis approach to formulate alternative disability policies (Chichaya, Joubert, & McColl, 2018). While the POJF is non-prescriptive as to what enablement process should be targeted first, second, or last, this flexibility can potentially be problematic especially when presented within the medical system where structure, protocols, and step-by-step processes prevail.

In an attempt to provide structure in occupational justice practice, the Occupational Justice Health Questionnaire (OJHQ) (Wilcock & Townsend, 2014, pp. 548–549) had been administered in a single-subject case study and a qualitative research that both aimed to inform occupational therapy practice (Sy, Delos Reyes, Roraldo, & Ohshima, 2019; Sy & Ohshima, 2018). The OJHQ is a five-part checklist with binary options (i.e., able and unable; if unable, factors including health, political, social, and economic must be identified with corresponding comments) across 27 items related to basic needs (Part I), overall wellbeing (Part II), living standards (Parts III & IV), and specific injustices decreasing occupational participation (Part V) (Wilcock & Townsend, 2014) (see Figure 6.1). Aside from guiding the interview for a respondent who was recovering from drug addiction, the OJHQ aided in identifying specific occupational injustices (e.g., occupational alienation, deprivation, imbalance, and apartheid), prioritizing occupational therapy goals, and determining plans of action to facilitate occupational justice (Sy & Ohshima, 2018). Going back to Kielhofner's list (2006) in developing an instrument, the OJHQ, although not a quantitative data collection instrument, needs further refinement as a potential tool for occupational justice practice from developing supporting materials until empirically assessing its validity, reliability, and overall utility. While we recognize that psychometric properties may be limited in attesting how OJHQ qualifies as a good instrument, we propose that researchers' descriptive and

reflective field notes can potentially provide initial measures needed to develop OJHQ as an instrument for occupational justice practice.

Taking field notes is an integral part of documentation and analysis in qualitative research (Maharaj, 2016; Reeves, Kuper, & Hodges, 2008). Observational data drawn largely from field notes can fill the gaps of information that are missed or misunderstood when conducting interviews because of their openness (Njelesani, Gibson, Nixon, Cameron, & Polatajko, 2013; Philippi & Lauderdale, 2018). In occupational therapy literature, field notes served several functions such as achieving reflexivity and triangulation (Celinder & People, 2012; Fisher, et al., 2007; Gantschnig, Nilsson, Fisher, Künzle, & Page, 2016; Larsson, Nilsson, & Larsson Lund, 2013; Lau, 2016; Sakellariou & Sawada, 2006); describing covert and unstructured observations during fieldwork (Celinder & People, 2012; Fisher, et al., 2007; Lau, 2016; Kassberg, Prellwitz, Malinowsky, & Larsson Lund, 2016; Nilsson, Eklund, Nyberg, & Thulesius, 2011; Silverman, Kramer, & Ravitch, 2011); assisting data analysis and interpretation (Celinder & People, 2012; Silverman, et al., 2011; Dunleavy, Preissner, Finlayson, 2013; Nelson, 2007; Van Biljon, Casteljien, & du Toit, 2015); recording participants' experiences including success stories, fear, and uncertainties (Dunleavy, et al., 2013). These studies indicated that field notes are data sets retrieved along with other data sets drawn from different methods such as interviews, focus groups (meetings), observations, document review, and memo writing (Njelesani, et al., 2013). Although field notes were integral in reducing bias in qualitative research and in ensuring accuracy, validity, and completeness of data collected, they were also used in developing instruments for occupational therapy practice including powered wheelchair assessment among individuals with profound cognitive disabilities (Nilsson, et al., 2011), SOAP (Subjective, Objective, Assessment, and Plan) notes in the context of teleconferencing for people with multiple sclerosis (Dunleavy, et al., 2013), and a vocational rehabilitation report writing protocol (Van

Instructions:
[Part I] Tick Column 2 if client or community is able to meet the right listed in Column 1. [Parts II to IV] Tick one or more of Columns 3-6 if client or community is unable according to the reason(s) stated. [Part V] Tick one or more if occupational injustice results from the community issues listed below.

*Client:	*Age/Sex:	*Language used: __ Filipino __ Ingles
*Location:	*Date of interview:	*Interviewer:
*Recovery Status: ☐ in-patient ☐ out-patient ☐ Psychosis ☐ Intellectual disability ☐ Under medication		

Column 1	2	3	4	5	6	Comments	
Determinants	Able	Unable (Health)	Unable (Political)	Unable (Social)	Unable (Economic)	Before rehabilitation*	During rehabilitation*
Part I: Basic Needs *(Pangunahing Pangangailangan)* (WHO)							
Peace *(Kapayapaan)*	☐	☐	☐	☐	☐		
Shelter *(Tahanan)*	☐	☐	☐	☐	☐		
Education *(Edukasyon)*	☐	☐	☐	☐	☐		
Food *(Pagkain tatlong beses kada araw)*	☐	☐	☐	☐	☐		
Income *(Pagkakakitaan)*	☐	☐	☐	☐	☐		
Sustainable resources *(Iba pang mapagkukuhanan ng kabuhayan hal. Insurance, pamumuhunan, ari-arian, atbp.)*	☐	☐	☐	☐	☐		
Social equity *(Pagkakapantay-pantay sa karapatan ng lahat ng tao sa lipunan sa ilalim ng batas)*	☐	☐	☐	☐	☐		
Part II: Social, Physical, and Mental Well-being *(Kagalingang Panlipunan, Pampisikal, at Pangkaisipan)* (WHO)							
Life pattern = well-being *(Disenyo ng buhay = pagiging komportable, malusog, at masaya)*	☐	☐	☐	☐	☐		
Work = well-being *(Hanapbuhay = pagiging komportable, malusog, at masaya)*	☐	☐	☐	☐	☐		
Leisure = well-being *(Malayang oras = pagiging komportable, malusog, at masaya)*	☐	☐	☐	☐	☐		
Can realize aspirations *(Kakayahang abutin ang mga hangarin sa buhay)*	☐	☐	☐	☐	☐		
Can satisfy specific needs (*Kakayahang makamit ang iba pang pangangailangan)*	☐	☐	☐	☐	☐		
Has regular physical activity *(Mayroong regular na ehersisyo o gawaing pisikal)*	☐	☐	☐	☐	☐		
Change/Cope with environment *(Kayang makiayon sa nagbabagong kapaligiran)*	☐	☐	☐	☐	☐		
Validate personal uniqueness *(Pagpapatunay ng pagiging kakaiba hal. talent kasanayan, atbp.)*	☐	☐	☐	☐	☐		

