The Issue Is

Measurement of Function: Actions for the Future

Editor's Note. The following "Issue Is" is one of two papers presented as final summaries at the Symposium on Measurement and Assessment: Directions for Future Research in Occupational Therapy. To fit the format and length criteria of this column, the editors have extracted only the authors' recommendations for action or change. The author may be contacted for a copy of her full manuscript.

How do we capture the essence of life as a human being, the meaningful nature of the person’s choices, and the functional integrity of performance? It is much like trying to explain the difference between seeing a picture of the Grand Canyon and being there yourself, or watching a videotape of Phantom of the Opera rather than sitting in the audience at a performance. There is an essential, qualitative difference in these experiences, and therefore in how we must proceed in our evaluation of performance. We have the additional, simultaneous challenge to assess performance in a way that is convincing to others, and therefore must be systematic and relevant to the systems within which occupational therapists work. If this endeavor succeeds, several positive outcomes will occur. Persons' lives will be enhanced from our successful efforts on their behalf; occupational therapy will be validated as a viable discipline; the discipline of occupational therapy will be further developed and defined; payers will seek out our services; federal agencies will fund our work. I propose several strategies that will facilitate the use of contextually relevant ways to measure function.

General Considerations

Several general considerations will enable occupational therapy to address functional assessment in an effective and viable manner. We need to select what to evaluate based on the view of the person who would benefit from occupational therapy services.

We need to consider the fact that a contextual approach to assessment provides an opportunity to identify what the person needs or wants to do. It is essential for occupational therapy to begin assessment at this level and to create goals for services from this list of expressed needs. This strategy has the advantage of engaging the person's motivational system, providing another mechanism to facilitate a successful outcome.

A contextual approach does not preclude assessment of other aspects of performance; rather, it creates a frame of reference for the other data that might be collected about the person. If a person expressed a desire to care for personal hygiene, the therapist would investigate what is keeping the person from completing these tasks successfully. This investigation would include observation of performance within an appropriate context, such as the person's own bathroom, and the therapist would record notes on the performance components that contribute to, or create barriers for, performance of personal hygiene tasks.

We need to embrace the approaches of promotion, prevention-intervention, and compensation as rigorously as we have embraced remediation in service provision. This consideration sets the tone for what is acceptable to assess. A remedial approach (i.e., identify what is wrong and create a plan to fix it) implies that the person has the problem, and therefore the person is always what needs to be fixed. Other approaches include (a) promotion: create a plan that facilitates the typical evolution of skills, (b) prevention-intervention: identify risk factors and create a plan that precludes the problem from occurring, and (c) compensation: identify what is wrong and find a way to work around it. These approaches focus on the context of the performance and acknowledge that there are other resources to solving the performance dilemma that the person faces. If we adopt these broader approaches to service provision, we must identify and assess the effect of environmental variables on performance.

We need to develop a new perspective about the meaning and usefulness of independence. Rather than asking whether a person is independent in tasks, perhaps we need to ask what conditions are necessary to enable the person to accomplish the task. In this perspective, we assume that the person is capable and consider what factors in the environment might be needed to support task performance. We do not consider a person who needs to wear glasses to perform tasks semi-independent, although this person would have a difficult time without glasses. Is a person who knows she needs to use notes to remind her of important information (and who uses them effectively) less than fully independent? Should a short person who needs a step stool in the kitchen be rat-
sheds only moderately independent?

Should it be considered a liability to one's independence rating if the person uses a laundry service to get clothes clean? With typical persons, adaptations are considered transparent aspects of their performance; with persons who have disabilities, these same adaptations are considered detrimental to the rating of the person's independence.

If an occupational therapist described the supports necessary to perform a desired or necessary task, the message about the seriousness of the problem would still be clear. A detailed description would indicate that the person required a lot of support, whereas a brief one would indicate a lower need for support. Persons who are skilled at identifying and using environmental resources ought to be considered resourceful in supporting their independence, rather than dependent.

We need to consider the possibility that more complex and contextual tasks may provide cues and reinforcement for functional performance that are not available in contrived and isolated tasks. In occupational therapy, we often create simpler versions of real life tasks, believing that they will be more attainable for the person. Real life tasks provide cues and reinforcements for ongoing performance that are removed when we break a task down or simulate task performance. When a person is carrying out a morning hygiene routine, the familiar objects on the sink (e.g., hairbrush, toothpaste, makeup) are reminders about what needs to be done. These environmental variables may not always provide a barrier to performance, but may help the person construct a plan of operations to complete the series of personal hygiene tasks. Therapists can capture these features of performance through documentation of the nature of the environmental variables and the task routines that the person selects.

