The American Occupational Therapy Association

Blueprint for Entry-Level Education

The purpose of the *Blueprint for Entry-Level Education* is to identify the content knowledge that occupational therapists and occupational therapy assistants should receive in their educational programs. This knowledge is needed to prepare graduates to address not only the needs of people with chronic conditions and disabilities but also of those who are at risk for these conditions, as well as those who want to stay healthy and active. This approach is necessary, as the health system frequently changes, and in addition to practicing with individuals, occupational therapy practitioners will be working with organizations and populations to maximize the abilities of all persons to fully participate in society.

Educational programs can use the *Blueprint* as a curriculum content guide, which will continuously and dynamically ensure that their educational offerings can prepare future practitioners, educators, scientists, and entrepreneurs for the 21st century of the occupational therapy profession.

The conceptual framework used to frame the *Blueprint* was occupational performance. This was chosen because all of the developing models of occupational therapy and the *Occupational Therapy Practice Framework: Domain and Process* (American Occupational Therapy Association [AOTA], 2008) are built on the concepts of occupation, personal factors (intrinsic), and environmental factors (extrinsic). The *Blueprint* also identifies the professional and interpersonal concepts that are integral to occupational therapy practice. The professional and interpersonal concepts were based on the findings reported in the PEW Commission's *Twenty-one Competencies for the Twenty-First Century* (PEW, 1995,1998). The concepts identified in the *Blueprint* describe the knowledge that occupational therapy practitioners uniquely bring to society through its interventions and professional contributions.

It is not the intent of the *Blueprint* to provide details about how or what to teach different levels of occupational therapy personnel. However, the *Blueprint* can be used as a template by all occupational therapy and occupational therapy assistant educators (and those planning continuing education initiatives), as its content can be used to prepare practitioners to address the future needs of society. The key concepts described in the *Blueprint* offer guidance to educators in designing curriculum content that will prepare students for a changing society in which occupational therapy's unique contributions are so critical to foster the health and participation of those they serve.

The *Blueprint* has four sections: (1) person factors, (2) environmental factors, (3) occupation factors, and (3) professional factors. In addition to identifying major topics, key concepts are described, the science that generates the concepts is identified (which can prompt discussion about pre-requisites), and the skills that should be developed to be able to implement the concepts and the areas of practice that require this knowledge are discussed. A glossary supports the *Blueprint*, as there are terms that are used that exceed the terms in the current *Occupational Therapy Practice Framework*.

There was no intent to design the *Blueprint* to address specialization. Occupational therapists can practice in hundreds of areas of specialization; therefore, the *Blueprint* can identify key knowledge that occupational therapists must understand to address the occupational performance needs of the people they will serve. The authors believe that the *Blueprint* concepts provide the base for the knowledge that will allow students to develop a specialty when they choose the focus of their master's or doctoral projects.

The *Blueprint* was prepared by a committee appointed by President Penny Moyers Cleveland and had feedback from over 1,200 clinicians and educators nationwide. We thank them for their input.

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SECTION I: PERSON-CENTERED FACTORS

Topic	Concepts	Science	Skills	Area of Practice
Cognition support of or impact on performance, participation, and well-being	Attention Memory Executive function Social awareness (theory of mind) Learning Communication Awareness/insight	Neuroscience Cognitive science Occupational science Rehabilitation science Psychology Education Psychiatry Communication	Assessment Intervention planning Cognitive—behavioral strategies Environmental strategies Employing learning strategies Activity analysis Self-management strategies Use of virtual tools	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness
Psychological support of or impact on performance, participation, and well-being	Motivation Self-efficacy Affect Mood Identity Self-concept Self-esteem Emotional regulation Coping Well-being Life balance	Neuroscience Occupational science Psychology Sociology Anthropology Pathophysiology Therapeutic use of self	Assessment Intervention planning Coaching Group skills Activity analysis Self-management strategies Use of virtual tools Therapeutic use of self	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness
Physiological support of or impact on performance, participation, and well-being	Plasticity Strength Muscle endurance Muscle tone Involuntary movement reactions Gait patterns Cardiac endurance Fitness Range of motion Sleep General health Nutritional status Stress Protective and repair functions of skin	Neuroscience Anatomy Physiology Kinesiology Rehabilitation science Exercise science Pathophysiology Nutritional science Holistic health	Assessment Intervention planning Activity analysis Environmental strategies Assistive technology Self-management strategies Use of virtual tools	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness

SECTION I: PERSON-CENTERED FACTORS (cont.)

Topic	Concepts	Science	Skills	Area of Practice
Sensory/perceptual support of or impact on performance, participation, and well-being	Sensory processing Somatosensory Vision Audition Olfactory Gustatory Proprioceptive Tactile Vestibular	Anatomy Neuroscience Physiology Occupational science	Assessment Intervention planning Activity analysis Sensory Stimulation/enhancement Environmental strategies Assistive technology Self-management strategies Use of virtual tools	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness
Motor support of or impact on performance, participation. and well-being	Spontaneous movement Reflexes Postural control Fine motor control Gross motor control Motor planning	Neuroscience Rehabilitation science Exercise science Anatomy and physiology	Assessment Intervention planning Activity analysis Motor learning strategies Assistive technology Environmental strategies Self-management strategies Use of virtual tools	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness
Spirituality support of or impact on performance, participation, and well-being	Meaning Personal well-being Mind–body connection Life stories	Anthropology Philosophy Psychology Theology Psychoneuroimmunology Semiotics	Assessment Intervention planning Activity analysis Coaching Group skills Interviewing skills Use of virtual tools	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Health promotion

