



American
Occupational Therapy
Association

The Occupational Therapy Practice Framework: Domain and Process, 4th Edition

Presented by the Commission on Practice



Commission on Practice



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Learning Objectives

By the end of this session, participants will be able to:

- Describe the major changes to the OTPF-4 and discuss the implications for practice, education, research, and advocacy.
- Apply the OTPF-4 to practice with a focus on supporting and advancing the profession.

Session Overview

- Introduction to AOTA's Commission on Practice
- Overview of Framework revision process
- Discussion of the main areas of the Framework with a focus on the major changes
- Q&A



Role of Commission on Practice

- COP in existence since 1977, body of the Representative Assembly
- Identifies the need for and develops, interprets, and periodically reviews and revises official documents related to OT practice
- Analyzes trends in systems and programs that affect the delivery of OT services
- Solicits input from other volunteer sector groups regarding current issues and concerns in OT practice
- Serves as a resource on issues related to OT practice

Official Documents Approval and Review Process

Undergo a standard 5 year review by COP

- Initial document review to determine:
 - maintain document as is or minor editorial changes
 - revise document
 - rescind document
- COP members or outside authors draft the revision
 - Reviewed via online survey by content experts, AOTA members/volunteer bodies, AOTA staff
- Approved by the Representative Assembly (RA) or Representative Assembly Coordinating Council (RACC)
- Published in AJOT online supplement and Reference Manual of the Official Documents; posted on AOTA website





- Children & Youth**
- Health & Wellness**
- Mental Health**
- Productive Aging**
- Rehabilitation & Disability**
- Work & Industry**
- Ethics**
- Manage Your Practice**
- Practitioner Well-Being
- Documentation & Reimbursement
- Official Documents**
- Payment for Value Based OT
- Scope of Practice
- Interprofessional Practice
- Telehealth Resources
- Special Interest Sections
- International Interests
- Multicultural Interests
- How to Get a State License
- Promote the Profession
- Apps for Occupational Therapy
- Primary Care
- Social Media Tips & Resources
- Evidence-Based Practice & Research**
- Occupational Therapy Assistants**

Official Documents

Official documents are approved by the Representative Assembly (or the RACC) of the Association for the use of the Association and its membership to help guide members' practice. The documents are a valuable resource for occupational therapy practitioners and provide a solid grounding in the profession for students. **All are links to AJOT's library with a few exceptions.**

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M = Members-Only

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Accreditation

- [ACOTE Standards](#) **FREE**
- [2018 Accreditation Council for Occupational Therapy Education \(ACOTE®\) Standards and Interpretive Guide \(effective July 31, 2020\) - pdf](#) **FREE**

Concept Papers

- [A Descriptive Review of Occupational Therapy Education \(2016\)](#) **M**
- [Scholarship in Occupational Therapy \(2016\)](#) **M**

Ethics

- [Enforcement Procedures for the OT Code of Ethics \(2019\)](#) **FREE**
- [Occupational Therapy Code of Ethics \(2015\)](#) **FREE**

Guidelines

- [Guidelines for Documentation of Occupational Therapy \(2018\)](#) **M**
- [Guidelines for Occupational Therapy Services in Early Intervention and Schools \(2017\)](#) **M**
- [Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services \(2020\)](#) **M**
- [Guidelines for Reentry Into the Field of Occupational Therapy](#) **FREE**
- [Occupational Therapy Practice Framework: Domain and Process, 4th Edition \(2020\)](#) **M**
- [The Practice of Occupational Therapy in Feeding, Eating, and Swallowing \(2017\)](#) **M**

Specialized Knowledge and Skills



OTPF Historical Perspective

- First edition Occupational Therapy Practice Framework, 2002.
- Second edition published in 2008 — several changes including:
 - Rest and sleep moved from ADL to Area of Occupation
 - Spirituality was moved from context to client factor
 - Addition of a visual representation of the domain
 - Change in the overarching statement
- Third edition published 2014 — additional changes including:
 - Change in the overarching statement
 - Clients = persons, groups and populations
 - Activity demands moved from Domain to overview of the Process to augment discussion about practitioner’s skills in activity analysis
 - Performance Skills – redefined



Overview of 4th Edition Review Process

- July and August 2018- Online member survey to solicit initial input posted on the AOTA website
- September 2018- Conference calls were held with volunteer groups (SISC, RACC, ASD) and AOTA staff.
- September 2018 - AOTA Member Listening Sessions, including international members, were held.
- October 2018- An opportunity to provide feedback was provided at the Academic Leadership Council meeting.
- October 2018- COP synthesized comments and feedback in preparation for the face to-face meeting at AOTA headquarters October 26-28, 2018. Initiated revision of 4th edition.
- April 2019- COP presented a short course at the 2019 AOTA Annual Conference & Expo to provide an update on the status of the revision and solicit preliminary input on proposed changes. Course title: The Occupational Therapy Practice Framework: Domain and Process, Revision Update.
- May and June 2019- COP synthesized comments and feedback from short course and continued to work on drafting the revision.