Part III: United Nations Rights—Living Standard Adequate for Health and Well-being. Free Choice to: ***(Mga Karapatan ayon sa UN at WFOT—Pamantayan ng Pamumuhay na Sapat para sa Kalusugan at Pagiging Komportable, Malusog, Masaya. Malayang Pagpili ng:)***							
Employment *(Hanapbuhay)*	☐	☐	☐	☐	☐		
Rest *(Pahinga)*	☐	☐	☐	☐	☐		
Leisure *(Malayang oras)*	☐	☐	☐	☐	☐		
Holidays *(Bakasyon)*	☐	☐	☐	☐	☐		
Community cultural life *(Pakikibahagi sa kultura ng komunidad)*	☐	☐	☐	☐	☐		
The arts *(Sining)*	☐	☐	☐	☐	☐		
Scientific advancement *(Pagsulong ng siyentipikong kaalaman)*	☐	☐	☐	☐	☐		
Participate in government *(Paglahok sa gawain ng gobyerno)*	☐	☐	☐	☐	☐		
Education toward full development of personality *(Pag-aaral tungo sa pagpapaunlad ng sarili)*	☐	☐	☐	☐	☐		
Part IV: World Federation of Occupational Therapists (WFOT) Rights 5 as above plus free choice to participate in: ***(Karagdagang karapatan mula sa WFOT. Malayang pagpili ng:)***							
Cultural beliefs and customs *(Mga pangkulturang paniniwala at mga kaugalian)*	☐	☐	☐	☐	☐		
Local events *(Lokal na mga pagdiriwang)*	☐	☐	☐	☐	☐		
Summary: Instructions: Tick one or more if occupational injustice results from the community issues listed below:							
Part V: WHO and WFOT—The right to health and well-being through occupation is decreased because of: ***(WHO at WFOT—Ang karapatan sa kalusugan at pamumuhay nang komportable, malusog at masaya ay nawawala dahil sa:)***							
☐ Poverty *(Kahirapan)* ☐ High unemployment *(Laganap na kawalan ng trabaho)* ☐ Gender discrimination *(Diskriminasyon sa kasarian)* ☐ Limited education *(Limitadong edukasyon)* ☐ Unhealthy lifestyles *(Estilo/uri ng pamumuhay na nakasasama sa kalusugan)* ☐ Lack of health facilities *(Kakulangan ng pangkalusugang pasilidad)* ☐ Lack of recreational opportunities *(Kakulangan sa pagkakataong makapaglibang)* ☐ Natural/Man-made disasters (*Malubhang sakuna sa isang pook sanhi ng kalamidad o kagagawan ng tao)*						☐ Low incomes *(Mababang mga pasahod)* ☐ Stressful work conditions *(Nakaka-stress na kondisyon ng trabaho)* ☐ Social discrimination *(Diskriminasyon sa lipunan)* ☐ Occupational discrimination *(Diskriminasyon sa trabaho)* ☐ Displacement *(Paglilipat/pag-aalis mula sa lugar na tinitirahan)* ☐ Political unrest *(Malawakang pagkadismaya sa kasalukuyang pamahalaan)* ☐ Human rights violations *(Paglabag sa mga karapatang pantao)* ☐ Armed conflict *(Giyera o digmaan)*	
Recommendations/Action *(Rekomendasyon/Aksyon)*							

Figure 6.1. *Adapted Occupational Justice Health Questionnaire (Filipino Version)* Note: Adapted from Wilcock, A. A. & Townsend, E. A. (2014). Occupational Justice and Health Questionnaire (OJHQ). In B. A. Boyt Schell, G. Gillen, & M. E. Scaffa (Eds.), *Willard & Spackman's Occupational Therapy* (12th ed., pp. 548–549). Philadelphia: Lippincott Williams & Wilkins. The words and phrases in English language are the original terms used from the original OJHQ while the *italicized* texts are the translated terms used in the OJHQ-Filipino Version 4.0. English to Filipino translation (forward translation) was certified by the University of the Philippines Manila Sentro ng Wikang Filipino last April, 11, 2018, while the Filipino to English translation (back translation) was certified by Lexcode Philippines Inc. last May 25, 2018.

Biljon, et al., 2015). These studies revealed the contribution of field notes data in instrument development providing support in the initial steps of refining the OJHQ as a viable instrument in health and occupational justice practice. Accordingly, the purpose of this article is to describe the researchers' experiences and reflections in using the OJHQ as a potential tool for occupational therapy and justice work through field notes.

6.3 Method

This study was a part of a larger phenomenological study that explored the lived experiences of 24 Filipinos recovering from drug addiction before and during rehabilitation towards occupational participation and justice using the OJHQ (Filipino Version) (Sy, Delos Reyes, Roraldo, & Ohshima, 2019). In that larger study, a rigorous translation process of the OJHQ was done including pilot testing, focus group discussions, and the development of an interview guide for both Filipino and English languages (see Figure 2). This article only used the data from the authors' field notes based on the field notes guide proposed by Phillippi and Lauderdale (2018). Both the phenomenological study and this study were reviewed and approved by institutional ethics board in Japan (Tokyo Metropolitan University Arakawa Campus-Research Safety Ethics Committee protocol number 18011) and in the Philippines (Department of Science and Technology-Central Luzon Health Research and Development Consortium protocol number 2018-10).

6.3.1 Design. This study used an auto-ethnographic approach (Reed-Danahay, 1997) where researchers' own thoughts and perspectives from their social interactions form the central element of the study i.e., generating rich and detailed accounts of clinicians' approaches to delivering care (Reeves, et al., 2008) using the OJHQ. The authors followed the basic phases of ethnographic research with flexibility: preparation and entry, immersion using participation and observation, exit, and writing up (Luborsky & Lysack, 2017). The