SECTION II: ENVIRONMENT-CENTERED FACTORS

Topic	Concepts	Science	Skills	Area of Practice
Social environment support of or impact on performance, participation, and well-being	Advocacy Community support Social capital Economic capital Political infrastructure Family and support groups Policy and access (local, state, national, international) Social inequality/health disparity Human rights Funding Occupational deprivation/justice	Environmental psychology Anthropology Social sciences Architecture Occupational science Political science Neuroscience Engineering Translational science Human development Women's studies Race/ethnicity studies Economics	Assessment Intervention planning Activity analysis Written and oral communication; interviewing Social interaction/community interaction Community collaboration Lobbying/advocacy/policy development Therapeutic use of self Identification of stakeholders; stakeholders' views and positions Scanning/awareness of social change Use of virtual tools	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness
Cultural environment support of or impact on performance, participation, and well-being	Individual vs. population vs. institution: Values Customs Beliefs Policy Power/decision- making- Organizational practice Policy Economic	Environmental psychology Anthropology Social science Architecture Occupational science Political science Neuroscience Engineering Translational science Human development Ethics Philosophy	Assessment Intervention planning Activity analysis Written and oral communication; interviewing Social interaction/community interaction Community collaboration Lobbying/advocacy/policy development Therapeutic use of self Use of virtual tools	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness

SECTION II: ENVIRONMENT-CENTERED FACTORS (cont.)

Topic	Concepts	Science	Skills	Area of Practice
Natural environment support of or impact on performance, participation, and well-being	Ecological issues Physical Community planning and development Engineering Access Universal design	Environmental psychology Anthropology Social science Architecture Occupational science Political science Neuroscience Engineering Translational science Human geography Agriculture Natural resources	Assessment Intervention planning Activity analysis Written and oral communication; interviewing Social interaction/community interaction Community collaboration Lobbying/advocacy/policy development Identification of stakeholders, stakeholders' views and positions Scanning/awareness of social change Use of virtual tools	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness
Design and technology support of or impact on performance, participation, and well-being	Individual Assistive technology -Ergonomics -Accessible design -Participation Community planning Universal design Urbanization Sustainable Development Community development Traffic planning -Transportation Participation and Access	Environmental psychology Anthropology Social science Architecture Occupational science Political science Neuroscience Engineering Anthropometrics Translational science Human geography Design theory Computer science Information technology	Assessment Intervention planning Activity analysis Written and oral communication; interviewing Social interaction/community interaction Community collaboration Lobbying/advocacy/policy development Design of technology Computer interaction Use of virtual tools	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness

SECTION II: ENVIRONMENT-CENTERED FACTORS (cont.)

Topic	Concepts	Science	Skills	Area of Practice
Environmental support (assistive technology) support of or impact on performance, participation, and well-being	Virtual Physical	Environmental psychology Anthropology Social science Architecture Occupational science Political science Neuroscience Rehabilitation engineering Design theory Translational science Human geography	Assessment Intervention planning Activity analysis Written and oral communication Use of virtual tools	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness
Environment for occupational performance support of or impact on performance, participation, and well-being	Therapeutic impact of environment Participation Person–environment fit	Environmental psychology Anthropology Social science Architecture Occupational science Political science Neuroscience Rehabilitation engineering Translational science Human development	Assessment Intervention planning Activity analysis Person environment fit/interaction Written and oral communication Therapeutic use of self Use of virtual tools	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness

SECTION III: OCCUPATION-CENTERED FACTORS

Topic	Concepts	Science	Skills	Area of Practice
Doing- Person Level Approach	Occupation Occupational performance Activity Habit Interest Motivation Role Routine Volition Flow Learning style Ritual	Occupational science Psychology Sociology Disability studies Anthropology Education Cultural studies Epidemiology Economics Political science Computer science History Engineering Natural sciences Rehabilitation science Philosophy	Apply occupation principles to help individuals and families engage in activities that are central to their doing Implement successful applications to address the person and environmental factors that support the threshold concepts that are central to doing Implement self-management approaches to help people manage health and performance problems Employ therapeutic strategies to enable doing by individuals, including therapeutic use of self, therapeutic rapport, empowerment, enablement principles, learning strategies, cultural sensitivity, linguistic competency	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness
Doing—Organization and population approaches	Occupation Occupational performance Activity Habit Interest Motivation Role Routine Volition Flow Learning style Ritual	Epidemology Cognitive—behavioral sciences learning Health service research Organizational behavior Public health Health behavior Human factors Education Special education Sociology	Apply occupation principles to help organizations and populations engage in activities that are central to their doing Describe the behaviors of organizations and populations Identify incidence and prevalence Use context as a tool Teach strategies to public	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness

SECTION III: OCCUPATION-CENTERED FACTORS (cont.)

Topic	Concepts	Science	Skills	Area of Practice
Classifications of occupational activity	International Classification of Functioning, Disability and Health (WHO, 2001) Learning/applying knowledge General tasks/demands Communication Mobility Self-care Domestic life Interpersonal interactions and relationships Major life areas Community, civic, and social life Occupational Therapy Practice Framework (AOTA, 2008) ADLs IADLs Rest and sleep Work Play Leisure Social participation Related concepts Tasks	Occupational science Rehabilitation science Fine arts Education International Classification of Functioning, Disability and Health Occupational Therapy Practice Framework Work/vocational studies Special education Recreational studies Psychology/development Sociology Political science Communication Neuroscience	Identify the occupational activities of clients organizations and populations Choose assessments for specific occupational activities identified by the International Classification of Functioning, Disability and Health and Occupational Therapy Practice Framework classifications Help clients achieve goals they perceive as necessary for specific occupational activities	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness
Core occupational therapy outcomes	Adaptation/coping Competence/mastery Independence/autonomy Occupational performance/function	Occupational science Psychology Sociology Disability studies Rehabilitation science Education	Identify tools to record progress made in occupational therapy interventions Administer measures Record data Report data for quality assurance and other purposes	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness

Note. ADLs = activities of daily living; IADLs = instrumental activities of daily living.

