Continuing the Discussion About the Special Issue on Clinical Reasoning: A Response to Elizabeth Cara

I am delighted to hear that Elizabeth Cara found the Special Issue on Clinical Reasoning (November 1991) both interesting and informative, as stated in her letter in the May 1992 Letters to the Editor column (“Issue on Clinical Reasoning Lacks Papers on Mental Health,” p. 472). Cara raised some concerns regarding the lack of citations from the area of psychology. Please note that many authors, particularly from the field of cognitive developmental psychology, were referenced in numerous articles. For example, Gilligan, Perry, Gardner, Kegan, Belenky, Clinchy, Goldberger, Tarule, Coles, Bruner, Luria, Sternberg, Hammond, and Greeno all represent the field of psychology. They have informed our thinking in a major way and have served as a foundation for the novice-to-expert continuum.

The original intent of the AOTA/AOTF Clinical Reasoning Study was to study the clinical reasoning of occupational therapists in all areas of practice, including therapists working with patients with psychosocial dysfunction. Unfortunately, we ran into obstacles with our host institution because of their concerns regarding patient confidentiality on the mental health unit. Although we were quite disappointed not to have occupational therapists working in the psychosocial area as part of the original study, we understood and respected the institution’s policies. You may be pleased to know that faculty and graduate students from the Tufts University–Boston School of Occupational Therapy have begun a clinical reasoning study at a large private psychiatric hospital in the Boston area.

Finally, we believe that the reasoning processes that were explicated by the Clinical Reasoning Study are second nature to experienced occupational therapists in all areas of practice, which is exactly why we wanted to study their practice— to identify what had become second nature and make it explicit or describable. Our profession needs a language to adequately represent the complexity of our practice.

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Infant Neurological International Battery has High Predictive Validity, and Test Author is a Pediatric Neurologist

I appreciate the review of the Infant Neurological International Battery by Lynn M. Einarsson-Backes and Katherine B. Stewart in their article entitled “Infant Neurologic Assessments: A Review and Preview of Selected Instruments” (AJOT, March 1992, pp. 221–232). I would like to draw attention to a predictive validity study by Stavrakas, Kemmer-Gacura, Engelke, and Chenier (1991) in which 243 infants had both 6- and 12-month evaluations. Discriminant function analyses showed that Factor 2, Vestibular Function, predicted cerebral palsy with 87.1% accuracy, and Factor 1, Spasticity, predicted cerebral palsy with 86.8% accuracy.

Additionally, in Backes and Stewart’s article I was described as a pediatric neurologist. Although I spent 2 years in the department of psychology at the University of Denver as a senior scientist research fellow funded by the National Institutes of Health and 8 years there as a research professor, I am a pediatric neurologist by training and profession.

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Reference


Correction


In the author identification on page 653, the academic degrees were listed incorrectly. The correct academic degrees are PhD, NCPA, OTR, FAOTA. In addition, the Colman reference on p. 659 that is dated 1990 should read, “Colman, W. (1992). Maintaining autonomy: The struggle between occupational therapy and physical medicine. American Journal of Occupational Therapy, 46, 63–70.” The AJOT editorial staff regrets these errors and hopes readers were not inconvenienced.