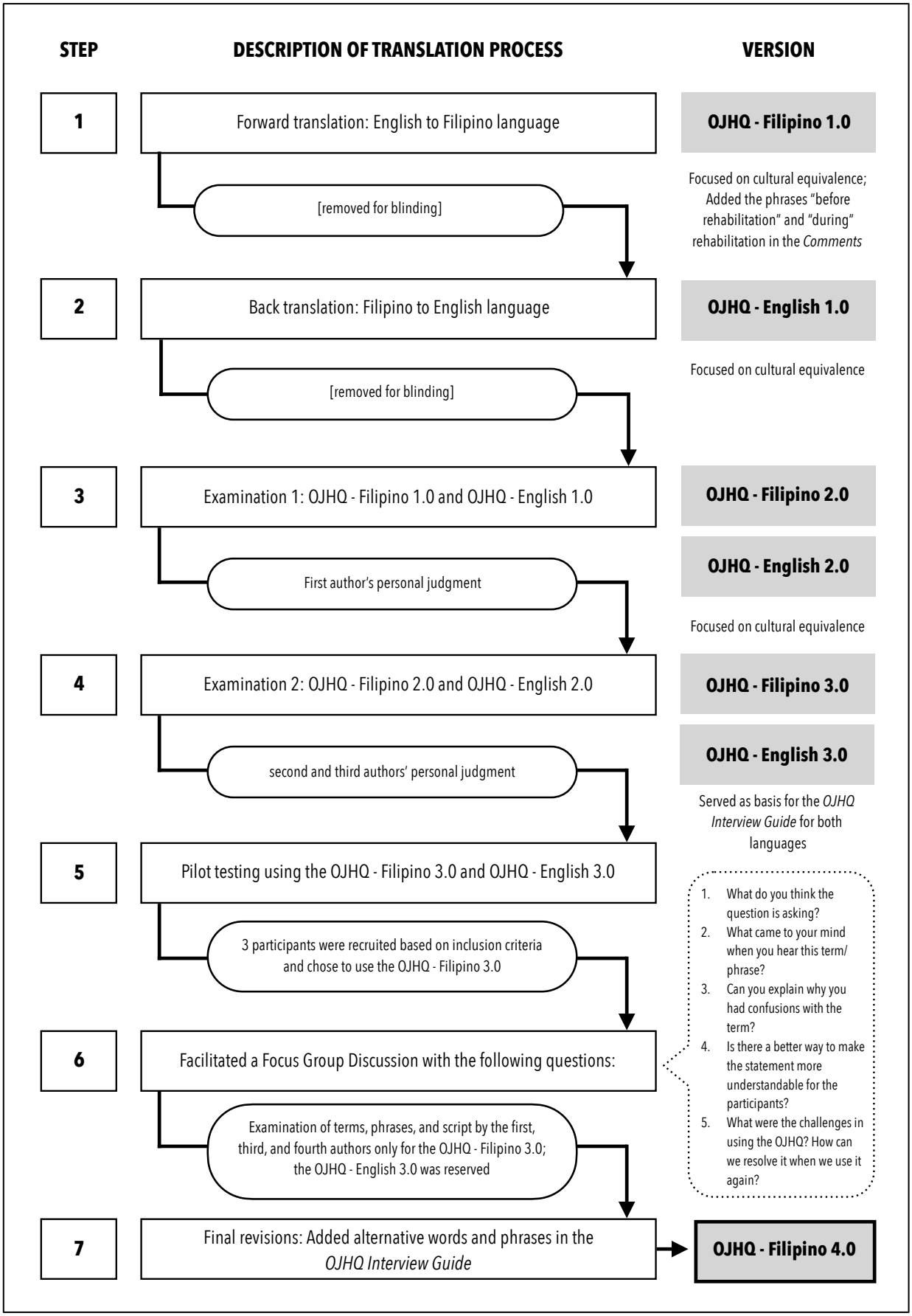

Figure 6.2. *Translation process of the Occupational Justice Health Questionnaire from English to Filipino language World Health Organization* (World Health Organization, 2018).

first author visited the two collection sites (state-funded drug treatment and rehabilitation centers) six months before field notes were collected to have a courtesy call and an initial immersion as well as orientation on the physical and social contexts of the sites. This step was crucial in preparing the authors for their actual immersion into the collection sites. After the initial entry, the authors realized that the two sites were five hours apart by land travel which may be logistically constraining for all since the first author is a full-time doctoral student based in Tokyo, Japan who is temporarily visiting the sites for research purposes while the second and third authors are employed as occupational therapists in a government hospital and private university, respectively. Consequently, during the actual collection, the first author partnered with the second author and third author in visiting and immersing in Site 1 and Site 2, respectively.

6.3.2 Participants. The three authors served as the "Informants", a proper way of addressing ethnographic study participants (Luborsky & Lysack, 2017) because their goal was to inform readers about their own thoughts and perspectives from their social interactions (Reeves, et al., 2008) in using and refining the OJHQ. All authors signed a "consent for cooperation in research" as part of the ethics application. The three authors (two males, one female) belonged to the 24 to 32 age range with varied professional experiences including children care, mental health care, community-based practice, and higher education. While all authors have had intermittent encounters with clients recovering from drug addiction both in training and practice, none of them was employed in substance addiction rehabilitation (SAR) practice during the time of the study.

6.3.3 Data Collection. Field notes were the primary data collected, managed, and analyzed to address the study aim. The field notes were comprised of handwritten notes and typewritten document using personal notebook computers. All handwritten notes were digitized for analysis. While it is important to note that this study coincided with the data

collection from the abovementioned phenomenological study, the authors were oriented prior to the study implementation that writing field notes about their experiences in using the OJHQ would be done right after collecting interview data. A total of four days (i.e., eight hours of interviewing per day) was used to collect the interview data which yielded four sessions (i.e., one hour per session) of discussing and commenting on the field notes and one two-hour debriefing session where the authors confirmed the accuracy and completeness of their field notes before analysis.

The authors collected field notes based on the following questions: "What are the challenges you experienced in using the OJHQ?", "What are the strengths in using the OJHQ?", and "Do you have other comments regarding the use of the OJHQ?". Furthermore, the field notes guide proposed by Phillippi and Lauderdale (2018) were used flexibly in order to uncover important field noting components during the debriefing session which are summarized in Table 6.1.

Table 6.1.

Selected field notes components considered during the study (Philippi & Lauderdale, 2018)

• Atmosphere	• Overall thoughts (strengths and limitations)
• Non-verbal behaviors	• Potential biases
• Over-all depth of content	• Reflection on interview facilitation
• Interaction among participants	• Thoughts on the interview
• Depth of response	• Changes for the future
• Value of question	• Saturation

6.3.4 Data Analysis. The data analysis followed an inductive thematic analysis approach which included open coding, creating categories, and abstraction (Reeves, et al.,

2008; Elo & Kyngäs, 2008). All field notes data were transferred and collated in a word document in preparation for the open coding phase assisted by the ATLAS.ti 7 software (Friese, 2013). The first author implemented the open coding which involved reading and re-reading all field notes data and subsequently creating a "code" that describes all aspects of the related quotations. Each created code was given an operational definition based on the quotations linked to the code, then each operational definition was reviewed to formulate a more concise definition after reviewing all codes. The codes were then identified, defined, and redefined. The authors then created categories and themes individually while keeping in mind that categorization must be done openly, generate tentative explanations, and increase the likelihood of addressing the research aim. All authors used the cutting and sorting techniques (Ryan & Bernard, 2003) manually and digitally for the creating categories phase. Specifically, the first author made use of actual paper pieces, scissors, and adhesives to perform the technique, while the second and third authors performed the technique using a digital spreadsheet. After the authors created categories and themes separately, they convened through a video conference to formulate and finalize the themes.

