

A Personal Blueprint for Occupational Performance in the Presence of Chronic Illness

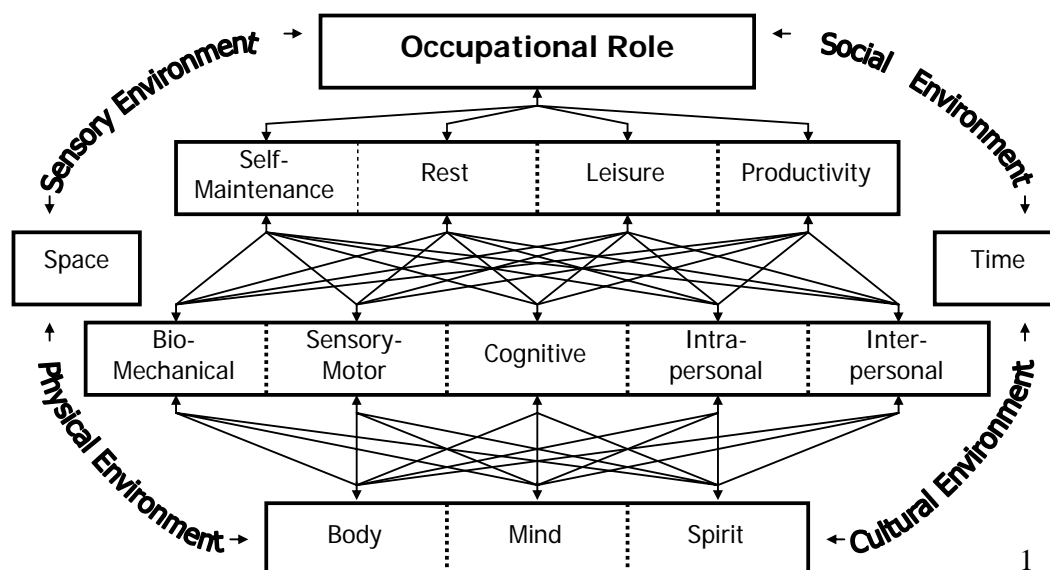
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Introduction

Those with chronic illnesses such as Parkinson's disease, and their partners, must draw upon their own resources in order to cope with the everyday impact the disease has upon personally meaningful occupational role performance (ORP). The literature indicates that occupational therapists consider external resources in suggesting interventions, but pay less attention to the personal resources of each client. In consequence little is known about how people deal with the everyday impact of chronic illness.

The Study

In a study¹ using qualitative methodology (naturalistic enquiry), 44 in depth interviews were conducted with 14 people with Parkinson's disease (Pd) and 11 of their nominated role partners. Participants were asked to talk about their everyday ORP in relation to the *knowing, doing* and *being* constructs of the OPM(A)³. A wealth of data revealed a complex picture in which the impact of the disease was perceived most importantly as it related to the person's sense of self and sense of social fit, in the context of ORP in highly valued roles.



The Personal Blueprint

It is suggested that participants employed a *personal blueprint* to assist them in solving problems related to their own valued ORP.

What is the Personal Blueprint?

The personal blueprint can be seen as a collection of formulae for *doing*, to be applied in appropriate circumstances. These formulae are not fixed and can change and develop as new information is acquired and attitudes changed – as in “*I used to do ...*” “*Now I do ...*” They provide essential background information for occupational performance. It is suggested that a sense of positive personal control arose for participants from occupational performance that fitted or developed their personal blueprint. Negative perceptions of control arose from occupational performance that did not fit.

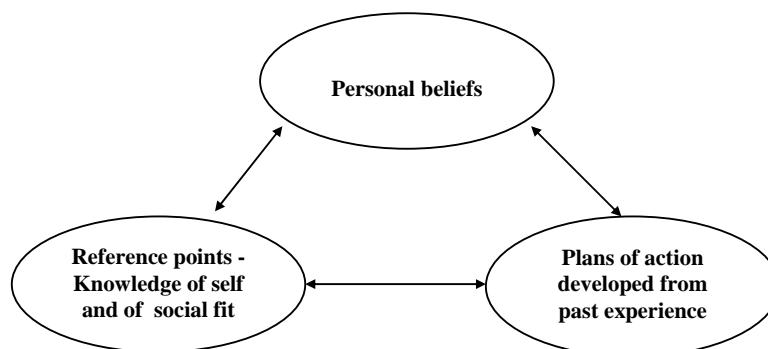
Definition of Personal Blueprint

A background reference or guide used by participants to assist them in the tasks of defining problems, developing strategies, engaging actively with the environment, interpreting feedback and making decisions.

