Health care is undergoing tremendous changes that have been fueled by the shifting needs of society. Such changes include the growing numbers of persons with disabilities, the need for cost containment, and changes in health care provision systems. One recurring theme among these changes is the need for the health care system not only to focus on, but also to develop valid, reliable, and sensitive assessments of, people’s functional status.

This focus is particularly important to occupational therapy because of our primary emphasis for intervention on people’s ability to function in daily occupations. Occupational therapists are already recognized for their demonstrated expertise in evaluation based on direct observation of functional performance (Guralnik, Branch, Cummings, & Curb, 1989). Also recognized is our ability to construct comprehensive task analyses that result in effective adaptive or compensatory interventions that can be implemented to achieve functional goals (Faletti, 1984). Despite these recognized abilities, the field of occupational therapy has not greatly affected health care through the development of functional assessments or through efficacy research to measure functional change.

Yet occupational therapists possess considerable expertise in functional assessment, and we can use that expertise to respond to the current shift in focus in the health care system. To do so, we must continue to delineate the special perspective we bring to functional assessment, as well as identify critical directions for the continued development and improvement of our functional assessments. We also need to increase our knowledge and skill in measurement research. By so doing, we will be better able to secure occupational performance as a recognized domain of expertise.

To this end, the American Occupational Therapy Foundation, the American Occupational Therapy Association, and the Occupational Therapy Center for Research and Measurement at the University of Illinois at Chicago cosponsored the Symposium on Measurement and Assessment: Directions for Research in Occupational Therapy in Chicago, October 16-18, 1991 (see Appendix A). The symposium included presentations of papers as well as working groups that met to formulate recommendations and to draft a philosophical statement related to measurement and assessment.

The first series of papers focused on background issues related to the lack of adequate functional assessments in the field of occupational therapy. Included were papers related to the effect of sociopolitical trends on functional assessment needs, as well as papers delineating the current state of the art of functional assessment in representative domains of occupational therapy practice: physical and psychosocial components, play and leisure, activities of daily living, and work or productivity. Additionally, occupational therapy theorists addressed the conceptual issues related to assessment practices within the field. Selected papers from this part of the symposium are published in this first special issue on functional assessment.

The second series of papers focused on alternative methods to traditional psychometric approaches used to assess and measure clients receiving occupational therapy services. Individual papers focused on application of ethnographic methods, computer-assisted assessment, goal attainment scaling, Rasch measurement, sequential analysis, and client-centered assessment. Many of these papers will be published in the
next special issue on functional assessment methods for occupational therapists.

The working groups that convened during and after the symposium identified themes, made recommendations (see Appendices B and C), and generated the following draft of a philosophical statement related to measurement and assessment in occupational therapy.

**Philosophical Statement on Assessment and Measurement in Occupational Therapy (Draft)**

Occupational therapists must recognize the need to have congruence between the information-gathering process and their philosophical belief in human occupation. The focus in occupational therapy is on the individual's ability to do what is necessary or desired. Therefore, the assessment process needs to be organized into a structure that reflects the concept of occupational functioning. Further, the intake process should be uniform among all occupational therapists. The intake process does not refer to a particular test instrument but rather to a conceptually based approach to data gathering that focuses on (a) the individual's ability to perform occupational roles, tasks, and activities in a context; and (b) the dynamic interaction between occupational performance and performance components, and between occupational performance and performance contexts. From these interactions are derived the meaningfulness of the performance to the individual. Moreover, evaluation of the dynamic interactions enables the occupational therapist to assess directly the impact of performance component deficits or occupational contexts on occupational performance; relationships no longer must be inferred.

The assessment process begins with gathering information related to what the individual needs or wants to do (including his or her goals), and the context within which the individual must perform the occupations of his or her choice. Until the specific occupational roles, tasks, and activities the individual needs or wants to do, and the context within which he or she will do them, are determined, it is inappropriate to proceed to the assessment of the dynamic interactions among occupational performance, performance components, and performance contexts. Assessment of the dynamic interactions among occupational performance, performance components, and contexts must occur through the direct observation of the client performing occupational roles, tasks, and activities that are perceived as meaningful by the client. The data gathered during the process of observing a client's occupational performance lead to the identification of limitations that impact functional performance, and may suggest the need for specific evaluations of performance components and performance contexts.

Intervention is conceptualized as a process that must parallel the assessment process. Moreover, it is most desirable for both assessment and intervention to be dynamic processes that enable individuals to engage in necessary or desired activities within natural contexts. This can be accomplished by engaging the individual directly in selected roles, tasks, and activities that are perceived by the client to be meaningful, and by creating optimal social and physical contexts to support performance. Although occupational therapists have the knowledge and skills to address specific performance component deficits, it is incumbent upon the therapist to evaluate the effects of these interventions on the individual's ability to perform necessary or desired occupational roles, tasks, and activities within natural contexts. Finally, changing the performance contexts of the individual may be, in some instances, a more expedient, efficient, or effective approach to intervention than is attempting to alleviate performance component deficits.