6.3.5 Trustworthiness and rigor. Trustworthiness and rigor were employed through the strategies outlined by Koch (2006): credibility, transferability, dependability, and confirmability. *Credibility* was enhanced since the authors made and kept field notes separately throughout the study implementation. The field notes contained their experiences, reflections about their experiences, and even personal biases and opinions and were then discussed as a group. *Transferability* was possible since the field notes specifically included contextual information such as atmosphere, interaction among participants, and interview setting (Philippi & Lauderdale, 2018). These data can provide similar judgments by others especially those who will be conducting future study on the OJHQ in the same setting and using the sampling characteristics, questionnaire, and method. However, it is important to

note that during the study, the authors' role was mainly to gather data using the OJHQ, whereas when used by clinicians later on, their roles could be an assessor and planner of goals and intervention programs for clients. *Dependability* was also established because a decision trail was established via an inquiry audit. This means that in every partial result from data collection and analysis, a consultation among authors occurred via face-to-face meeting, online conference, and e-mail exchanges before moving to the next step. The manuscript draft was then subjected to external feedback by two colleagues who were not part of the study—one is an occupational therapist and the other one is a medical doctor—for the purpose of enhancing the study's validity. Moreover, all data were transcribed, encoded, and analyzed considering varied points-of-view in interpreting the study findings. Thus, *confirmability* was established when credibility, transferability, and dependability had been achieved (Guba & Lincoln, 1989).

6.4 Findings

From the field notes gathered and analyzed, three themes emerged: Usefulness of the OJHQ (Theme 1), Guidelines in OJHQ administration (Theme 2), and Instrument development of the OJHQ (Theme 3) (see Table 6.2). Each theme emerged from the expressions within the field notes that are linked together and consequently addressed the study purpose. The themes are discussed below in a chronological manner in accordance to the process of instrument development as outlined by Kielhofner (2006) where identifying instrument's purpose (Theme 1) goes first before the development of supporting materials (Theme 2) and assessment of instrument's reliability and validity (Theme 3). For this section, authors are referred to as "Informant" with a number i.e., the first, second, and third authors are mentioned as Informant 1, Informant 2, and Informant 3, respectively.

Table 6.2.

Themes that emerged from Informants' field notes

Theme 1: Usefulness of the OJHQ
Sub-theme 1.1: Enables narrative clinical reasoning
Facilitates story-telling [Code number 3]
Emancipatory approach [1]
Facilitates advocacy/self-advocacy [2]
Sub-theme 1.2: Extracts additional layer of non-clinical data
Sensitivity [18], variability [23], and novelty [10] of data gathered
Practicality in translating abstract concepts to concrete issues [15]
Identification of specific social conditions [5]
Theme 2: Guidelines in OJHQ administration
Sub-theme 2.1: *Requisites for effective administration*
Tool utility and considerations [21]
Tool needs to be used at least twice [20]
Facilitates a relaxed atmosphere [4]
Requires advanced interviewing skills and training [17]
Sub-theme 2.2: Contextual considerations
Observations on physical space, socio-cultural context, and gestures [11, 12, 13]
Informants' bias [8]
Theme 3: Instrument development of the OJHQ
Sub-theme 3.1: Item considerations
Related and repeating items [16]
Inapplicability of some items because of its Western underpinnings [7]
Inapplicability of some items [6]
Sub-theme 3.2: Further refinement processes
Population specific [14]
More comprehensive definition of items needed [9]
Translation issues [22]
Instrument format and layout [19]

Note: There are a total of 23 codes.

6.4.1 Theme 1: Usefulness of the OJHQ. The first theme revealed an expanded description of the usefulness and purpose of OJHQ in occupational practice including enabling narrative clinical reasoning (sub-theme 1.1) and extracting additional layer of non-clinical data (sub-theme 1.2).

All the Informants found that enabling narrative clinical (or professional) reasoning when using the OJHQ required the facilitation of story-telling, an emancipatory approach, and advocacy and self-advocacy. Informant 1 stated that "the mode of interviewing is like story-telling… requires the interviewer to interpret stories and conversations…". While the OJHQ was not intended to be used as an intervention strategy for this study, Informant 1 observed that several interviewees (residents in the drug rehabilitation center) felt positive about the interview experience since it was cathartic. Informant 1 asked one of the residents about where the feeling of enthusiasm was coming from and the resident disclosed that being able to share their stories was important to them because it gave an assurance that someone actually cared to listen. Aside from story-telling, Informant 1 commented during the debriefing session that the interview should serve as an open conversation between the client and the interviewer. All Informants agreed that the open conversation is characterized by sharing of information about pertinent topics including personal matters, family concerns, politics, injustices, human rights violations, personal abilities, and motivations. In order to do this, Informant 1 made sure to always inform the interviewees about the confidentiality clause to stimulate a more emancipated story-telling process. Moreover, enabling narrative clinical reasoning could potentially facilitate advocacy or self-advocacy. Informant 1 even mentioned that the "OJHQ was able to capture personal, sensitive, and critical client narratives that can be used for advocacy". The term "advocacy" was understood to be too broad which led Informant 3 to comment during the debriefing session about the "need to differentiate 'advocacy' and 'activism' in light of using occupational justice perspective in occupational therapy practice". All Informants finally resolved to adhere to the definition of "advocacy" and "self-advocacy" in the Occupational Therapy Practice Framework: Domain & Process (3rd Edition) (AOTA, 2014):

> Advocacy means the "efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in daily life occupations. The outcomes of advocacy and self-advocacy support health, well-being, and occupational participation at the individual or systems level" where efforts for advocacy is undertaken by the practitioner, and self-advocacy is undertaken by the client, which the practitioner can promote and support.

Extracting additional layer of non-clinical data also emerged as another purpose of the OJHQ. Although the OJHQ contained items pertaining to a person's health i.e., recovery status (demographic data), social, physical, and mental well-being (Part II); United Nations Rights—living standard adequate for health and well-being (Part III), these data largely described the interviewees' health in relation to occupational justice and occupational rights. These non-clinical data were perceived by the Informants as sensitive, variable, and novel. According to Informant 1, "the data gathered from the OJHQ possess sensitivity because they uncover occupational injustices". Informant 1 was referring to sensitivity (ability of an instrument to detect presence of a problem or condition when it is present) as a psychometric property in instrument development versus specificity (ability of an instrument to produce negative results when problem is not present) (Kielhofner, 2006). Moreover, the variability of the non-clinical data was recognized since the OJHQ detected similar occupational injustice experiences across accounts that were interpreted from different perspectives with respect to the interviewees' diverse background in terms of education, origins, and upbringing. The Informants also described the extracted non-clinical data as novel since the Informants were orientated to use the OJHQ from an occupational justice perspective. Informant 2 reflected that "…the tool captured a completely new perspective on human experiences that is not usually extracted from regular interviewing, history-taking, or quantitative instruments".