- June 21-23, 2019- COP onsite meeting at AOTA headquarters focused on the revision.
- July- mid August 2019- COP finalized the draft of the OTPF-4
- Late August and September 2019- The COP finalized the draft of OTPF-4 based on copyediting feedback.
- September-October 2019- External review of the revised draft by AOTA membership.
- October 2019- January 2020- Draft revised by the COP based on feedback from external review and AOTA copyediting.
- November 2019- January 2020- AOTA creative services developed an infographic to provide a visual depiction of the domain and process of occupational therapy.
- February 2020- Final draft of the OTPF-4 delivered to the RA. A summary of the major revisions is provided on page 3 of the draft. Member survey via RA for further input on OTPF-4.
- May 2020- OTPF-4 approved by the RA with edits from RA/member input
- June 2020- pre-publication manuscript posted to AOTA website



Occupational Therapy Practice Framework- 4th Edition



Summary of major changes

- Included in the preface of the OTPF-4 as a bulleted list



Cornerstones of Occupational Therapy Practice

- **Core values and beliefs rooted in occupation**
- **Knowledge and expertise in the therapeutic use of occupation**
- **Professional behaviors and dispositions**
- **Therapeutic use of self**

Contributors: client-centered practice, clinical and professional reasoning, competencies for practice, cultural humility, ethics, evidence-informed practice, inter and intraprofessional collaborations, leadership, lifelong learning, micro and macro systems knowledge, occupation-based practice, professionalism, professional advocacy, self-advocacy, self-reflection, theory-based practice



Defining person – group - population

Person

- Individual, including family member, caregiver, teacher, employee, or relevant other.

Group

- A collection of individuals having shared characteristics and/or common or shared purpose (e.g., family members, workers, students, and those with similar occupational interests or occupational challenges).

Population

- Aggregates of people with common attribute(s) such as contexts, characteristics or concerns including health risks

Defining person – group - population

Portion of Table 1

Table 1. Examples of Clients: Persons, Groups, and Populations

Person	Group	Population
Health Management		
Middle-school student with diabetes interested in developing self-management skills to test blood sugar levels	Group of students with diabetes interested in problem solving the school setting's support for management of their condition	All students in the school provided with access to food choices to meet varying dietary needs and desires
Feeding		
Family of an infant with a history of prematurity and difficulty accepting nutrition orally	Families with infants experiencing feeding challenges advocating for the local hospital's rehabilitation services to develop infant feeding classes	Families of infants advocating for research and development of alternative nipple and bottle designs to address feeding challenges
Community Mobility		
Person with stroke who wants to return to driving	Stroke support group talking with elected leaders about developing community mobility resources	Stroke survivors advocating for increased access to community mobility options for all persons living with mobility limitations

Figure 1. OT Domain and Process



Domain: Occupations

Overview of revisions:

- Added 9th general occupation category- Health Management (including specific occupations like medication management)
- Clarified activity vs occupation
- Included more examples and connections to technology
- Additional clarification of distinction between leisure and play
- Co-occupation emphasized more with emphasis on understanding/respecting cultural difference
- Provided table of examples of individual vs group occupations



Table 2. Occupations

Occupation	Description
	and completing payment transactions; managing internet shopping and related use of electronic devices such as computers, cell phones, and tablets
Health Management —Activities related to developing, managing, and maintaining health and wellness routines, including self-management, with the goal of improving or maintaining health to support participation in other occupations.	
Social and emotional health promotion and maintenance	Identifying personal strengths and assets, managing emotions, expressing needs effectively, seeking occupations and social engagement to support health and wellness, developing self-identity, making choices to improve quality of life in participation
Symptom and condition management	Managing physical and mental health needs, including using coping strategies for illness, trauma history, or societal stigma; managing pain; managing chronic disease; recognizing symptom changes and fluctuations; developing and using strategies for managing and regulating emotions; planning time and establishing behavioral patterns for restorative activities (e.g., meditation); using community and social supports; navigating and accessing the health care system
Communication with the health care system	Expressing and receiving verbal, written, and digital communication with health care and insurance providers, including understanding and advocating for self or others
Medication management	Communicating with the physician about prescriptions, filling prescriptions at the pharmacy, interpreting medication instructions, taking medications on a routine basis, refilling prescriptions in a timely manner (American Occupational Therapy Association, 2017c ; Schwartz & Smith, 2017)
Physical activity	Completing cardiovascular exercise, strength training, and balance training to improve or maintain health and decrease risk of health episodes, such as by incorporating walks into daily routine
Nutrition management	Implementing and adhering to nutrition and hydration recommendations from the medical team, preparing meals to support health goals, participating in health-promoting diet routines
Personal care device management	Procuring, using, cleaning, and maintaining personal care devices, including hearing aids, contact lenses, glasses, orthotics, prosthetics, adaptive equipment, pessaries, glucometers, and contraceptive and sexual devices