SECTION IV: PROFESSIONAL and INTERPERSONAL FACTORS

Topic	Concepts	Science	Skills	Area of Practice
Ethics and advocacy	Social responsibility and service Public service Ethical behavior Equity in service access Political activism Health/public policy	Moral theory and ethics	Critical thinking, reflection, and problem-solving skills Flexibility in adapting to practice settings Quality Understanding of workplace Research skills	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness
Communication	Electronic communication and information resources Social networks Conflict resolution Teamwork Public information Communicating with lay audiences	Information technologies Management sciences Social sciences	Critical thinking, reflection, and problem-solving skills Applies analytical reasoning in order to choose or create alternative solutions to clinical problems Uses analytical skills to adapt evidence-based guidelines to unique and novel situations Interpersonal communication Working with media Writing for and speaking with lay public	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness
Culture	Diversity Cultural sensitivity Health beliefs and practices Non-traditional, alternative, and complementary health practice	Social sciences	Critical thinking, reflection, and problem-solving skills Applies analytical reasoning in order to choose or create alternative solutions to clinical problems Uses analytical skills to adapt evidence-based guidelines to unique and novel situations	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness

SECTION IV: PROFESSIONAL and INTERPERSONAL FACTORS (cont.)

Topic	Concepts	Science	Skills	Area of Practice
Professional development	Currency in practice Lifelong professional development Mentor Social systems Leadership development	Health management sciences Occupational therapy practice Information technologies	Critical thinking, reflection, and problem-solving skills Applies analytical reasoning in order to choose or create alternative solutions to clinical problems Uses analytical skills to adapt evidence-based guidelines to unique and novel situations Professional advocacy	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness
Evidence-based practice	Accountability for health care quality and outcomes Health care utilization Outcome measurements Health services research	Health management sciences Occupational therapy practice Information technologies	Critical thinking, reflection, and problem-solving skills Applies analytical reasoning in order to choose or create alternative solutions to clinical problems Uses analytical skills to adapt evidence-based guidelines Evidence-based outcomes and research	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness
Business fundamentals	Identifying business opportunities Analyzing a business concept Completing feasibility studies Creating vision statements Creating mission statements Understanding the legal frameworks/structures within which businesses function Development of business plans Development of marketing plans Financial management Start-up strategies Lobbying and advocacy	Health mangement sciences Information technologies Political science Legal, policy, and regulatory issues Communication science	Critical thinking, reflection, and problem-solving skills Emerging areas of practice Entrepreneurial skills Undertakes self- and business assessment to identify opportunities and possesses cognitive astuteness, technical expertise, and emotional intelligence to create success Uses analytical skills to assess business concepts and create clear vision and implementation strategies Flexibility and commitment Policy and legal framework analysis Advocacy	Children and youth Productive aging Rehabilitation, disability, and participation Work and industry Mental illness Health and wellness

Glossary

Many of the following definitions were adapted from the glossary from American Occupational Therapy Association, 2008, Occupational therapy practice framework: Domain and process, 2nd edition, *American Journal of Occupational Therapy*, 62, pp. 669–679.

A

Activities of daily living (ADLs)—Activities oriented toward taking care of one's own body (adapted from Rogers & Holm, 1994, pp. 181–202). **ADLs** also are referred to as basic activities of daily living (BADLs) and personal activities of daily living (PADLs). These activities are "fundamental to living in a social world; they enable basic survival and well-being" (Christiansen & Hammecker, 2001, p. 156).

Activity (Activities)—A class of human actions that are goal directed.

Activity analysis—"...addresses the typical demands of an activity; the range of skills involved in its performance, and the various cultural meanings that might be ascribed to it" (Crepeau, 2003, p. 192).

Activity demands—The aspects of an activity, which include the objects and their physical properties, space, social demands, sequencing or timing, required actions or skills, and required underlying body functions and body structures needed to carry out the activity.

Adaptation—The response approach the client makes encountering an occupational challenge. "This change is implemented when the individual's customary response approaches are found inadequate for some degree of mastery over the challenge" (Schultz & Schkade, 1997, p. 474).

Advocacy—The "pursuit of influencing outcomes—including public policy and resource allocation decisions within political, economic, and social systems and institutions—that directly affect people's lives" (Advocacy Institute, 2001, as cited in Goodman-Lavey & Dunbar, 2003, p. 422).

Analysis of occupational performance—Part of the evaluation process. Collecting information via assessment tools designed to observe, measure, and inquire about selected factors that support or hinder occupational performance.

Areas of occupations—Various kinds of life activities in which people engage, including the following categories: ADLs, IADLs, rest and sleep, education, work, play, leisure, and social participation.

Assessment—"Specific tools or instruments that are used during the evaluation process" (AOTA, 2005, p. 663).

\mathbf{B}

Belief—Any cognitive content held as true by the client (Moyers & Dale, 2007).