These non-clinical data were perceived by the Informants to possess some abstract but valuable information drawn from the interviewees' narratives. Through the OJHQ, these abstract concepts were identified and concretized in the form of goals and strategies for intervention (Informant 1). For instance, poverty was identified to be an injustice. With numerous aspects to it, poverty was examined by reviewing and threading the stories given by the interviewee which resulted to specific social conditions including relational concerns (family and friends), restrictive or loose labor policies, living environments (physical and social), and cultural mindsets to name a few. Identifying these specific social conditions resulting from occupational injustices could aid in formulating concrete action plans and recommendations at the last part of the OJHQ.

6.4.2 Theme 2: Guidelines in the OJHQ administration. The second theme was characterized by information on how to administer the OJHQ. These guidelines included requisites for effective administration (sub-theme 2.1) and contextual considerations (sub-theme 2.2). Requirements for effective OJHQ administration entail tool utility and considerations, a relaxed atmosphere, using the tool at least twice for evaluation, and training.

All Informants listed the considerations in using the OJHQ: preparing logistics and performing chart review ahead of time; clarifying the purpose of the tool to the client (i.e., for research or care planning); using the OJHQ for evaluation, intervention planning, and measuring outcomes; and utilizing a script with flexibility. After noting these considerations, it is important to administer the OJHQ in a safe and relaxed atmosphere. Informant 1 wrote, "…one way of facilitating a relaxed atmosphere is […] to facilitate storytelling to identify injustice experiences and not to make clients feel that they are being checked, monitor, or diagnosed". All Informants also asserted that the OJHQ must be administered at least twice during the evaluation process. The first session is for administering the OJHQ using in-depth interviewing, while the second session is for validating the initial responses from the first

session or for completing the administration in case the interview was not finished. During the second session, the Informants unknowingly called the clients by their first names instead of their last names, which was the protocol inside the facility. They learned that calling the clients by their first names made them feel dignified and that interviewers were approachable. Another important requisite for effective administration is advanced interviewing skills and training to use the OJHQ. Informants enumerated necessary competencies in administering the OJHQ and are listed in alphabetical order in Table 6.3. Although knowing and practicing these competencies will improve an occupational therapist's interviewing skills, Informant 1 wrote that "using the OJHQ… [gives one] the confidence in serving or practicing in role-emerging areas of practice and vulnerable populations".

Table 6.3.

List of interview competencies essential in using the OJHQ

- Adjusting the line of questioning
- Adlibbing (i.e., asking more or less questions outside of the script)
- Asking about sensitive and personal issues
- Changing topics
- Empathizing to respondents
- Interpreting stories and conversations
- Knowing about current and pressing issues in society
- Probing
- Prompt shifting of therapeutic use of self (or therapeutic communication) as needed
- Relating to different types of people with different backgrounds and experiences

Part of the guidelines in OJHQ administration is contextual considerations which are comprised of unstructured observations of the physical space, socio-cultural context, and gestures, and informants' bias. Gestures during the administration were limited due to facility policies. For instance, the Informants observed that, in accordance to the rehabilitation center's policies, male and female interviewees could not sit together or even interact to avoid unwarranted relationships. Gestures and signing were also not encouraged within the facility, instead words and verbalizations must be used among the OJHQ users to reinforce transparency. Informant 1 wrote that all Informants were orientated to "…lean slightly forward when doing the interview to show interest and openness since most interviewees are already withdrawn" or "…say[ing] 'It is okay, you can share… everything is confidential…' and 'You do not have to share if it makes you uncomfortable…'". Moreover, Informant 2 observed that paralanguage was commonly used by the interviewers such as "uh-huh", "hmmm", and nodding in order to demonstrate acknowledgement and reinforce active listening.

Furthermore, the OJHQ administration was done in August which is the height of the monsoon season in the Philippines. The interviews were conducted in a covered space with corrugated iron roofing and in all interview sessions, heavy rains fell that produced thrumming sounds on the roof subsequently affecting the clarity of the audio recordings. Noise from other on-going activities within the facilities were observed since some interviews were administered in an open area instead of a closed or private room due to logistical constraints. Accordingly, Informant 3 noted that some female interviewees hesitated to share personal narratives because they thought that they could be overheard by their peers. Contrarily, all Informants agreed that a specific socio-cultural context governed the actions of all people who stepped inside the facility. For example, there was an interview session that reached until nine o'clock in the evening due to scheduling changes that day, yet

a staff member persistently supervised the interviews for security purposes. Informants also noted that the residents were oriented to treat guests (i.e., Informants) with respect, which Informant 2 expressed "…[that] was one of the reasons why we observed that some [interviewees] initially acted distant, shy, and quiet".

The Informants also recognized several biases throughout the field noting experience. While a script was prepared to guide the interviews, Informant 1 mentioned during one of the focus group discussions that there were moments when the OJHQ served as a clinical rather than a research tool for some interviewees. For instance, Informant 1 had to say the phrase "this is off the record…" to indicate that a certain portion in the audio recordings was outside the study purpose. Informant 2 also remarked that there were sessions that went beyond the 90-minute mark since she felt compelled to record all stories even if some are already deemed irrelevant. Lastly, Informant 3 pointed out during debriefing that Informant 1 had a former family who had drug addiction problems which could have affected Informant 1's manner of interviewing and interpreting.

6.4.3 Theme 3: Instrument development of the OJHQ. The last theme that emerged encapsulated Informants' expressions about how OJHQ can be further developed through item considerations (sub-theme 3.1) and further refinement processes (sub-theme 3.2). Part of instrument development is recognizing item considerations and validity issues such as related items, inapplicable items, and population-specific concerns. Related and repeating items were identified based on how the interviewees and Informants attributed similar meanings to them e.g., income (Part I), work = well being (Part II), employment (Part III); leisure = well-being (Part II), leisure (Part III); rest (Part III), holidays (Part III); education (Part I), education toward full development of personality (Part III); community cultural life (Part III), cultural beliefs and customs (Part IV). Informant 2 wrote that "…asking the same items was distracting… redundant items […] needs to be clustered".

There were also items that were deemed inapplicable for the interviewees such as items in Part III e.g., “holidays”, “the arts”, and “scientific advancement” to which Informant 1 commented:

> […] We recognize that the OJHQ was created from a Western perspective and that some… determinants in the OJHQ may be perceived differently by an individual from a developing country in Southeast Asia where arts and holidays are only applicable for the “rich” and not the general population.

Since the sample in the study were confined in a residential facility, some items e.g., “holidays” and “participate in government” were considered inapplicable since these could not be experienced at present within the facility. However, since the OJHQ - Filipino Version used required asking the experiences of the interviewees before and during rehabilitation, the items above were only given entries in the “before rehabilitation” comments section.