We need to consider the possibility that there are salient variables for functional performance that have not yet been identified. In our attempts to be systematic in the assessment process, we could err by restricting our evaluation to the variables that we have already figured out how to capture in some way. This could lead to a serious omission; it is likely that there are important factors in the environment that affect performance. Occupational therapy must support exploratory research that identifies these salient variables.

Specific Considerations

Two key ways to organize strategic plans are (a) to consider the level of professional involvement that is necessary to effect changes (i.e., the person, the profession, the culture, and society), and (b) to consider the time needed to enact the strategy successfully.

Immediate Strategies

The therapist can have an immediate effect on the assessment of performance and function by incorporating a contextual approach. Therapists can begin to ask the persons and families they serve what they need and want to do in their lives. They can investigate what is important, desirable, or pleasurable for the person, and then accept and use this information when planning interventions.

As a profession, we can rekindle the concept that context represents a critical difference in occupational therapy's approach to the assessment of performance (i.e., person-environment fit). We can write and talk about context in professional arenas within and outside of occupational therapy and support investigations about how to be more systematic at capturing the salient features of the performance context.

As a society, we can become more familiar with reimbursement and eligibility criteria set by payers and other agencies for various disabilities. This information will provide a base on which to introduce necessary changes so that the person does not bear the responsibility for needing to be fixed; rather, society can identify what it needs to do to support functional performance of persons within its natural contexts.

Short-Term Strategies (1 to 2 Years)

Therapists can begin to apply the “so what?” criteria to all evaluation and measurement choices (i.e., what will I know after I administer this test or evaluation, and what is its importance for the person's life and function?). If an assessment strategy fails the “so what?” criteria, then therapists will substitute a more relevant strategy that captures more useful information. Additionally, therapists will begin to advocate that all successful ways to accomplish tasks can be functional and useful for the person; they will oppose the use of a “right way” criterion for performance.

The profession itself can support the use of exploratory and discovery methods for studies, understanding that these strategies will yield both positive and negative findings, both of which will contribute to better understanding of function. For example, persons might be videotaped in natural contexts, and therapist researchers would identify salient features of performance and their contexts and refine their hypotheses while watching the tape, rather than setting up all variables a priori. Therapist researchers might triangulate data derived from interviewing several cohorts (e.g., the person, peers, caregivers); these data could be analyzed for common and unique features. Therapists could also use skilled observations to capture salient features of interactions (e.g., frequency of task choices in a play environment) while completing an ecological assessment. Finally, as professionals we must inform each other about ongoing measurement activities, such as scale development and refinement, so that the ideas can become part of the working knowledge of the profession.

At the cultural level, we can advocate for studies that demonstrate the use of contextual assessment within interdisciplinary studies and for studies that compare standard, familiar strategies with new measurement techniques being developed. This will bridge the information gap that develops between standard knowledge and information that is being created at the cutting edge.

Long-Term Strategies (10 Years)

In a decade, therapists will routinely assess in a contextually based manner. Furthermore, because of the immediate and short-term work that will have been completed, therapists will be able to defend this approach as the assessment strategy of choice when challenged by payers and administrators. They will competently select and use evaluation tools systematically to address the functional needs of the person, and will have a wider range of evaluation tools available to them, including interviewing techniques and approaches that are ecological in nature.
strategies, observational techniques, and specific scales of functional performance in context.

As a profession, occupational therapy will be prepared to imbibe specific scaling techniques into appropriate measurement questions. We will routinely apply occupational therapy data collection strategies to eligibility and reimbursement decisions and disability ratings and will promote the concept of functional performance over that of independence.

At the cultural level, professionals will ensure that environmental adaptations are considered typical parts of environments, not limitations to the person with the disability. We will base new assessments on supports necessary to accomplish tasks. We will help persons share responsibility for what they wish to accomplish, and have logical consequences for those decisions. Due to prior efforts, occupational therapy will be widely known and typical people in the culture will seek out occupational therapists for advice about their daily lives. For example, a middle-aged couple will know to seek professional support from an occupational therapist as they decide what kind of living routine their mother needs (e.g., whether she should still be driving, whether she needs someone to stop by each day, how her home can be rearranged to make it more accessible to her).

**Summary**

Occupational therapy is built on solid principles that strongly support a functional approach to measurement and intervention. We must realign our thinking to ensure that our routine actions in practice and research demonstrate our strong commitment to contextually relevant performance.

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