Body functions—"The physiological functions of body systems (including psychological functions)" (WHO, 2001, p. 10).

Body structures—"Anatomical parts of the body such as organs, limbs, and their components [that support body function]" (WHO, 2001, p. 10).

\mathbf{C}

Client—The entity that receives occupational therapy services. Clients may include (1) individuals and other persons relevant to the individual's life, including family, caregivers, teachers, employers, and others

who also may help or be served indirectly; (2) organizations such as business, industries, or agencies; and (3) populations within a community (Moyers & Dale, 2007).

Client-centered approach—An orientation that honors the desires and priorities of clients in designing and implementing interventions (adapted from Dunn, 2000, p. 4).

Client factors—Those factors residing within the client that may affect performance in areas of occupation. Client factors include values, beliefs, and spirituality; body functions; and body structures.

Clinical reasoning—"Complex, multi-faceted cognitive process used by practitioners to plan, direct, perform, and reflect on intervention" (Crepeau et al., 2003, p. 1027).

Communication and social skills—Actions or behaviors a person uses to communicate and interact with others in an interactive environment (Fisher, 2006).

Cognitive skills—Actions or behaviors a client uses to plan and manage the performance of an activity.

Communicating with lay audiences—Ability to translate technical/professional terminology into common language so that it can be understood by those who are not that profession.

Context—Refers to a variety of interrelated conditions within and surrounding the client that influence performance. Contexts include cultural, personal, temporal, and virtual.

Co-occupations—Activities that implicitly involve at least two people (Zemke & Clark, 1996).

Cultural (**context**)—"Customs, beliefs, activity patterns, behavior standards, and expectations accepted by the society of which the [client] is a member. Includes ethnicity and values as well as political aspects, such as laws that affect access to resources and affirm personal rights. Also includes opportunities for education, employment, and economic support" (AOTA, 1994, p. 1054).

Currency in practice—An understanding of updated practices in treating a particular problem; ability to use the latest evidence when practicing.

Creating mission statements—The process of devising a clear and succinct description of the enterprise's purpose for existence. It should incorporate socially meaningful and measurable criteria.

Creating vision statements—The process of devising a vivid idealized description of a desired outcome for the future that will appeal to and energize others. The vision statement provides the framework for all your strategic planning.

D

Development of business plans—The process of putting together a plan for a new endeavor that looks at the product, the marketing plan, the competition, and the personnel in an objective and critical manner.

Development of marketing plans—The process of putting together a strategy to bring a specific product or service to the public, involving how to "sell" this product or concept to make others aware of it.

Domain—A sphere of activity, concern, or function (American Heritage Dictionary, 2006).

\mathbf{E}

Education—Includes learning activities needed when participating in an environment.

Emotional regulation skills—Actions or behaviors a client uses to identify, manage, and express feelings while engaging in activities or interacting with others.

Engagement—The act of sharing activities.

Environment—The external physical and social environment that surrounds the client and in which the client's daily life occupations occur.

Evaluation— "The process of obtaining and interpreting data necessary for intervention. This includes planning for and documenting the evaluation process and results" (AOTA, 2005, p. 663).

G

Goals—"The result or achievement toward which effort is directed; aim; end" (*Webster's Encyclopedic Unabridged Dictionary of the English Language*, 1994, p. 605).

Η

Habits—"Automatic behavior that is integrated into more complex patterns that enable people to function on a day-to-day basis..." (Neistadt & Crepeau, 1998, p. 869). Habits can be useful, dominating, or impoverished and either support or interfere with performance in areas of occupation.

Health—Health is a resource for everyday life, not the objective of living. It is a state of complete physical, mental, and social well-being, as well as a positive concept emphasizing social and personal resources, as well as physical capacities (adapted from WHO, 1986).

Health promotion—"[T]he process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental, and social well-being, an individual or group must be able to identify and realize aspirations, to satisfy needs, and to change or cope with the environment" (WHO, 1986). "[C]reating the conditions necessary for health at individual, structural, social, and environmental levels through an understanding of the determinants of health: peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity" (Trentham & Cockburn, 2005, p. 441).

Health/public policy—The basic policy or set of policies forming the foundation of public laws; health policy refers to specific policies as they relate to health and health care.

Health care utilization—How one accesses and uses varying parts of the health care system.

Hope—The real or perceived belief that one can move toward a goal through selected pathways (Lopez et al., 2004).

I

Identity—"A composite definition of the self and includes an interpersonal aspect...an aspect of possibility or potential (who we might become), and a values aspect (that suggests importance and provides a stable basis for choices and decisions).... Identity can be viewed as the superordinate view of ourselves that includes both self-esteem and self-concept but also importantly reflects and is influenced by the larger social world in which we find ourselves" (Christiansen, 1999, pp. 548–549).

Independence—"A self-directed state of being characterized by an individual's ability to participate in necessary and preferred occupations in a satisfying manner irrespective of the amount or kind of external assistance desired or required.

• Self-determination is essential to achieving and maintaining independence.

- An individual's independence is unrelated to whether he or she performs the activities related to an occupation himself or herself, performs the activities in an adapted or modified environment, makes use of various devices or alternative strategies, or oversees activity completion by others.
- Independence is defined by the individual's culture and values, support systems, and ability to direct his or her life; and
- An individual's independence should not be based on pre-established criteria, perception of outside observers, or how independence is accomplished" (AOTA, 2002, p. 660).