Table 3. Examples for Occupations

Table 3. Examples of Occupations for Persons, Groups, and Populations

Persons engage in occupations, and groups engage in shared occupations; populations as a whole do not engage in shared occupations, which happen at the person or group level. Occupational therapy practitioners provide interventions for persons, groups, and populations.

Occupation Category	Client Type	Example
Activities of daily living	Person	Older adult completing bathing with assistance from an adult child
	Group	Students eating lunch during a lunch break
Instrumental activities of daily living	Person	Parent using a phone app to pay a babysitter electronically
	Group	Club members using public transportation to arrive at a musical performance
Health management	Person	Patient scheduling an appointment with a specialist after referral by the primary care doctor
	Group	Parent association sharing preparation of healthy foods to serve at a school-sponsored festival
Rest and sleep	Person	Person turning off lights and adjusting the room temperature to 68° before sleep
	Group	Children engaging in nap time at a day care center
Education	Person	College student taking an African-American history class online
	Group	Students working on a collaborative science project on robotics
Work	Person	Electrician turning off power before working on a power line
	Group	Peers volunteering for a day of action at an animal shelter
Play	Person	Child playing superhero dress up
	Group	Class playing freeze tag during recess
Leisure	Person	Family member knitting a sweater for a new baby
	Group	Friends meeting for a craft circle
Social participation	Person	New mother going to lunch with friends
	Group	Older adults gathering at a community center to wrap holiday presents for charity distribution



Domain: Context

Changed to: **Context** (based on WHO ICF Taxonomy) which consists of:

Environmental Factors: make up the physical, social and attitudinal environment in which people live and conduct their lives, and includes:

- *Natural environment and human-made changes to environment; Products and technology; Support and relationships; Attitudes; Services, systems and policies*

Personal Factors are the particular background of an individual's life and living, and comprise features of the individual that are not part of a health condition or health states and includes:

- *Age (chronological); Sexual orientation; Gender identity; Race and ethnicity; Education; Cultural identification and cultural attitudes; Upbringing and life experiences; Profession, Lifestyle; Social background, social status and socioeconomic status; Habits, past and current behavioral patterns; Individual psychological assets, temperament and coping styles; Other health conditions and fitness*

“**Temporal**” moved to Client Factors: Specific Mental Functions – Experience of Self & Time



Table 4. Context: Environmental Factors

Table 4. Context: Environmental Factors

Context is the broad construct that encompasses environmental factors and personal factors. *Environmental factors* are aspects of the physical, social, and attitudinal surroundings in which people live and conduct their lives.

Environmental Factor	Components	Examples
Natural environment and human-made changes to the environment: Animate and inanimate elements of the natural or physical environment and components of that environment that have been modified by people, as well as characteristics of human populations within the environment	Physical geography	<ul style="list-style-type: none"> • Raised flower beds in a backyard • Local stream cleanup by Boy Scouts during a community service day project • Highway expansion cutting through an established neighborhood
	Population: Groups of people living in a given environment who share the same pattern of environmental adaptation	<ul style="list-style-type: none"> • Universal access playground where children with mobility impairment can play • Hearing loop installed in a synagogue for congregation members with hearing aids • Tree-shaded, solid-surface walking path enjoyed by older adults in a senior living community
	Flora (plants) and fauna (animals)	<ul style="list-style-type: none"> • Nonshedding service dog • Family-owned herd of cattle • Community garden
	Climate: Meteorological features and events, such as weather	<ul style="list-style-type: none"> • Sunny day requiring use of sunglasses • Rain shower prompting a crew of road workers to don rain gear • Unusually high temperatures turning a community ice skating pond to slush



Table 5. Context: Personal Factors

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Context is the broad construct that encompasses environmental factors and personal factors. *Personal factors* are the particular background of a person's life and living and consist of the unique features of the person that are not part of a health condition or health state.