Based on the Informants’ field notes, further refinement processes for the OJHQ include specifying target population, a more comprehensive definition for the items, resolving translation issues, and formatting and layout. In line with developing supporting materials, Informants 1 and 3 noted, “The OJHQ format and administration must be adapted to different populations and setting e.g., Filipinos recovering from drug addiction, Japanese elderly living alone, etc.” However, Informant 1 reiterated that making different versions of OJHQ for a certain population is not mandatory but “[…] orientation and training is needed before using the OJHQ in order to get the most out of the administration i.e., getting the data needed for goal-setting, planning, and intervention while considering the [target client] population.” Although the Informants agreed that a more comprehensive definition per item could have provided more exactness on how the questions were asked and answered, Informant 1 defended, “The [confusion] issue was resolved when the OJHQ users convened before and after collection periods to clarify terms and redo the questioning to the

respondents on the second session." Moreover, all Informants agreed that some English items were not easily translatable to Filipino language either because there is no direct translation or the group of words may be interpreted in various ways such as "sustainable resources" (Part I), "social equity" (Part I), "well-being" (Part II), and "education toward full development of personality" (Part III). The last refinement process is the instrument format and layout, which led the Informants to generate a list of suggestions (see Table 6.4) on how to improve the format and layout of the OJHQ.

Table 6.4.

Suggestions on how to improve the format and layout of the OJHQ

- *Actions and Recommendations* section must reflect outcome measures in occupational participation and occupational justice
- Adjust the script depending on the setting, population, or situation
- In *Part V* (injustices checklist), add "Others: _____" because there could be other injustices not initially listed
- Items in the questionnaire should be phrased as questions
- Merging or clustering some related items
- The *Comments Section* (i.e., before and during rehabilitation partitions) should be adapted when used in another setting, population, or situation
- The OJHQ layout could be redesigned by a professional layout artist
- The reasons why a determinant was not achieved (i.e., *Health, Political, Social, and Economic*) should be deliberately used in providing context on the comments and narratives of the respondents

6.5 Discussion

This article aimed to describe the Informants' experiences and reflections in using the OJHQ as a potential tool for occupational therapy practice and justice work through field notes. Findings revealed three themes that encapsulated the experiences and reflections of the Informants after they used the OJHQ to Filipinos recovering from drug addiction: Usefulness of the OJHQ, Guidelines in OJHQ administration, and Instrument Development of the OJHQ. The themes reflected the Informants' desire of refining the OJHQ as a tool in a systematic manner like any evidence-informed assessment tool used in occupational therapy practice.

The OJHQ has been made available in the Willard & Spackman's Occupational Therapy textbook (Wilcock & Townsend, pp. 548–549), which was used in a recent single-subject case study to establish a baseline assessment of occupational injustices experienced by a Filipino recovering from drug addiction (Sy & Ohshima, 2018). However, the OJHQ was only administered using the instructions provided in the textbook. In adherence to any instrument refinement process, several ways to improve the OJHQ are through language translation (Whiteford & Townsend, 2011; World Health Organization, 2018), administration with a larger sample size (Luborsky & Lysack, 2017), and validity and reliability assessments (Kielhofner, 2006) to establish appropriate documentation report guidelines in emerging occupational therapy practice setting (Sames, 2014) like SAR in the Philippines. Sames (2010, 2014) proposed two important considerations occupational therapists need to remember in documentation: "1) people form an impression of your professionalism and intelligence by reading what you write; 2) what you write can be used as evidence in a court proceeding, whether you are on trial or not". The first consideration reinforces the need to further develop the OJHQ as an evidence-informed assessment tool, while the second consideration offers an opportunity for occupational therapists to advocate their roles in SAR practice not only within the health and social care but also in the legal and justice systems.

In addition to OJHQ's original purpose which are to "prompt attention to occupational injustice in a busy practice day" and "provide a starting point to document injustices and encourage action" (Wilcock & Townsend, 2014), the first theme described other potential purposes of the OJHQ which are to enable narrative professional reasoning among practitioners and extracting additional layer of non-clinical data. At the very beginning of the occupational therapy process, an occupational therapist collaborates with a client to co-create his or her occupational profile defined as "the initial step in the evaluation process which provides an understanding of the client's occupational [hi]story and experiences…" (AOTA, 2014, p. S10). Using the OJHQ allows this emancipatory co-creation to occur that produces life stories that do not only identify injustice experiences, but also reinforce the clients' ability to author their own intervention, discharge, and/or even self-advocacy plans in the future. According to Boyt Schell (2014), narrative reasoning develops across time from *novice experience* (no experience; narrative reasoning is used to establish social relationships but does not significantly inform practice), to *proficient experience* (3 to 5 years; more attentive to occupational stories and relevance for intervention), and eventually to *expert experience* (5 to 10 years; able to flow conversation and action smoothly). While we recognize that narrative reasoning is just one aspect of professional reasoning in occupational therapy, we propose that OJHQ can be used in training student and practitioner competencies in narrative reasoning and other aspects of professional reasoning. These competencies involve appreciating a client's culture, exploring temporal contexts, relating to the "so what" of the condition for the person's life (Boyt Schell, 2014), and collecting people's narratives about their occupational participation to raise consciousness of occupational injustices (Whiteford & Townsend, 2011).

Another purpose of the OJHQ was the extraction of non-clinical data that is intended to contextualize available clinical data. According to Bailliard (2016), occupational injustices

arise from complex transactional situations wherein innumerable and interdependent human and environmental factors meet in action. Drawn from the clients' narratives, these extracted non-clinical data from the OJHQ provide perspective to a person's conditions and aid in identifying specific social conditions that will structure person-centered or community-based action plans and recommendations for promoting occupational justice. The absence of these non-clinical data could potentially underpin the oversimplification of understanding occupational injustices which may result in oversimplified assessment of its cause and may lead to ineffective interventions (Bailliard, 2016).

In terms of pilot testing, an instrument almost inevitably results in the identification of one or more of the following (Kielhofner, 2006): difficulty with procedures [sub-theme 2.1], difficulties in using the tool itself [sub-theme 2.1], unforeseen difficulties in administration [sub-theme 2.2], problems in content [sub-theme 3.1], and ambiguity of items [sub-theme 3.1]. The OJHQ was used in a recent single-subject case study and only provided brief guidelines in administering the OJHQ such as seeking permission and informed consent, face-to-face interview, and 90-minute interview time (Sy & Ohshima, 2018). These three simple guidelines were used as the basis in formulating a more rigorous method of the larger study by Sy and colleagues (2019) where pilot testing and actual administration of the OJHQ were conducted. However, this study that largely depended on the Informants' field notes recognized aspects of the OJHQ administration that still needs to be improved as well as contextual considerations and biases that needs to be anticipated which are beneficial for future OJHQ users.

The second and third themes offer some suggestions in improving the guidelines and over-all instrument development of the OJHQ. Notably, the OJHQ was initially administered to clients recovering from drug addiction and we argue that the OJHQ, when used with the same population, can be implemented with more structure when findings from this study are

applied. Future users who intend to administer the OJHQ in other populations and settings are encouraged to apply the study findings with flexibility while remaining mindful in espousing OJHQ's primary purpose of identifying and addressing injustices in the lives of the clients.