Features of Personal Blueprint

- *Reference points* consisted of the person's knowledge or sense of self, and knowledge or sense of social fit.
- *Personal beliefs* guided expectation.
- *Plans of action* were past strategies that restored a sense of personal control.

Diagram of Personal Blueprint



Link to Role Theory

In relation to symbolic interaction, the concept of a personal blueprint extends Mead's suggestion that unpredictable conditions produce reflexive thought in which past experiences and general knowledge are drawn upon in order to decide how to proceed⁴.

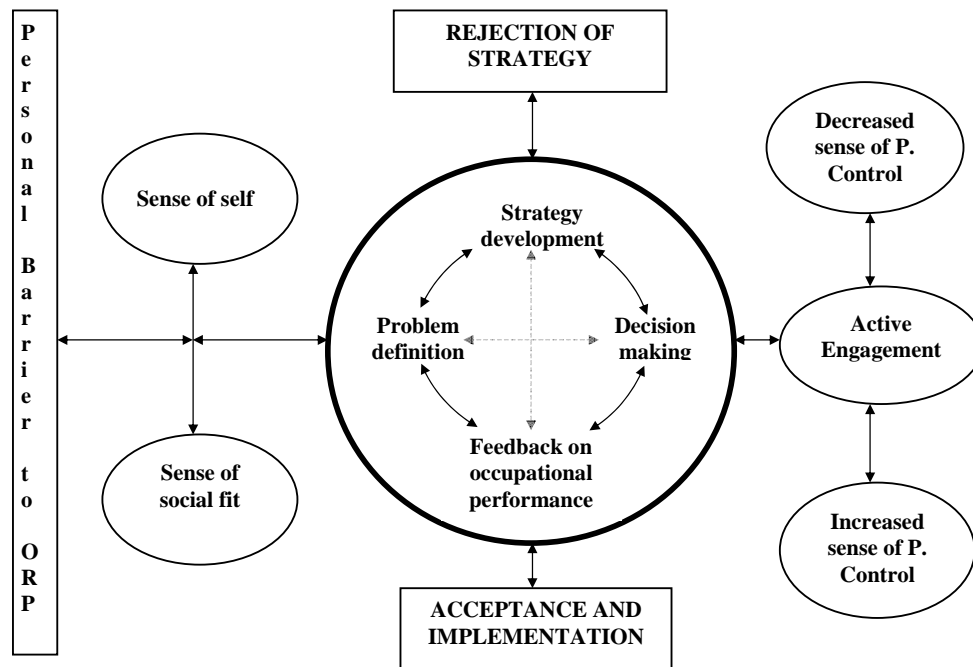
How is the Personal Blueprint Used in the Process of Working to Restore a Sense of Personal Control?

A possible model of a cycle of perceived control was suggested by the findings. A Cycle of Control of ORP was informed by three major constructs.

- 1) The personal barrier (to valued ORP)
- 2) Contextual knowledge (of the specific physical, sensory, social and cultural environment in which the problematic ORP occurs)
- 3) The ***personal blueprint***

In this model, when a barrier to ORP was perceived, participants (both those with Pd and their partners) used their ***personal blueprint*** to guide them through a process of planning for action, represented by the model.

Model representing a possible cycle of control practiced by participants to maintain or regain perceived control of specific ORP.



Significance of the Personal Blueprint

In this model, the personal blueprint is used at all stages of the cycle to ensure outcomes that fit with sense of self, sense of social fit and personal beliefs. The intensely personal nature of problem solving identified by this study has important implications for occupational therapy practice. The proposition that people use a personal blueprint in their everyday transactions, while not conceptually new, is an important reminder that clients have a personal set of tools for dealing with their problems. Understanding these tools may prove, with further research, to be a fruitful guide to planning focused, and therefore effective, intervention.

References

1. Hillman, A. M. (2006). *Perceived control in the everyday occupational roles of people with Parkinson's disease and their partners*. Unpublished Research, The University of Sydney, Sydney.

2. Chapparo, C., & Ranka, J. (1997). The Occupational Performance Model (Australia): A description of constructs and structure. In C. Chapparo & J. Ranka (Eds.), *OPM: Occupational Performance Model (Australia)* (Monograph 1, pp. 1-23). Sydney: Occupational Performance Network.
3. Joas, H. (1985). *G.H. Mead*. Cambridge: Polity Press.