Personal Factor	Person A	Person B
Age (chronological)	<ul style="list-style-type: none"> • 48 years old 	<ul style="list-style-type: none"> • 14 years old
Sexual orientation	<ul style="list-style-type: none"> • Attracted to men 	<ul style="list-style-type: none"> • Attracted to all genders
Gender identity	<ul style="list-style-type: none"> • Female 	<ul style="list-style-type: none"> • Male
Race and ethnicity	<ul style="list-style-type: none"> • Black French Caribbean 	<ul style="list-style-type: none"> • Southeast Asian Hmong
Cultural identification and cultural attitudes	<ul style="list-style-type: none"> • Urban Black • Feminist • Caribbean island identification 	<ul style="list-style-type: none"> • Traditional clan structure • Elders who are decision makers for community
Social background, social status, and socioeconomic status	<ul style="list-style-type: none"> • Urban, upscale neighborhood • Friends in the professional workforce • Income that allows for luxury 	<ul style="list-style-type: none"> • Family owns small home • Father with a stable job in light manufacturing • Mother who is a child care provider for neighborhood children
Upbringing and life experiences	<ul style="list-style-type: none"> • No siblings • Raised in household with grandmother as caregiver • Moved from California to Boston while an adolescent 	<ul style="list-style-type: none"> • Traditional • Born in a refugee camp before parents emigrated • Youngest of five siblings • Lives in a small city in the Upper Midwest



Domain: Performance Patterns

- Performance patterns are the acquired habits, routines, roles, and rituals used in the process of engaging consistently in occupations that can support or hinder occupational performance.
- Assist to establish lifestyle, occupational balance, and shaped by context.
- Habits are automatic behaviors.

Domain: Performance Patterns

- Occupational balance is shaped by context.
- Time provides an organizational structure and rhythm for performance patterns.
 - Time is influenced by internal and external factors
 - Time management impacts time use

Table 6. Performance Patterns

Table 6. Performance Patterns

Performance patterns are the habits, routines, roles, and rituals that may be associated with different lifestyles and used in the process of engaging in occupations or activities. These patterns are influenced by context and time use and can support or hinder occupational performance.

Category	Description	Examples
Person		
Habits	“Specific, automatic behaviors performed repeatedly, relatively automatically, and with little variation” (Matuska & Barrett, 2019, p. 214). Habits can be healthy or unhealthy, efficient or inefficient, and supportive or harmful (Dunn, 2000).	<ul style="list-style-type: none"> • Automatically puts car keys in the same place • Spontaneously looks both ways before crossing the street • Always turns off the stove burner before removing a cooking pot • Activates the alarm system before leaving the home • Always checks smartphone for emails or text messages on waking • Snacks when watching television
Routines	Patterns of behavior that are observable, regular, and repetitive and that provide structure for daily life. They can be satisfying, promoting, or damaging. Routines require delimited time commitment and are embedded in cultural and ecological contexts (Fiese, 2007; Segal, 2004).	<ul style="list-style-type: none"> • Follows a morning sequence to complete toileting, bathing, hygiene, and dressing • Follows the sequence of steps involved in meal preparation • Manages morning routine to drop children off at school and arrive at work on time
Roles	Aspects of identity shaped by culture and context that may be further conceptualized and defined by the client and the activities and occupations one engages in.	<ul style="list-style-type: none"> • Sibling in a family with three children • Retired military personnel • Volunteer at a local park district • Mother of an adolescent with developmental disabilities • Student with a learning disability studying computer technology • Corporate executive returning to part-time work after a stroke

Table 6. Performance Patterns

Group and Population		
Routines	Patterns of behavior that are observable, regular, and repetitive and that provide structure for daily life. They can be satisfying, promoting, or damaging. Time provides an organizational structure or rhythm for routines (Larson & Zemke, 2003). Routines are embedded in cultural and ecological contexts (Segal, 2004).	<p><i>Group:</i></p> <ul style="list-style-type: none"> Workers attending weekly staff meetings Students turning in homework assignments as they enter the classroom Exercise class attendees setting up their mats and towels before class <p><i>Population:</i></p> <ul style="list-style-type: none"> Parents of young children following health practices such as yearly checkups and scheduled immunizations Corporations following business practices such as providing services for disadvantaged
		<p>populations (e.g., loans to underrepresented groups)</p> <ul style="list-style-type: none"> School districts following legislative procedures such as those associated with the Individuals With Disabilities Education Improvement Act of 2004 (Pub. L. 108-446) or Medicare
Roles	Sets of behaviors by the group or population expected by society and shaped by culture and context that may be further conceptualized and defined by the group or population.	<p><i>Group:</i></p> <ul style="list-style-type: none"> Nonprofit civic group providing housing for people living with mental illness Humanitarian group distributing food and clothing donations to refugees Student organization in a university educating elementary school children about preventing bullying <p><i>Population:</i></p> <ul style="list-style-type: none"> Parents providing care for children until they become adults Grandparents or older community members being consulted before decisions are made

Domain: Performance Skills

Performance skills: goal-directed actions observable as small units of daily life occupations (Fisher & Griswold, 2019).

