Three Frames of Reference in Work-Related Occupational Therapy Programs

(occupational behavior, theory, vocational evaluation)

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This paper discusses the relationship of a theoretical frame of reference to the implementation of a work-oriented program. Three frames of reference in occupational therapy are reviewed, and work-related theories and approaches available to therapists are categorized under each. Examples of the application of various frames of reference are given through an analysis of work programs described in the occupational therapy literature. We recommend that therapists select and apply frames of reference systematically when developing work programs to facilitate the development of a body of knowledge in this area.

Writers in the helping professions who are concerned with work-related behavior emphasize the importance of basing practice on a clear conceptual framework (1-3). However, the diversity of theoretical views about work and human beings causes difficulty in developing work programs that are conceptually sound. In the fields of vocational counseling, vocational evaluation, and occupational therapy, attempts have been made to deal with this diversity by placing theoretical viewpoints into categories and explaining their implications for practice. For example, Osipow (1) describes four basic approaches to career counseling (trait factor, sociological, self-concept/developmental, and personality) then warns vocational counselors against applying fragments of various theories or working without systematic theory. In his text for vocational evaluators, Pruitt (2) lists several general theoretical orientations that influence interpretation of work evaluation data, including learning theory, vocational development, and psycho-analytic theory.

In occupational therapy, various systems for organizing theory to guide practice have been developed. Examples of such schemata include Clark's (4) model of human development through occupation, Mosey's (5, 6) three frames of reference, and Keilhofner's (7) "paradigm of the future," which is based on general systems theory. These perspectives, however, are intended to organize occupational therapy knowledge in general. No recent attempt has been made to identify the specific implications of various theoretical orientations for specialized areas of occupational therapy practice, such as vocational rehabilitation.

This paper reviews selected theoretical perspectives and shows how they relate to planning, assessment, and treatment in occupational therapy work programs. Mosey's (5, 6) three frames of reference are used as a basis for discussion, because they are familiar to many therapists and have clearer implications for practice than do other systems. The concepts and terminology used in Mosey's classification correlate well with those used by other team members who provide work-related services to patients.

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Review of Frames of Reference

A theoretical frame of reference is defined as "a set of interrelated internally consistent concepts, definitions, postulates and principles that provide a systematic description of and prescription for a practitioner’s interaction within his domain of concern" (5, p 5). Mosey (5, 6) identifies three types of frame of reference related to the practice of occupational therapy: the acquisitional, the analytic, and the developmental. Each frame of reference describes the nature of humans and the environment, defines function and dysfunction, and describes the tools and techniques of evaluation and the principles by which change, in a unique way, can be facilitated.

Acquisitional

Acquisitional frames of reference focus on relatively concrete behaviors or skills that patients need to function in the community (6). These skills are viewed as independent of each other, stages in their development are not identified, and little attention is given to underlying reasons for lack of skill. The purpose of evaluation is to identify the skills present or absent in the patient’s current repertoire. Treatment is designed to increase those behaviors that are most immediately useful in the patient’s environment and/or change the environment so that performance is improved.

Mosey (6) classifies the biomechanical and rehabilitative approaches to physical dysfunction, and her own activities therapy approach in mental health, as acquisitional. The oldest theoretical approach in vocational evaluation (trait-factor approach) is also acquisitional, because it focuses on concrete, discrete skills and current performance. Trait-factor-based evaluation is a process of identifying an individual’s abilities and interests in relation to the requirements of various jobs. Osipow (1) states that most vocational interest inventories and aptitude tests came from the trait-factor point of view.

Many occupational therapy programs with a trait-factor orientation were described in the literature of the 1960s (8-11). These programs typically involved the use of work samples or skill checklists to evaluate patient performance in specific areas of function that were considered important for successful employment (e.g., punctuality, work speed, cooperativeness, attention to task). In some programs, evaluation data were used to make recommendations about appropriate vocational placements for patients. In other programs, patients were placed in trial jobs or simulated work situations to practice and improve work skills.

Descriptions of another type of occupational therapy work program based on an acquisitional frame of reference began to appear in the literature of the 1970s (12, 13). These programs apply learning theory to the evaluation and treatment of work behavior. Behaviors believed to prevent patients from obtaining or holding jobs are identified and measured. Change is facilitated using the principles of operant conditioning (e.g., reinforcement, the token economy). The emphasis on “here and now” behavior and the absence of reference to developmental stages or interrelationships of skills in these programs are characteristic of the acquisitional frame of reference.

Analytic

An analytic frame of reference addresses the patient’s cognitive, emotional, and social functions (5, 6). Dysfunction is defined as irrational behavior resulting from unconscious conflicts between the individual’s inherent drives, needs, primitive impulses, and his or her value system or environment. Evaluation is a process of identifying unconscious conflicts by exploring the individual’s history, behavior, and symbolic communication. Treatment is designed to bring unconscious content to consciousness so that the patient becomes aware of the meaning of his or her behavior and eventually is able to control it.

No work programs based entirely on an analytic frame of reference have been reported in the occupational therapy literature. It is conceivable that such a program could be developed. A projective evaluation instrument such as the Azuma Battery could be used to gather information about a patient’s contact with reality, relatedness to others, ego control, defensiveness, etc. (14). The patient could be assisted in “working through” the conflicts identified as relevant to work performance when he or she participated in expressive activities in occupational therapy (5). Guidance in the area of occupational choice could be provided through psychoanalytic exploration of the qualities of various jobs. For example, Bordin, Nachmann, and Segal (15) have identified the need-gratifying dimensions of social work, accounting, and plumbing.