Aside from reducing bias in qualitative research, field notes data are used by occupational therapists as one strategy in developing instruments in different practice areas (Nilsson et al., 2011; Dunleavy, et al., 2013; Van Biljon, et al., 2015). This study specifically used field notes to identify item considerations and other processes required to further refine the OJHQ. We, however, propose that the OJHQ needs to be pilot tested when used in other populations and settings to ensure the instrument's cultural validity and thus its practical and optimal utility. When using the OJHQ, we suggest that the practitioner is guided by an occupational justice framework from the evaluation, intervention, to outcome measurement processes. Aside from providing some suggestions in instrument development and administration and identifying competencies for future training, this study adds evidence that OJHQ can be used not only in case illustrations (Whiteford, et al., 2018) and policy making (Chichaya, et al., 2018) but also in actual occupational therapy practice and justice work.

6.6 Limitations

This article recognizes that the study's small sample size (n = 3) could be one of its weaknesses. While processes and orientation were set in place throughout the OJHQ administration, the small sample size could have potentially recorded only the perspectives of the authors who actually used the tool. This limitation can be addressed in future studies by enforcing an inter-rater reliability assessment to minimize rater bias and including more users (Informants) to use the OJHQ who will produce field notes. Even though the field notes from the Informants rendered a significant amount of qualitative data, the OJHQ administration was only done in two sites and doing it in more sites could have affected the content of the

field notes. We, therefore, caution readers that this study was done in one country and one setting and its implications may not be readily applicable in other countries or settings.

6.7 Conclusion

Occupational justice remains an emerging concept within occupational therapy practice. However, efforts to translate its theoretical underpinnings into tangible outcomes are now being advanced by occupational therapists, scientists, and instrument developers. This article offers a systematic approach in increasing our understanding on the benefits of OJHQ in occupational therapy training, occupational therapy practice and justice work, and instrument development through the use of researchers' documented reflections and experiences drawn from field notes. Our findings revealed an expanded purpose of the OJHQ which are to enhance practitioners' narrative clinical reasoning and to enrich clinical data with the extraction of non-clinical data based on OJHQ. While field notes have been integral in enriching interview data in most qualitative research, this article also addressed how field notes can be strategically used in developing and validating tools for practice, particularly qualitative instruments. Moreover, the study findings serve as a springboard in the future development of the OJHQ as well as in providing some structures on how to put occupational justice into practice especially within the medical system where a need for protocols predominates.

6.8 Declaration of Conflicting Interest

Authors declare no conflict of interest apart from the potential bias from the first author's experience of having a relative who was a former drug user.

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CHAPTER 7

Conclusion

7.1 Summary of findings

This dissertation consists of five related studies that were collectively grounded on occupational justice, a concept that conjoins occupational science and occupational therapy. The overall aim of this dissertation is to explore the potentialities of integrating occupational justice principles within occupational therapy practice in Philippine-based SAR settings. As a result of the empirical studies conducted in the past two and a half years, the following conclusions were formed:

- An analysis using the occupational science concepts of form, function, and meaning revealed that illicit drug use, to a certain extent, conforms to Filipino social norms, values, and moral standards. This is demonstrated by the desire of some Filipinos to gain agency, enhance productivity, and increase economic participation by using illicit drugs amid social inequalities and occupational injustices brought about by the intricacies of poverty.
- Filipino occupational therapists working in SAR practice have a tripartite role: 1) promoter of occupational participation, 2) collaborators to enhance participation and well-being, and 3) facilitators of environmental supporters for occupational participation. These roles are not mutually exclusive and may be performed all together to promote occupational participation during and even after rehabilitation.
- A single-case study revealed how the Occupational Justice Health Questionnaire (OJHQ) is a practical tool that can be used by occupational therapists in several ways. Firstly, to identify injustices experienced by Filipino citizens who use(d) illicit drugs. Secondly, to prioritize what occupations can be used to promote occupational

participation and justice. Lastly, to open potential collaboration with other professionals, community workers, and agencies in co-creating population-focused SAR programs.

- Filipino citizens who use(d) illicit drugs follow a chronological pattern framed within four periods of participation: living with drugs, living around rules, and living for the future, and living amidst the war on drugs. Across four periods, injustices were uncovered that activated the first enablement skill "raise consciousness of occupational injustice" from the Participatory Occupational Justice Framework. In this study, we found that while there were injustices experienced by the residents before entering the DTRC, these injustices were not totally eradicated but were replaced by new forms of injustices when they were residing in the DTRC. This primary finding asserted the position of occupational therapy in enhancing local SAR programs through the use of occupation-based social participation interventions, creation of partnerships and collaboration with other professionals and agencies, utilize a participatory approach in discussing and addressing injustices, and deliberate use of political activities of daily living.
- An autoethnographic approach in analyzing researchers' field notes revealed an expanded purpose of the OJHQ including potentially enhancing practitioners' narrative clinical reasoning, enriching clinical data through non-clinical data extracted from the OJHQ, and integrating the documentation of social and justice determinants of health within the healthcare system.

7.2 Limitations

This dissertation is completed with recognized methodological and researcher's limitations. The first limitation (methodological) is that research connecting occupational therapy and

SAR practice in the Philippines is lacking and outdated because there is a dearth of occupational therapists employed in SAR practice (Sy, Ohshima, & Roraldo, 2018) and commissioned to do research (Carandang & Delos Reyes, 2018, p. 50). Accordingly, findings in this dissertation were obtained through purposive sampling and exploratory research designs (i.e., Q-methodology, single-case study, phenomenology, and ethnography) in order to establish baseline data that will structure more robust studies with larger sample sizes in the future.

The second limitation (methodological) is social desirability bias which refers to the tendency of research participants to give socially desirable responses instead of choosing responses that are reflective of their true feelings especially in studies involving sensitive and personal issues (e.g., politics, religion, environment, drug use, cheating, and smoking) (Grimm, 2010). This type of bias was acknowledged in the single-case study (Chapter 4) and phenomenological study (Chapter 5) where participants could have potentially provided answers that are socially acceptable in spite reminders about how the interview should be confidential and emancipatory. The fear of authority among Filipino citizens recovering from drug addiction in the community or treatment centers promoting the Therapeutic Community model may have reinforced this bias further. Hence, to reduce social desirability bias, it is highly recommended to form a task force that will create actual and online training modules on how to properly use the OJHQ and devise an online version of the OJHQ that do not require or limit the presence of an interviewer.