Practitioners view the *quality of doing* through client interaction with tasks or objects in occupations for the analysis of performance skills.

Performance skills are categorized as motor skills, process skills, and social interaction skills.

Domain: Performance Skills

Motor Skills: Portion of Table 7

- This table provides descriptions of performance skills as analyzed within occupations.
- Motor skills focus on persons. Process & social interaction skills focus on persons & groups.

Specific Skill Definitions	Examples	
	Effective Performance ^a	Ineffective Performance ^b
Moving self and objects	Completing janitorial tasks at a factory site	
<i>Moves</i> —Effectively pushes or pulls task objects along a supporting surface, pulls to open or pushes to close doors and drawers, or pushes on wheels to propel a wheelchair	Person moves the broom easily, pushing and pulling it across the floor.	Person demonstrates excessive effort to move the broom across the floor when sweeping.
<i>Lifts</i> —Effectively raises or lifts task objects without evidence of excessive physical effort	Person easily lifts cleaning supplies out of the cart.	Person needs to use both hands to lift small lightweight containers of cleaning supplies out of the cart.
<i>Walks</i> —During task performance, ambulates on level surfaces without shuffling feet, becoming unstable, propping, or using assistive devices	Person walks steadily through the factory.	Person demonstrates unstable walking while performing janitorial duties or walks while supporting self on the cart.
<i>Transports</i> —Carries task objects from one place to another while walking or moving in a wheelchair	Person carries cleaning supplies from one factory location to another, either by walking or using a wheelchair, without effort.	Person is unstable when transporting cleaning supplies throughout the factory.

Domain: Performance Skills

Process Skills: Portion of Table 7

Specific Skill Definitions	Examples	
	Effective Performance ^a	Ineffective Performance ^b
Organizing timing	Using an ATM to get cash to pay a babysitter	
<i>Initiates</i> —Starts or begins the next task action or task step without any hesitation	Person begins each step of ATM use without hesitation.	Person pauses before entering the PIN into the ATM.
<i>Continues</i> —Performs single actions or steps without any interruptions so that once an action or task step is initiated, performance continues without pauses or delays until the action or step is completed	Person completes each step of ATM use without delays.	Person starts to enter the PIN, pauses, and then continues entering the PIN.
<i>Sequences</i> —Performs steps in an effective or logical order and with an absence of randomness in the ordering or inappropriate repetition of steps	Person completes each step of ATM use in logical order.	Person attempts to enter the PIN before inserting the bank card into the card reader.
<i>Terminates</i> —Brings to completion single actions or single steps without inappropriate persistence or premature cessation	Person completes each step of ATM use in the appropriate length of time.	Person persists in entering numbers after completing the four-digit PIN.

(Process skills address persons & groups)

Domain: Performance Skills

Social Interaction: Portion of Table 7

Specific Skill Definitions	Examples	
	Effective Performance ^a	Ineffective Performance ^b
Producing social interaction	Child playing in the sandbox with others to build roads for cars and trucks	
<i>Produces speech</i> —Produces spoken, signed, or augmentative (i.e., computer-generated) messages that are audible and clearly articulated	Person produces clear verbal, signed, or augmentative messages to communicate with other children playing in the sandbox.	Person mumbles when interacting with other children playing in the sandbox, and the other children do not understand the message.
<i>Gesticulates</i> —Uses socially appropriate gestures to communicate or support a message	Person gestures by waving or pointing while communicating with other children playing in the sandbox.	Person uses aggressive gestures when interacting with other children playing in the sandbox.
<i>Speaks fluently</i> —Speaks in a fluent and continuous manner, with an even pace (not too fast, not too slow) and without pauses or delays, while sending a message	Person speaks, without pausing, stuttering, or hesitating, when engaging with other children playing in the sandbox.	Person hesitates or pauses when talking with other children playing in the sandbox.

(Social interaction skills address persons & groups)

Domain: Performance Skills for Groups

Analyze the motor, process, and social interactions skills of individual group members to identify whether performance skills may limit the group's collective outcome.