Individual vs. population vs. institution—(Values, customs, beliefs, policy, power/decision making) Refers to becoming aware of the different needs of perspectives, of one person, as opposed to a specific population, as opposed to the needs and concerns of an individual. Each have different values, needs beliefs, and concerns. Each also may have different degree of power and the ability to make decisions that will affect others.

Instrumental activities of daily living (IADLs)—Activities to support daily life within the home and community that often require more complex interactions than self-care used in ADLs.

Interdependence—The "reliance that people have on each other as a natural consequence of group living" (Christiansen & Townsend, 2004, p. 277). "Interdependence engenders a spirit of social inclusion, mutual aid, and a moral commitment and responsibility to recognize and support difference" (p. 146).

Interests—"What one finds enjoyable or satisfying to do" (Kielhofner, 2002, p. 25).

Intervention—The process and skilled actions taken by occupational therapy practitioners in collaboration with the client to facilitate engagement in occupation related to health and participation. The intervention process includes the plan, implementation, and review.

Intervention approaches—Specific strategies selected to direct the process of interventions that are based on the client's desired outcome, evaluation date, and evidence.

L

Leisure—"A nonobligatory activity that is intrinsically motivated and engaged in during discretionary time, that is, time not committed to obligatory occupations such as work, self-care, or sleep" (Parham & Fazio, 1997, p. 250).

Life balance—The ability to have balance in one's life, between work, play/leisure, sleeping, and self-care.

Life stories—An account of a series of event that make up a person's life.

M

Motor and praxis skills—Actions or behaviors a client uses to move and physically interact with tasks, objects, contexts, and environments (adapted from Fisher, 2006). Includes planning, sequencing, and executing novel movements.

Motor planning—Ability to automatically perform an action without thinking through each movement.

0

Occupation—"Goal-directed pursuits that typically extend over time have meaning to the performance, and involve multiple tasks" (Christiansen et al., 2005, p. 548).

"Daily activities that reflect cultural values, provide structure to living, and meaning to individuals; these activities meet human needs for self-care, enjoyment, and participation in society" (Crepeau et al., 2003, p. 1031).

"Activities that people engage in throughout their daily lives to fulfill their time and give life meaning. Occupations involve mental abilities and skills and may or may not have an observable physical dimension" (Hinojosa & Kramer, 1997, p. 865).

"[A] activities of everyday life, named, organized, and given value and meaning by individuals and a culture. Occupation is everything people do to occupy themselves, including looking after themselves...enjoying life...and contributing to the social and economic fabric of their communities" (Law et al., 1997, p. 32).

"A dynamic relationship among an occupational form, a person with a unique developmental structure, subjective meanings and purpose, and the resulting occupational performance" (Nelson & Jepson-Thomas, 2003, p. 90).

"[C]hunks of daily activity that can be named in the lexicon of the culture" (Zemke & Clark, 1996, p. vii).

Occupation-based intervention—A type of occupational therapy intervention—a client-centered intervention in which the occupational therapy practitioner and client collaboratively select and design activities that have specific relevance or meaning to the client and support the client's interests, need, health, and participation in daily life.

Occupational justice—"Justice related to opportunities and resources required for occupational participation sufficient to satisfy personal needs and full citizenship" (Christiansen & Townsend, 2004, p. 278). To experience meaning and enrichment in one's occupations; to participate in a range of occupations for health and social inclusion; to make choices and share decision-making power in daily life; and to receive equal privileges for diverse participation in occupations (Townsend & Wilcock, 2004).

Occupational performance—The act of doing and accomplishing a selected activity or occupation that results from the dynamic transaction among the client, the context, and the activity. Improving or enabling skills and patterns in occupational performance leads to engagement in occupations or activities (adapted in part from Law et al., 1996, p. 16).

Occupational profile—A summary of the client's occupational history, patterns of daily living, interests, values, and needs.

Occupational science—An interdisciplinary academic discipline in the social and behavioral sciences dedicated to the study of the form, the function, and the meaning of human occupations (Zemke & Clark, 1996).

Occupational therapy—The practice of occupational therapy means the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for the purpose of promoting health and wellness and to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life (AOTA, 2004).

Organizations—Entities with a common purpose or enterprise such as businesses, industries, or agencies.

Outcomes—What occupational therapy actually achieves for the consumers of its services (adapted from Fuhrer, 1987). Change desired by the client that can focus on any area of the client's occupational performance (adapted from Kramer et al., 1991).

Outcome measurements—Assessment to gauge the results of a particular intervention or educational program.

P

Participation—"Involvement in a life situation" (WHO, 2001, p. 10).

Performance patterns—Patterns of behavior related to daily life activities that are habitual or routine. They can include habits, routines, rituals, and roles.

Performance skills—The abilities clients demonstrate in the actions they perform

Persons—Individuals, including families, caregivers, teachers, employees, and relevant others.

Personal—"Features of the individual that are not part of a health condition or health status" (WHO, 2001, p. 17). Personal context includes age, gender, socioeconomic, and educational status. Can also include organizational levels (e.g., volunteers, employees) and population levels (e.g., members of a society).

Physical environment—The natural and built nonhuman environment and objects in them.

Play—"Any spontaneous or organized activity that provides enjoyment, entertainment, amusement, or diversion" (Parham & Fazio, 1997, p. 252).

Populations—Large groups as a whole, such as refugees, homeless veterans, and people who need wheelchairs.

Praxis—Skilled purposeful movements (Heilman & Rothi, 1993). The ability to carry out sequential motor acts as part of an overall plan rather than individual acts (Liepmann, 1920). The ability to carry out learned motor activity, including following through on a verbal command, visual spatial construction, ocular and oral—motor skills, imitation of a person or an object, and sequencing actions (Ayres, 1985; Filley, 2001). Organization of temporal sequences of actions within the spatial context; which form meaningful occupations (Blanche & Parham, 2002).