The third limitation (methodological) is the novelty of the instrument used in collecting the data (Chapters 4, 5, and 6). The OJHQ is a questionnaire that was proposed by Elizabeth Townsend and Anne Wilcock in 2014, but since then, no published work has attested its utility, validity, and reliability. While this dissertation contained three studies that utilized the OJHQ and provided empirical data on how the instrument can be further

developed, the OJHQ has been used in only one setting (SAR practice) and one country (Philippines) hence recommending more studies utilizing it in other practice settings, other countries, and by other professionals to promote occupational justice.

The fourth limitation (researcher) in this dissertation is the personal author's motivation in doing the research. While I have the same intrinsic motivations in doing research like other occupational therapy/science researchers such as contribution to knowledge and society as well as part of professional obligation, I was also motivated to initiate this scholarship to understand further the reasons of my late father for using illicit substances. With the current political landscape in the Philippines reinforced by the war on drugs campaign, I cannot help but wonder the fate of my father in such trying times if he is still alive to this day. Since it was impossible to interview him, I decided to actuate a scholarship journey that would enable me to interview people with similar circumstances like my father such as those who had been going in and out of drug treatment and rehabilitation centers because of illicit drug use. Although this intrinsic motivation cannot be easily neglected, it was reduced by involving other researchers to validate the statements I had produced for the auto-ethnographic study and by explicitly declaring a conflict of interest regarding this potential bias in Chapter 6.

The last limitation (researcher) is the lack of longitudinal effects. As a Ph.D. student with a three-year scholarship assignment was a constraint in itself in investigating a longitudinal study. It was also a unique arrangement since I was doing my Ph.D. in Japan and collecting my data from my home country, the Philippines. Doing a longitudinal study in this setup was also perceived early on to be complicated logistically and extra expensive. Nonetheless, the findings from the cross-sectional studies conducted in the past years of my scholarship can then be used to frame future long-term studies, e.g., experimental, longitudinal, or action research. One of the immediate recommendations from this

dissertation is to use the findings in Chapter 5 to springboard a series of studies that will propel other enablement skills from the POJF generating a longitudinal effect in this field of research.

7.3 Recommendations and future directions

To address the limitations mentioned above, I have outlined concrete recommendations to sustain the longitudinal effects of this research.

The POJF 2010 is intended for use by professionals enabling occupation with individuals, families, groups, communities, organizational, and populations. The framework profiles six enablement skills and processes espousing collaborative partnerships to promote occupational justice (Whiteford & Townsend, 2011). While not exhaustive, this appendix enumerates the six enablement skills and processes from the POJF 2010 with corresponding strategies and activities that can potentially propel the framework forward yielding occupational justice outcomes in substance addiction rehabilitation practice and justice work (see Table 7.1).

7.4 Contributions to knowledge

The findings in this dissertation provide a critical understanding of illicit drug-using as an occupation that is purposeful and meaningful. While non-sanctioned, using illicit drugs was seen by some Filipinos to enhance economic productivity that can either decrease or increase their occupational participation. Aside from occupational participation concerns, citizens who use illicit drugs experience occupational injustices in daily living and may benefit, to a certain extent, from occupational therapy. It was then necessary to identify the role of Filipino occupational therapists working in local SAR practice to clarify the nuanced roles given to occupational therapists as perceived by the government and other stakeholders.

Table 7.1.

Recommendations to sustain longitudinal effects of this Ph.D. dissertation

POJF Enablement Process	Strategies and Activities
1. Raise consciousness of occupational injustices	• Conduct a research project that focuses on investigating the injustices experienced by citizens who are recovering from substance addiction six to twelve months after being discharged • Develop a training module for the general utility of the Occupational Justice Health Questionnaire in occupational therapy practice and justice work
2. Engage collaboratively with partners	• Run a series of focus group discussion among SAR professionals and stakeholders to identify common ground where collaboration is possible in actuating prevention programs, treatment practices, community development programs, research, and policy making • These focus groups can be documented for a potential mixed-method research that will yield ideas to (re)create a model of collaborative practice in SAR
3. Mediate agreement on a plan	• Draft a position statement either from the local occupational therapy association or ministry of health on promoting occupational justice in practice, interprofessional collaboration, and utilizing human rights-based and evidence-informed practices • Establish a standardized program and evaluation plan for SAR practice specific to residential hospitals, after-care programs, and community-based centers
4. Strategize resource finding	• Promote the establishment of a blended-learning graduate program for the continuing professional education of SAR professionals • Network with government, non-government, and private offices, spiritual organizations, philanthropic personalities, businesses, policy-makers, politicians, and change agents for human, financial, and other resources to promote occupational justice • Seek grants to sustain research projects in the area of SAR to address identified gaps from the previous enablement skills
5. Support implementation and continuous evaluation of the plan	• Revisit program implementation and measure its effectiveness based on identified outcomes (i.e., improvement of health and well-being, reduced injustice experiences, increased in job employment, decreased relapse rates, etc.) • Run consistent and regular training programs for SAR professionals, community workers, and clients • Organize a conference that will integrate ideas, strategies, and solutions attended by different stakeholders in the drug addiction field
6. Inspire advocacy for sustainability of closure	• Maximize the use of media and social media to promote occupational justice for citizens recovering from drug addiction • Create a film that will highlight the occupational justice experiences and issues from the perspective of the recovering citizens themselves

Identified as promoters of occupations, collaborators, and facilitators of environmental supports, contemporary occupational therapists working in SAR practice are envisioned to see beyond merely reducing impairments and initiate the promotion of justice, health, and well-being through the direct and indirect use of occupations, collaborative partnerships, and consideration of contexts and environments including the political landscape.

The use of the OJHQ (Filipino Version), which is the main instrument featured in this dissertation, enabled the identification of injustices where social determinants of health were examined from an occupational perspective. Aside from pilot testing and actuating the use of the OJHQ Filipino Version among Filipino citizens who are recovering from drug addiction, periods of participation were recognized that necessitated a more person-centered, collaborative, participatory, and occupation-focused practice in SAR setting. Finally, the OJHQ is seen as a pragmatic tool for both occupational therapists and justice workers in the fields of health and social care in order to enhance a practitioner's clinical and professional reasoning competencies and to enrich a client's clinical data.

To be concrete about my contributions to the existing body of knowledge in occupational therapy and science, I would like to highlight that a portion of Chapter 2 has been presented in the Twenty-Second Occupational Science Seminar organized by the Japanese Society for the Study of Occupations in Tokyo, Japan last December 2018. Moreover, Chapters Two, Three, Four, and Five have already been published in the *Journal of Occupational Science* (2019)*, Occupational Therapy in Mental Health Journal* (2018)*,* the *World Federation of Occupational Therapists Bulletin* (2019), and *Scandinavian Journal of Occupational Therapy* (2019), respectively. Finally, last March 2019, the preliminary results of Chapter 5 were reported to the administration of the two hospitals (under the Department of Health, Philippines) that served as the collection sites for the study as part of the research

protocol and mutual agreement. Chapter Six is currently under review for journal publication.

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