Performance Skill Category	Ineffective Performance by an Individual Group Member	Impact on Group Collective Outcome
<i>Group collective outcome:</i> Religious organization committee furnishing spaces for a preschool for member families		
Motor—Obtaining and holding objects	<ul style="list-style-type: none">• Member <i>reaches</i> with excessive effort for chairs stored in closet.• Member <i>bends</i> with stiffness or excessive effort when reaching for the chairs.• Member fumbles when <i>gripping</i> writing materials in preparation for recording committee decisions for planning.• Member demonstrates limited finger dexterity to <i>manipulate</i> tools for assembling storage units for toys.• Member is unable to <i>coordinate</i> one hand and trunk to stabilize self while gripping and loading toys onto shelves.	Other members may need to take responsibility for obtaining and holding objects to accommodate the member's ineffective motor performance skills during the process of furnishing preschool spaces.



Domain: Client Factors

Includes: Values, Beliefs, Spirituality, Body Functions, Body Structures

Overview of revisions:

- Clarified client factors versus performance skills in introduction
- Reinforced the understanding of group and population client factors as well as individual/person
- Gender identity is added to “experience of self and time”
- Interoception is added under sensory functions
- Expanded psychosocial definition in mental functions to align with ICF



Table 9. Client Factors

Table 9. Client Factors (cont'd)

Client factors include (1) values, beliefs, and spirituality; (2) body functions; and (3) body structures. Client factors reside within the client and influence the client's performance in occupations.

Category	Examples Relevant to Occupational Therapy Practice
Mental functions	
Specific mental functions	
Higher level cognitive	Judgment, concept formation, metacognition, executive functions, praxis, cognitive flexibility, insight
Attention	Sustained shifting and divided attention, concentration, distractibility
Memory	Short-term, long-term, and working memory
Perception	Discrimination of sensations (e.g., auditory, tactile, visual, olfactory, gustatory, vestibular, proprioceptive)
Thought	Control and content of thought, awareness of reality vs. delusions, logical and coherent thought
Mental functions of sequencing complex movement	Mental functions that regulate the speed, response, quality, and time of motor production, such as restlessness, toe tapping, or hand wringing, in response to inner tension
Emotional	Regulation and range of emotions; appropriateness of emotions, including anger, love, tension, and anxiety; lability of emotions
Experience of self and time	Awareness of one's identity (including gender identity), body, and position in the reality of one's environment and of time

Table 9. Client Factors

Table 9. Client Factors (cont'd)

Client factors include (1) values, beliefs, and spirituality; (2) body functions; and (3) body structures. Client factors reside within the client and influence the client's performance in occupations.

Category	Examples Relevant to Occupational Therapy Practice
Proprioceptive functions	Awareness of body position and space
Touch functions	Feeling of being touched by others or touching various textures, such as those of food; presence of numbness, paresthesia, hyperesthesia
Interoception	Internal detection of changes in one's internal organs through specific sensory receptors (e.g., awareness of hunger, thirst, digestion, state of alertness)
Pain	Unpleasant feeling indicating potential or actual damage to some body structure; sensations of generalized or localized pain (e.g., diffuse, dull, sharp, phantom)
Sensitivity to temperature and pressure	Thermal awareness (hot and cold), sense of force applied to skin (thermoreception)

Process: Introduction

The occupational therapy process is the client-centered delivery of occupational therapy services with persons, groups, and populations.

- The service delivery section further clarifies direct and indirect services.
 - Includes alternate methods of service delivery (e.g. telehealth, case management, episodic care)
 - Added skilled services and addressed regulatory issues (setting, state, 3rd party payers)
- More clearly defined occupational analysis vs. activity analysis (Table 11)
- Therapeutic use of self is a cornerstone of the occupational therapy process
 - Language is inclusive to honor the contributions of our clients and the practitioner within the therapeutic process.

Table 11. Occupation and Activity Demands

Type of Demand	Activity Demands: Typically Required to Carry Out the Activity	Occupational Demands: Required by the Client (Person, Group, or Population) to Carry Out the Occupation
Relevance and importance	General meaning of the activity within the given culture	Meaning the client derives from the occupation, which may be subjective and personally constructed; symbolic, unconscious, and metaphorical; and aligned with the client's goals, values, beliefs, and needs and perceived utility
	<i>Person:</i> Knitting clothing items for personal use, for income from sale, or as a leisure activity	<i>Person:</i> Knitting as a way to practice mindfulness strategies for coping with anxiety
	<i>Group:</i> Cooking to provide nutrition, fulfill a family role, or engage in a leisure activity	<i>Group:</i> Preparation of a holiday meal with family to connect members to each other and to their culture and traditions
	<i>Population:</i> Presence of accessible restrooms in public spaces in compliance with federal law	<i>Population:</i> Creation of new accessible and all-gender restrooms to symbolize a community's commitment to safety and inclusion of members with disabilities and LGBTQ+ members



Table 10. Occupational Therapy Process for Persons, Groups, and Populations

The process for populations includes public health approaches, and the process for groups may include both person and population methods to address occupational performance

(Scaffa & Reitz, 2014).