Preparatory methods—Methods and techniques that prepare the client for occupational performance. Used- in preparation for or concurrently with purposeful and occupation-based activities.

Prevention—"Health promotion is equally and essentially concerned with creating the conditions necessary for health at individual, structural, social, and environmental levels through an understanding of the determinants of health: peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity" (Kronenberg et al., 2005, p. 441). Promoting a healthy lifestyle at the individual, group, organizational, community (societal), and governmental/policy level (adapted from Brownson & Scaffa, 2001).

Process—A description of the way in which occupational therapy practitioners operationalize their expertise to provide services to clients. The process includes evaluation, intervention, and outcome monitoring; occurs within the purview of the domain; and involves collaboration among the occupational therapist, occupational therapy assistant, and the client.

Purposeful activity—A goal-directed behavior or activity within a therapeutically designed context that leads to an occupation or occupations. Specifically selected activities that allow the client to develop skills that enhance occupational engagement.

Q

Quality of life—A client's dynamic appraisal of life satisfactions (perceptions of progress toward identified goals), self-concept (the composite of beliefs and feelings about themselves), health and functioning (including health status, self-care capabilities), and socioeconomic factors (e.g., vocation, education, income) (adapted from Radomski, 1995; Zhan, 1992).

R

Re-evaluation—A reassessment of the client's performance and goals to determine the type and amount of change.

Rest—Quiet and effortless actions that interrupt physical and mental activity, resulting in a relaxed state (Nurit & Michel, 2003, p. 227).

Ritual—Symbolic actions with spiritual, cultural, or social meaning, contributing to the client's identity and reinforcing the client's values and beliefs (Fiese et al., 2002; Segal, 2004). Rituals are highly symbolic, with a strong affective component and representative of a collection of events.

Roles—Roles are sets of behaviors expected by society, shaped by culture, and may be further conceptualized and defined by the client.

Routines—Patterns of behavior that are observable, regular, repetitive, and that provide structure for daily life. They can be satisfying, promoting, or damaging. Routines require momentary time commitment and are embedded in cultural and ecological contexts (Fiese et al., 2002; Segal, 2004).

S

Self-advocacy—Understanding your strengths and needs, identifying your personal goals, knowing your legal rights and responsibilities, and communicating these to others (Dawson, 2007).

Sensory–perceptual skills—Actions or behaviors a client uses to locate, identify, and respond to sensations and to select, interpret, associate, organize, and remember sensory events via sensations that include visual, auditory, proprioceptive, tactile, olfactory, gustatory, and vestibular sensations.

Scanning/awareness of social change—Ability to be aware of what is going on in society and to note changes to the social environment.

Sleep—"A natural periodic state of rest for the mind and body, in which the eyes usually close and consciousness is completely or partially lost, so that there is a decrease in bodily movement and responsiveness to external stimuli. During sleep the brain in humans and other mammals undergoes a characteristic cycle of brain-wave activity that includes intervals of dreaming" (*The Free Dictionary*, 2007). A series of activities resulting in going to sleep, staying asleep, and ensuring health and safety through participation in sleep involving engagement with the physical and social environments.

Social environment—Is constructed by the presence, relationships, and expectations of persons, organizations, and populations.

Social justice—"Ethical distribution and sharing of resources, rights, and responsibilities between people, recognizing their equal worth as citizens. [It recognizes] their equal right to be able to meet basic needs, the need to spread opportunities and life chances as widely as possible, and finally the requirement that we reduce and where possible eliminate unjustified inequalities" (Commission on Social Justice, 1994, p. 1).

"The promotion of social and economic change to increase individual, community, and political awareness, resources, and opportunity for health and well-being" (Wilcock, 2006, p. 344).

Social participation—"Organized patterns of behavior that are characteristic and expected of an individual in a given position within a social system" (Mosey, 1996, p. 340).

Spirituality—"[T]he personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship with the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community" (Moreira-Almeida & Koenig, 2006, p. 844).

T

Temporal—"Location of occupational performance in time" (Neistadt & Crepeau, 1998, p. 292). The experience of time as shaped by engagement in occupations. The temporal aspects of occupations "which contribute to the patterns of daily occupations" are "the rhythm…tempo…synchronization… duration…and sequence" (Larson & Zemke, 2004, p. 82; Zemke, 2004, p. 610). It includes stages of life, time of day, duration, rhythm of activity, or history.

Transactional—A process that involves two or more individuals or elements that reciprocally and continually influence and affect one another through the ongoing relationship (Dickie et al., 2006).

IJ

Use of virtual tools—The ability to use computer-based simulated environments, such as games or communication systems, to interact with others.

\mathbf{V}

Values—Principles, standards, or qualities considered worthwhile or desirable by the client who holds them (Moyers & Dale, 2007).

Virtual—Environment in which communication occurs by means of airways or computers and an absence of physical contact. Includes simulated or real-time or near-time existence of an environment, such as chat rooms, email, video conferencing, and radio transmissions.

W

Wellness—"An active process through which individuals become aware of and make choices toward a more successful existence" (Hetzler, 1984, p. 1117). Wellness is more than a lack of disease symptoms. It is a state of mental and physical balance and fitness (adapted from *Taber's Cyclopedic Medical Dictionary*, 1997, p. 2110).

