Over the years occupational therapy has adapted to historical, cultural, and technological change—while always staying focused on helping people to participate in their daily life occupations. As knowledge has developed and adaptations have occurred, the language that the profession’s practitioners use to describe what they do and how they do it has also evolved. The *Occupational Therapy Practice Framework: Domain and Process* (Framework) is an example of the natural evolution in terminology and language that occurs in a viable and dynamic profession. The Framework was adopted at the May 2002 meeting of the Representative Assembly and will replace the *Uniform Terminology for Occupational Therapy—Third Edition* (UT-III) (American Occupational Therapy Association [AOTA], 1994).

In early 1999, the Commission on Practice (COP) began the process of reviewing UT-III and seeking feedback from practitioners, leaders, and scholars on whether it should be rescinded or revised. After review of the extensive feedback, the Commission decided that there was still a need for a document that outlined the constructs in the profession’s domain. However, many changes had occurred in the practice environment and profession’s knowledge base since UT-III’s adoption in 1994. Practice patterns in traditional health care settings were changing due to shifting reimbursement parameters. Practitioners had to rethink their practices. Occupational therapists and occupational therapy assistants were seeking support for applying occupational therapy in new practice arenas. The increased interest in the study of “occupation” was stimulating discussion about “occupation-based” practice in all areas and placing increased attention on the construct of occupation. A common theme in all of these shifts was the need to reaffirm and clarify what occupational therapy practice is all about. With these changes forming the backdrop for discussion, the Commission began to rethink what the purposes and format of a new document should be.

The Commission concluded that the new document needed to be a different kind of document—one that could be helpful to practitioners adapting to these changes and assist them in clarifying the profession’s domain and process for internal and external audiences.

In reviewing the feedback and discussing the profession’s current status, the Commission identified several issues that needed to be addressed in the new document:

- The outline of the domain needed to be clearly tied to the idea of occupation and should reflect recent thinking and new constructs.
- The document needed to explain how the construct of occupation was integrated throughout the occupational therapy process and how the domain and process were related. The process description needed to be general enough to be applicable across specialties and in newly developing arenas. At the same time, it needed to illustrate how all practice was linked by its focus on helping people engage in meaningful everyday life activities.
- The language and terminology used in the new document needed to be updated to reflect current knowledge and revised to include terminology more familiar to other disciplines as well as the terminology outlined in the World Health Organization’s (WHO) *International Classification of Functioning, Disability and Health* (ICF) (WHO, 2001). Use of more familiar language would help external audiences to more clearly understand the profession’s interests and contributions to health care.
- The new document needed to more explicitly describe occupational therapy’s outcomes and contribution to health. Occupational therapists needed to understand their role within a larger societal and health context in order to position themselves in changing traditional areas and to take advantage of opportunities in emerging arenas. Clients needed to be recognized not only as individuals but as
groups, organizations, and communities.

The interventions that occupational therapists provided needed to include not only those aimed at remediating problems but also those aimed at preventing and promoting health from the occupational therapy perspective.

To address these needs, the Commission decided to develop a document that outlined the domain, but also described the process that was used to deliver services within that domain. The domain and process described in the Framework are interrelated. The domain describes the area of human activity in which the profession's practitioners focus. It is much like the foundation of a building—it provides the underpinning on which practitioners construct their activities. It circumscribes their area of interest. The process can be compared to the building's structure—the wall, beams, and roof. The process includes the structural pieces (evaluation, intervention, and outcomes) that practitioners use when they deliver services to clients. The process is “built” on the domain and the domain defines the parameters for the activities that occur during the process. Together, these two parts—the domain “foundation” and the process “structure”—form a “framework” for practice.

The emphasis on occupation as the core of our profession was integrated into both the domain and process. The phrase “engagement in occupation to support participation in context or contexts” was delineated as the overarching term that describes the profession’s domain. A shortened version of this phrase, “engagement in occupation to support participation,” was chosen to designate the broad targeted outcome of the occupational therapy process. The similarity of these two phrases—one in the domain and the other in the process—serves to link the domain and the process and ensures that both domain and process are grounded in a focus on occupation.

The phrase “engagement in occupation to support participation” was purposefully placed after “engagement in occupation” to illustrate that occupational therapists believe that supporting individuals to engage in occupations allows them to naturally make the transition to participating in a variety of real life contexts that are meaningful to them. The inclusion of the term “participation” along with “occupation” in this phrase firmly places occupational therapy’s contribution to health within the Activities and Participation domain delineated in the ICF. Positioning occupational therapy in this domain makes a clear statement about occupational therapy’s contribution to health—a focus on helping clients (individuals, groups, or organizations) to engage in occupations (i.e., daily life activities that are purposeful, meaningful and important to the client) that enable their participation in life situations.

Several features of the process outlined in the Framework help to ensure that the process stays centered on occupation and focused in the profession’s domain. The initial step in the Evaluation section, the Occupational Profile, focuses on the client’s personal occupational history, current concerns regarding engaging in occupations, and personal priorities. Acknowledging this step as a distinct part of the evaluation more explicitly connects the evaluation to the profession’s focus on occupations and provides an understanding of how issues in engaging in occupation affect the client’s life. The Outcomes step of the process, which states that the expected outcome of intervention is engagement in occupations to support participation, ensures that all interventions are directed toward the target of achieving engagement in occupations.

As you read the Framework you will notice modification of previous terms and the addition of some new terms and language. For example, performance areas are now called Areas of Occupations in an effort to again point out that the profession’s focus is on occupation and the variety of categories into which they may be organized. Performance components have been re-sorted and recategorized into Performance Skills (observable actions that the client performs) and Client Factors (underlying abilities that are based in the client’s physiological functioning, including body functions and body structures). This differentiation was made in response to the previous performance component list, which included dissimilar items (i.e., skills, body functions, body structures, and other even broader constructs such as roles). This differentiation offers more precise language for understanding and describing performance. This change in language and terminology will help occupational therapists and occupational therapy assistants to clarify their thinking and encourage them to be more accurate about what they are observing and reporting.

New constructs added to the domain include performance skills, performance patterns, and activity demands. These additions were not previously explicitly identified in the UT-III. However, they are not new constructs in the profession's thinking and have been included in the Framework’s domain description to more accurately identify all aspects of engaging in occupations that fall within the profession's domain.

The Framework provides numerous lists and definitions of terms for aspects of the domain and process. The listings are intended to provide broad categories and some specific examples to inform understanding. Occupational therapists and occupational therapy assistants who read and apply this information will develop additional examples. The listing of examples is not intended to be all-inclusive.

The Occupational Therapy Practice Framework claims occupation as the central focus of the profession’s domain and frames how this focus can be applied in the process of service delivery. The emphasis on engaging in occupation in the domain and process differentiates the profession’s focus and activities from those of other disciplines. The revised terminology and new constructs in the document provide a richer language that will allow practitioners to more fully and accurately explain who they are and what they do. Together, the domain and process provide a framework for practice that clarifies the profession’s role by emphasizing the focus on engaging in occupation as a vital force in attaining health and well-being.

References