Process Component	Process Step		
	Person	Group	Population
Evaluation ↓	Consultation and screening: <ul style="list-style-type: none"> Review client history Consult with interprofessional team Administer standardized screening tools 	Consultation and screening, environmental scan: <ul style="list-style-type: none"> Identify collective need on the basis of available data For each individual in the group, <ul style="list-style-type: none"> Review history Administer standardized screening tools Consult with interprofessional team 	Environmental scan, trend analysis, preplanning: <ul style="list-style-type: none"> Collect data to inform design of intervention program by identifying information needs Identify health trends in targeted population and potential positive and negative impacts on occupational performance
	Occupational profile: <ul style="list-style-type: none"> Interview client and caregiver 	Occupational profile or community profile: <ul style="list-style-type: none"> Interview persons who make up the group Engage with persons in the group to determine their interests, needs, and priorities 	Needs assessment, community profile: <ul style="list-style-type: none"> Engage with persons within the population to determine their interests and needs and opportunities for collaboration Identify priorities through <ul style="list-style-type: none"> Surveys Interviews Group discussions or forums
	Analysis of occupational performance: <ul style="list-style-type: none"> Assess occupational performance Conduct occupational and activity analysis Assess contexts Assess performance skills and patterns Assess client factors 	Analysis of occupational performance: <ul style="list-style-type: none"> Conduct occupational and activity analysis Assess group context Assess the following for individual group members: <ul style="list-style-type: none"> Occupational performance Performance skills and patterns Client factors Analyze impact of individual performance on the group 	Needs assessment, review of secondary data: <ul style="list-style-type: none"> Evaluate existing quantitative data, which may include <ul style="list-style-type: none"> Public health records Prevalence of disease or disability Demographic data Economic data
	Synthesis of evaluation process: <ul style="list-style-type: none"> Review and consolidate information to select occupational outcomes and determine impact of performance patterns and client factors on occupation 	Synthesis of evaluation process: <ul style="list-style-type: none"> Review and consolidate information to select collective occupational outcomes Review and consolidate information regarding each member's performance and its impact on the group and the group's occupational performance as a whole 	Data analysis and interpretation: <ul style="list-style-type: none"> Review and consolidate information to support need for the program and identify any missing data



Process: Evaluation

- Updated the Occupational Profile and Analysis of Occupational Performance sections. Reflects:
 - Focus on evaluation occupational performance
 - Recent research
 - Changes to practice
- Added “Synthesis of Evaluation” section
 - Intended to bridge the evaluation with intervention planning process



Process: Intervention

Overview of revisions:

- An emphasis regarding intervention process being dynamic versus a linear process.
- Explicitly stating the importance of utilizing “best evidence” throughout the intervention process.
- Re-emphasized purposeful, meaningful, and occupational interventions.
- Acknowledging concepts from *Choosing Wisely, Healthy People 2030*, and population health.

Process: Intervention

Specific Content Revised:

- Preparatory methods and tasks revised to: “Interventions to Support Occupations and Activities”
 - “Such approaches should be part of a broader plan and not utilized exclusively”.
 - Previous interventions in this section should be viewed as purposeful and meaningful such as assistive technology and wheeled mobility.
- Utilized current terminology for Physical Agent and Mechanical Modalities
 - All modalities, devices, and techniques are to prepare the client for occupational performance and are not used in isolation.

Table 12: Types of Occupational Therapy Interventions

Interventions to Support Occupations—Methods and tasks that prepare the client for occupational performance are used as part of a treatment session in preparation for or concurrently with occupations and activities or provided to a client as a home-based engagement to support daily occupational performance.

PAMs and mechanical modalities

Modalities, devices, and techniques to prepare the client for occupational performance. Such approaches should be part of a broader plan and not used exclusively.

Person

Practitioner administers PAMs to decrease pain, assist with wound healing or edema control, or prepare muscles for movement to enhance occupational performance.