Work—"Activities needed for engaging in remunerative employment or volunteer activities" (Mosey, 1996, p. 341).

References

- American Heritage Dictionary of the English Language (4th ed.). (2006). Boston: Houghton-Mifflin.
- American Occupational Therapy Association. (1994). Uniform terminology for occupational therapy (3rd ed.). American Journal of Occupational Therapy, 48, 1047–1054.
- American Occupational Therapy Association. (2002). Broadening the construct of independence . *American Journal of Occupational Therapy*, 56, 660.
- American Occupational Therapy Association. (2004). *Definition of occupational therapy practice for the AOTA Model Practice Act*. Bethesda, MD: Author. (Available from the State Affairs Group, 4720 Montgomery Lane, PO Box 31220, Bethesda, MD 20824-1220)
- Ayres, A. J. (1985). *Developmental dyspraxia and adult onset apraxia*. Torrance, CA: Sensory Integration International.
- Blanche, E. I., & Parham, L. D. (2002). Praxis and organization of behavior in time and space. In S. Smith Roley, E. I. Blanche, & R. C. Schaaf (Eds.), *Understanding the nature of sensory integration with diverse populations* (pp. 183–200). San Antonio, TX: Therapy Skill Builders.
- Brownson, C. A., & Scaffa, M. E. (2001). Occupational therapy in the promotion of health and the prevention of disease and disability. *American Journal of Occupational Therapy*, 55, 656–660.
- Christiansen, C. H. (1999). Defining lives: Occupation as identity—An essay on competence, coherence, and the creation of meaning [1999 Eleanor Clarke Slagle Lecture]. *American Journal of Occupational Therapy*, 53, 547–558.
- Christiansen, C., Baum, M. C., & Bass-Haugen, J. (Eds.). (2005). Occupational therapy: Performance, participation, and well-being. Thorofare, NJ: Slack.
- Christiansen, C. H., & Hammecker, C. L. (2001). Self care. In B. R Bonder & M. B. Wagner (Eds.), *Functional performance in older adults* (pp. 155–175). Philadelphia: F. A. Davis.
- Christiansen, C. H., & Townsend, E. A. (Eds.). (2004). *Introduction to occupation: The art and science of living*. Upper Saddle River, NJ: Prentice Hall.
- Commission on Social Justice. (1994). *Social justice: Strategies for national renewal. The report of the Commission on Social Justice*. London: Vintage.
- Crepeau, E. (2003). Analyzing occupation and activity: A way of thinking about occupational performance. In E. Crepeau, E. Cohn, & B. Schell (Eds.), *Willard and Spackman's occupational therapy* (10th ed., pp. 189–198). Philadelphia: Lippincott Williams & Wilkins.
- Crepeau, E., Cohn, E., & Schell, B. (Eds.). (2003). *Willard and Spackman's occupational therapy*. Philadelphia: Lippincott Williams & Wilkins.
- Dawson, J. (2007). Self-advocacy: A valuable skill for your teenager. Retrieved January 20, 2007, from wwwschwablearning.org
- Dickie, V., Cutchin, M. P., & Humphry, R. (2006). Occupation as transactional experience: A critique of individualism in occupational science. *Journal of Occupational Science*, *13*, 83–93.

- Dunn, W. (2000). Best practice in occupational therapy in community service with children and families. Thorofare, NJ: Slack.
- Fiese, B. H., Tomcho, T. J., Douglas, M., Josephs, K., Poltrock, S., & Baker, T. (2002). A review of 50 years of research on naturally occurring family routines and rituals: Cause for celebration? *Journal of Family Psychology*, 16, 381–390.
- Filley, C. M. (2001). Neurobehavioral anatomy. Boulder: University Press of Colorado.
- Fisher, A. (2006). Overview of performance skills and client factors. In H. Pendleton & W. Schultz-Krohn (Eds.), *Pedretti's occupational therapy: Practice skills for physical dysfunction* (pp. 372–402). St. Louis: Mosby/Elsevier.
- Fuhrer, M. J. (Ed.). (1987). Rehabilitation outcomes analysis, and measurement. Baltimore: Brookes.
- Goodman-Lavey, M., & Dunbar, S. (2003). Federal legislative advocacy. In G. McCormack, E. Jaffe, & M. Goodman-Lavey (Eds.), *The occupational therapy manager* (4th ed., pp. 421–438). Bethesda, MD: AOTA Press.
- Heilman, K. M., & Rothi, L. J. G. (1993). *Clinical neuropsychology* (3rd ed.). New York: Oxford University Press.
- Hetzler, W. (1984). Wellness—The lifetime goal of a university experience. In J. D. Matarazzo, S. M. Weiss, J. A. Herd, N. E. Miller, & S. M. Weiss (Eds.), *Behavioral health: A handbook of health enhancement and disease prevention* (p. 1117). New York: Wiley.
- Hinojosa, J., & Kramer, P. (1997). Fundamental concepts of occupational therapy: Occupation, purposeful activity, and function [Statement]. *American Journal of Occupational Therapy*, *51*, 864–866.
- Kielhofner, G. (2002). Motives, patterns, and performance of occupation: Basic concepts. In G. Kielhofner (Ed.), *A model of human occupation: Theory and application* (3rd ed., pp. 13–27). Philadelphia: Lippincott Williams & Wilkins.
- Kramer, S., McGonigel, M., & Kaufmann, R. (1991). Developing the IFSP: Outcomes, strategies, activities, and services. In M. McGonigel, R. Kaufmann, & B. Johnson (Eds.), *Guidelines and recommended practices for the individualized family service plan* (2nd ed., pp. 41–49). Bethesda, MD: Association for the Care of Children's Health.
- Kronenberg, E., Algado, S. S., & Pollard, N. (2005). *Occupational therapy without borders: Learning from the spirit of survivors*. Philadelphia: Elsevier/Churchill Livingstone.
- Larson, E., & Zemke, R. (2004). Shaping the temporal patterns of our lives: The social coordination of occupation. *Journal of Occupational Science*, *10*, 80–89.
- Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). Person–environment–occupation model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy*, 63, 9–23.
- Law, M., Polatajko, H., Baptiste, W., & Townsend, E. (1997). Core concepts of occupational therapy. In E. Townsend (Ed.), *Enabling occupation: An occupational therapy perspective* (pp. 29–56). Ottawa, ON: Canadian Association of Occupational Therapists.
- Liepmann, H. (1920). Apraxie. Ergebnisse der Gesamten Medizin, 1, 516–543.
- Lopez, S. J., Snyder, C. R., Magyar-Moe, J., Edwards, L. M., Pedxotti, J. T., Janowski, K., et al. (2004). Strategies for accentuating hope. In P. A. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 388–404).

