Letters to the Editor

Katz Wants Citations of Her Work Corrected

Two errors regarding my work appeared in the June 1990 issue of AJOT. First, David and Riley (“The Relationship of the Allen Cognitive Level Test to Cognitive Abilities and Psychopathology,” pp. 493–497) cited my research but gave the wrong numbers. The correlation on page 493 should be .46 rather than .986. I regret that the authors made this mistake, for future researchers as well as clinicians should use the correct data.

The second error appears in the Book Reviews (pp. 565–571). My name was omitted as the first author of the book reviewed by Stoffel (p. 568). The correct citation is The Development of Standardized Clinical Evaluations in Mental Health by Noomi Katz, PhD, OTR, and Claudia Kay Allen, MA, OTR, FAOTA (1988).

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Measuring the Integrity of the Vestibular System

I would like to thank Wiss and Clark (“Validity of the Southern California Postrotary Nystagmus Test: Misconceptions Lead to Incorrect Conclusions,” July 1990, 658–660) for commenting on my paper (Cohen, 1989). It gratifying to know that my work has been read; it is equally gratifying to know that my paper has been thought-provoking, even if the readers have missed the point.

The Southern California Postrotary Nystagmus Test does not assess the integrity of the vestibular system because, its serious methodological problems aside, it uses the wrong dependent measure. The appropriate parameter for measuring the accuracy of the vestibular system in sensing head velocity (the time integral of its adequate stimulus, acceleration) is gain (the output-input ratio) in darkness.

This test purports to measure duration, which is related to the time constant, not the gain. The time constant, and thus the duration, habituates with repeated trials, except in subjects with lesions affecting the velocity storage integrator, such as lesions of the cerebellar nodulus and uvula (Cohen & Cohen, 1989). Duration does not indicate the adequacy of vestibular function.

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References


Developing a Frame of Reference

In her article “The Issue Is—Intrinsic Motivation” (May 1990, pp. 462–463), Arnsten makes two important points. The first is her acknowledgment that if one is treating a lack of intrinsic motivation, then treatment needs to be based on a frame of reference that is germane to this area of function. The second is that an adequate frame of reference in this area has not been developed. After advocating the need for a frame of reference to provide guidelines for treating a lack of intrinsic motivation, Arnsten describes an orientation used to guide her practice. This orientation is based solely on observation and practical inquiry, and thus provides little information about a theoretically based frame of reference.

A frame of reference has been defined as “theoretically based information that provides direction for activities that facilitate assessment and foster problem resolution in relation to a specified element of a professional’s domain of concern” (Mosey, 1989, p. 7). The development of a frame of reference is a process involving applied scientific inquiry or, more specifically, extrapolation, which is a four-step process (A. C. Mosey, personal communication, February 12, 1990).

The initial step is analysis of the enigmatic process. The goal of this process is to establish a starting point in the search for theoretical information. The next step is to identify suitable theories and empirical data. Theories to be integrated into the theoretical base of a frame of reference must be structurally adequate, valid, and compatible with occupational therapy’s body of knowledge. The third step of this process is to formulate a theoretical foundation. This includes the selection and synthesis of relevant concepts, postulates, and data from compatible theories. The fourth step is to deduce guidelines for problem identification and resolution from the formulated theoretical foundation.

After a tentative frame of reference is developed, it must be assessed and refined. This process also involves applied scientific inquiry with various research designs to make the frame of reference more specific and to determine its safety, efficacy, efficiency, and acceptability to clients.

The process of developing, assessing, and refining a frame of reference is an ongoing process that continues until an adequate frame of reference is formulated. Engaging in and becoming skilled in this process will enhance occupational therapists’ ability to meet the ever-changing needs of persons in treatment and to improve treatment intervention with the population they serve.

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References


Level I Fieldwork Is Important to Students’ Growth as Professionals

Use of the job model to evaluate students’ accomplishments, as suggested by Winter, Peterson, and Winter (February 1990, pp. 161–165), has potential for improving the evaluation of students participating in a Level I fieldwork experience. However, I disagree with the authors’ stated objec-