A task-oriented group occupational therapy program for schizophrenic patients, which involves elements of psychoanalytic theory along with concepts from social sci-
ence and learning theory, is described by Fidler (16). In this program, work-related tasks, such as publishing a newspaper and decorating the hospital ward, provide structure within which patients explore thoughts, feelings, behaviors and their impact on relationships and productivity.

Developmental

Developmental frames of reference assume that "the individual progresses through various stages of development in various areas of human function. In each stage the individuals' behavior or skills are qualitatively different than they are relative to a past or future stage in that particular area. . . . An appropriate analogy for developmental frames of reference is to think of each area of function as a stairway with each step representing a specific stage of maturation" (6, p 14). A developmental evaluation identifies the patient's current status in the developmental sequence. The therapist initiates treatment in the area of function in which assessment has indicated the patient's behavior is most primitive. Therapy facilitates stage-by-stage mastery of interrelated skills and avoids the learning of splinter skills. The goal of treatment is to assist the patient in moving through all stages of the developmental sequence until the level appropriate for his or her chronological age is reached or until no further development is possible.

Included in the occupational therapy approaches that Mosey (6) classifies as developmental are the neurodevelopmental approaches in physical dysfunction and occupational behavior. The occupational behavior orientation was originated by Reilly (17) and others (18) in the late 1960s and early 1970s. Important concepts related to this view include a) that play experiences are a prerequisite to mature work behavior, b) that occupational choice is a developmental process, c) that individuals occupy a succession of roles in their lives (including the role of worker), and d) that skills are interdependent and achieved in progression from simple to complex. Several assessment tools having application to work-related programs were developed by proponents of the occupational behavior orientation (19-21). These instruments use an interview format to obtain information about the patient's level of occupational development. Evaluation and/or treatment methods based primarily on occupational behavior have been used with a mildly retarded young adult (22), male juvenile delinquents (23), and emotionally disturbed adolescents (20, 21).

Considerations in Selecting a Frame of Reference

In many cases, the work-related problems of occupational therapy patients may reasonably be approached from any one (or a combination) of the three frames of reference described above and the resulting programs may be very different. Such an example is provided by Paulson (23). She describes attempts made at the California Youth Home to encourage independence and productivity in juvenile delinquents by referring them to a vocational training center. However, "less than 12 percent of the 80 young men who had enrolled in the vocational training program had received a certificate of proficiency, which required only 21 days of class attendance. . . . Only two of those who had received certificates actually procured employment" (p 569).

The occupational therapy program designed for these youths was based primarily on a developmental (occupational behavior) frame of reference. It was determined that the young men had failed in vocational training because they had not had the opportunity to master basic life tasks, which were prerequisite to mature occupational choice. Treatment focused on creating a safe environment for exploration and providing learning experiences in basic skill areas, such as self-care and interpersonal relations.

An acquisitional frame of reference could have been used instead. Then, emphasis in this program might have been on the most immediate problem behaviors: attendance and persistence. A behavior modification approach might have been implemented to change them. Alternately, it might have been decided that the lack of success in vocational training could best be addressed by matching the individual abilities and interests of the youths carefully with the available vocational options. A program relying on vocational testing and occupational information might have been provided.

If an analytic frame of reference had structured the program, therapists would have been likely to use projective evaluation tools and art activities or group activities to help the youths uncover and resolve unconscious conflicts leading to failure to complete vocational training.

Some writers feel that having such variety in the frames of reference available to practitioners is stimulating (5). Others view it as a problem and recommend consolidation of theoretical frameworks (4, 7). A work-related occupational therapy program could be devel-

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oped without selecting a frame of reference at all. For example, the therapist could simply use the assessment tools previously purchased without selecting a frame of systematic thinking. It requires the therapist to examine issues such as sociocultural assumptions, individual and agency philosophies and values, and external realities (24). It leads to identifying the goals of the program and to relating theories and methods to goals in a logical way. A work-oriented program founded on a frame of reference that is systematically applied could be more efficient and more clearly explained to others than could a program without such a conceptual base.

Most importantly, scientific methods of program evaluation can be applied more easily to a conceptually sound program to gather information about its effectiveness. There is a critical need in all areas of occupational therapy for studies that test, compare, and contrast the effectiveness of work-related programs (4). This need is especially evident to the reviewer of literature on work-oriented programs. Few reports have attempted to define and measure the success of occupational therapy work programs. In one of these reports, a token economy was found to significantly increase an individual's working time (12). Paulson (23) presents evidence that the work-oriented occupational therapy program for juvenile delinquents was effective (80% of the participants were "positively placed" at the end of a year of therapy). Another study concludes that participants in a day center program emphasizing work were more goal-oriented and self-directed than those in a traditional education/activity program (25). However, it is unclear whether motivated patients chose to join the work-oriented group or whether the program increased their motivation. Two reports indicate that evaluation in occupational therapy can predict success in vocational training or vocational rehabilitation, but they do not address the question of whether therapy can affect success (11, 26).

Thorough discussions about criteria, validity, and reliability of instruments for measuring the effectiveness of work-related programs are not available in the literature. There are also no long-term studies or papers comparing the outcomes of intervention based on different theoretical approaches. Only with additional information from these kinds of research can therapists be sure that they are helping patients in the important area of productivity.

REFERENCES