- Hoboken, NJ: John Wiley & Sons.
- Moreira-Almeida, A., & Koenig, H. G. (2006). Retaining the meaning of the words religiousness and spirituality: A commentary on the WHOQOL SRPB group's "A cross-cultural study of spirituality, religion, and personal beliefs as components of quality of life" (62:6,2005, pp. 1486–1497). *Social Science and Medicine*, 63, 843–845.
- Mosey, A. C. (1996). Applied scientific inquiry in the health professions: An epistemological orientation (2nd ed.). Bethesda, MD: American Occupational Therapy Association.
- Moyers, P. A., & Dale, L. M. (2007). *The guide to occupational therapy practice* (2nd ed.). Bethesda, MD: AOTA Press.
- Neistadt, M. E., & Crepeau, E. B. (Eds.). (1998). *Willard and Spackman's occupational therapy* (9th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Nelson, D., & Jepson-Thomas, J. (2003). Occupational form, occupational performance, and a conceptual framework for therapeutic occupation. In P. Kramer, J. Hinojosa, & C. Brasic Royeen (Eds.), *Perspectives in human occupation: Participation in life* (pp. 87–155). Philadelphia: Lippincott Williams & Wilkins.
- Nurit, W., & Michel, A. B. (2003). Rest: A qualitative exploration of the phenomenon. *Occupational Therapy International*, 10, 227–238.
- Parham, L. D., & Fazio, L. S. (Eds.). (1997). *Play in occupational therapy for children*. St. Louis, MO: Mosby.
- Pew Health Professions Commission. (1995). *Critical challenges: Revitalizing the health professions for the 21st century.* Washington:DC.
- Pew Health Professions Commission. (1998). Recreating health professional practice for a new century: The fourth report of the Pew Health Professions Commission. Washington:DC.
- Radomski, M. V. (1995). There is more to life than putting on your pants. *American Journal of Occupational Therapy*, 49, 487–490.
- Rogers, J. C., & Holm, M. B. (1994). Assessment of self-care. In B. R Bonder & M. B. Wagner (Eds.), *Functional performance in older adults* (pp. 181–202). Philadelphia: F. A. Davis.
- Schultz, S., & Schkade, J. (1997). Adaptation. In C. Christiansen & M. C. Baum (Eds.), *Occupational therapy: Enabling function and well-being* (p. 474). Thorofare, NJ: Slack.
- Segal, R. (2004). Family routines and rituals: A context for occupational therapy interventions. *American Journal of Occupational Therapy*, *58*, 499–508.
- Sleep. (2007). The free dictionary. Retrieved June 1, 2007, from http://freedictionary.org
- Taber's cyclopedic medical dictionary. (1997). Philadelphia: F. A. Davis.
- Townsend, E. A., & Wilcock, A. A. (2004). Occupational justice. In C. H. Christiansen & E. A. Townsend (Eds.), *Introduction to occupation: The art and science of living* (pp. 243–273). Upper Saddle River, NJ: Prentice Hall.
- Trentham, B., & Cockburn, L. (2005). Participating in action research: Creating new knowledge and opportunities for occupational engagement. In F. Kronenberg, S. S. Algado, & N. Pollard (Eds.),

- *Occupational therapy without borders: Learning from the spirit of survivors* (pp. 440–453). Philadelphia: Elsevier/Churchill Livingstone.
- Webster's encyclopedic unabridged dictionary of the English language. (1994). Avenel, NJ: Gramercy Books.
- Wilcock, A. A. (2006). An occupational perspective of health (2nd ed.). Thorofare, NJ: Slack.
- World Health Organization. (1986, November 21). *The Ottawa Charter for Health Promotion. First International Conference on Health Promotion, Ottawa*. Retrieved February 4, 2008, from http://www.who.int/healthpromotion/conferences/previous/ottawa/en/print.html
- World Health Organization. (2001). *International classification of functioning, disability, and health (ICF)*. Geneva: Author.
- Zemke, R. (2004). Time, space, and the kaleidoscopes of occupation [Eleanor Clarke Slagle Lecture]. *American Journal of Occupational Therapy*, *58*, 608–620.
- Zemke, R., & Clark, B. (1996). Occupational science: An evolving discipline. Philadelphia: F. A. Davis.
- Zhan, L. (1992). Quality of life: Conceptual and measurement issues. *Journal of Advanced Nursing*, 17, 795–800.