Group

Practitioner develops a reference manual on postmastectomy manual lymphatic drainage techniques for implementation at an outpatient facility.

Process: Intervention

Specific Content Revised:

- Added Self-Regulation, Virtual and Telehealth along with examples
- Delineate “group” intervention from “group” as a client

Table 12: Types of Occupational Therapy Interventions

Intervention Type	Description	Examples
<p>Virtual Interventions—Use of simulated, real-time, and near-time technologies for service delivery absent of physical contact, such as telehealth or mHealth.</p> <p>Telehealth (telecommunication and information technology) and mHealth (mobile telephone application technology)</p>	<p>Use of technology such as video conferencing, teleconferencing, or mobile telephone application technology to plan, implement, and evaluate occupational therapy intervention, education, and consultation</p>	<p><i>Person</i> Practitioner performs a telehealth therapy session with a client living in a rural area.</p> <p><i>Group</i> Client participates in an initial online support group session to establish group protocols, procedures, and roles.</p> <p><i>Population</i> Practitioner develops methods and standards for mHealth in community occupational therapy practice.</p>



Table 12: Types of Occupational Therapy Interventions

<p>Group Interventions—Use of distinct knowledge of the dynamics of group and social interaction and leadership techniques to facilitate learning and skill acquisition across the lifespan. Groups are used as a method of service delivery.</p>		
<p>Functional groups, activity groups, task groups, social groups, and other groups</p>	<p>Groups used in health care settings, within the community, or within organizations that allow clients to explore and develop skills for participation, including basic social interaction skills and tools for self-regulation, goal setting, and positive choice making</p>	<p><i>Person</i> Client participates in a group for adults with traumatic brain injury focused on individual goals for reentering the community after inpatient treatment.</p> <p><i>Group</i> Group of older adults participates in volunteer days to maintain participation in the community through shared goals.</p> <p><i>Population</i> Practitioner works with middle school teachers in a district on approaches to address issues of self-efficacy and self-esteem as the basis for creating resiliency in children at risk for being bullied.</p>

Process: Outcomes

- Included content on Discharge, Transition, and Outcomes
- Expanded information about clients to include – persons, groups, populations
- Included information about referrals

Outcomes Table

Table 14. Outcomes

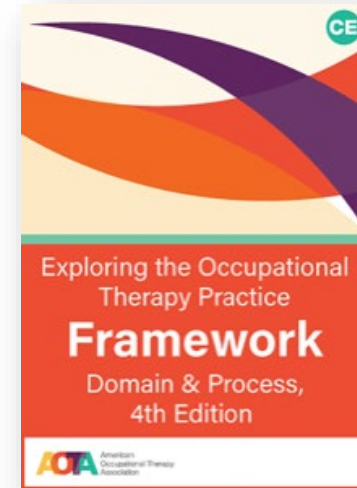
Outcomes are the end result of the occupational therapy process; they describe what clients can achieve through occupational therapy intervention. Some outcomes are measurable and are used for intervention planning and review and discharge planning. These outcomes reflect the attainment of treatment goals that relate to engagement in occupation. Other outcomes are experienced by clients when they have realized the effects of engagement in occupation and are able to return to desired habits, routines, roles, and rituals. Adaptation is embedded in all categories of outcomes. The examples listed specify how the broad outcome of health and participation in life may be operationalized.

Outcome Category	Description	Examples
Occupational performance	Act of doing and accomplishing a selected action (performance skill), activity, or occupation (Fisher, 2009; Fisher & Griswold, 2019; Kielhofner, 2008) that results from the dynamic transaction among the client, the context, and the activity. Improving or enhancing skills and patterns in occupational performance leads to engagement in occupations or activities (adapted in part from Law et al., 1996, p. 16).	<p><i>Person</i> A patient with hip precautions showers safely with modified independence using a tub transfer bench and a long-handled sponge.</p> <p><i>Group</i> A group of older adults cooks a holiday meal during their stay in a skilled nursing facility with minimal assistance from staff.</p> <p><i>Population</i> A community welcomes children with spina bifida in public settings after a news story featuring occupational therapy practitioners.</p>



Continuing Education Resource

- **Exploring the Occupational Therapy Practice Framework, 4th ed.**
- This course focuses on articulating and applying occupational therapy's distinct domain and process as described in the 4th edition of the OTPF.
- The 2020 updates to the OTPF are highlighted.
- Exam is included; course provides 1.5 hours of CE credit (.15 CEU's; 1.5 contact hours; 1.88 NBCOT PDU's).
- https://myaota.aota.org/shop_aota/product/OL8300



Audience Q&A

Questions?

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