Occupational therapists recognize multiple methods for gathering information; these include interviews, skilled observations, and standardized tests. Although information can be gathered from a variety of sources (the individuals being served, caregivers, peers, physical and social environment, client records), the focus of the assessment must be on the dynamic interactions among performance areas, performance components, and performance contexts. Furthermore, the assessment methods selected must match the nature of the information needed. For example, the ability to gather information about the "meaning" of the interaction between occupational performance and a restriction imposed by the physical environment would indicate a need to conduct an interview of the individual and others in the social environment. In contrast, gathering information related to the person's "level of ability" relative to the "level of difficulty" of specific tasks or activities requires the use of objective measurement methods in which level of ability and level of difficulty are calibrated on the same linear scale.

Finally, it is imperative that the assessment be thorough enough to enable the occupational therapist to answer questions related to (a) how limitations in performance interfere with the person's ability to perform necessary or desired occupational roles, tasks, and activities; (b) how to plan and implement effective and efficient interventions; (c) the effectiveness of the interventions; and (d) when to terminate interventions. Multiple measurement and assessment methodologies are required to meet these standards.

In summary, the occupational therapy assessment process should stress a top-down approach to information gathering that focuses on the person's ability to assume occupational roles and perform those occupational tasks and activities that the person needs or wants to perform. Since occupational performance involves "doing" within contexts, the performance contexts also must be considered. Finally, performing occupational roles, tasks, and activities involves a process that reflects the dynamic interactions among occupational performance, performance components, and performance contexts.

**Conclusion**

With the emergence of new and diverse methods for measurement, the application of such methods in occupational therapy assessment, and the shifting focus of the health care system on functional status, the future role for occupational therapy in assessment and measurement is promising. Continued symposia, such as the one that generated the papers in this special issue, plus attention to reported proposals for change may enable occupational therapy to become widely recognized for expertise in measurement and assessment in its primary domain—occupational performance.
Acknowledgments

The draft philosophical statement formulated by the working group that met after the symposium represents the culmination of the symposium; it must be viewed, however, as preliminary. Although it reflects the collective effort of all of the participants of the symposium, we owe a special debt of gratitude to Catherine Trombly, Winnie Dunn, Anita Bundy, Diane Parham, Jean Dietz, and Anne Henderson for their conceptual and editorial assistance. We extend appreciation to Kim Bryce, who served as the symposium coordinator, and to Mary Lawlor, who coordinated the working groups that met during and after the symposium.

The publication of the manuscripts in this special issue on functional assessment represents a major effort toward the realization of the goals of the symposium. All papers were accepted through the usual peer review process. We wish to acknowledge the anonymous reviewers for their feedback and recommendations. Several of these reviewers read the entire symposium proceedings. Finally, we extend special appreciation to Barbara Nett, who served as our able Editorial Assistant.

Appendix A

Purposes of the Symposium on Measurement and Assessment: Directions for Future Research in Occupational Therapy

Delineate critical problems and issues in the development of functional assessments, from the perspective of both occupational therapists and the health care system at large

Identify promising directions and strategies for developing occupational therapy functional assessments

Create recommendations for measurement and assessment research that include specification of

- constructs evaluated by occupational therapists
- areas or domains of function for which evaluation tools need to be constructed by occupational therapists
- measurement models and assessment methods that hold promise for developing functional assessment

Formulate recommendations regarding the development and use of quality measurement and assessment tools and practices in clinical, educational, and research arenas

Appendix B

Themes Emerging from Symposium Working Groups

Meaningfulness of activity and "doing"

Importance of context to the evaluation process

Frameworks that focus the occupational therapy assessment on what is relevant to assess, and that stress

- Client-centered assessment
- Top-down assessment

Limitations of traditional psychometric methods

Use of diverse, alternative methodologies of information gathering appropriate to the information desired

Evaluation of dynamic interactions between persons and their environments through direct observation of performance

Appendix C

Symposium Recommendations

Develop valid and reliable measures of occupational performance

Develop evaluation tools that operationalize occupational performance using methods that incorporate the context of occupational performance. Context is multifaceted and includes

- the client’s performance of necessary and valued roles, tasks, and activities (meaningful doing);
- the specified theoretical framework used to guide the evaluation process; and
- the client’s social and physical environment

Develop evaluation tools that emphasize direct observations of occupational performance (the client’s doing meaningful activity in time)

Develop and use an occupational therapy-specific conceptual framework to guide the assessment process

Implement research to empirically examine and illuminate the relationship between performance components and occupational performance

Use assessment and measurement methods in research and practice that match the nature of the questions asked (e.g., quantitative vs. qualitative)

Develop and provide training programs and otherwise disseminate information related to instrument development and the appropriate use of assessment and measurement methods in practice and research

References
