

COMPARISON OF ASSUMPTIONS AND KEY CORE CONSTRUCTS BETWEEN
THE OCCUPATIONAL ADAPTATION MODEL AND THE VONA DU TOIT
MODEL OF CREATIVE ABILITY

A DISSERTATION
SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY
IN THE GRADUATE SCHOOL OF THE
TEXAS WOMAN'S UNIVERSITY

SCHOOL OF OCCUPATIONAL THERAPY
COLLEGE OF HEALTH SCIENCES

BY
JOSEPH E. NOACK, MOT, OT

DENTON, TEXAS

DECEMBER 2021

Copyright © 2021 by Joseph E. Noack

DEDICATION

I dedicate this completed work to my immediate family and closest friends. If not for the constant love, patience and support given throughout this process, I could not have succeeded and would have simply chosen to stop. I am forever in your collective debt. Each one of you mean the world to me and have a special place in my heart. I have learned over time to never be afraid to pursue my dreams and have bettered myself through my own adaptive process and sense of relative mastery. Most importantly, to my professors and fellow PhD classmates, thank you for encouraging me to be passionate about being curious, to eliminate self-imposed limits led by anxiety and fear, to be self-reflective, and for leading the way in demonstrating what it means to be a life-long learner without completely losing harmony and balance in this life.

ACKNOWLEDGMENTS

I would like to acknowledge and thank those who have contributed to this dissertation. I am grateful to my advisor and research chair, Dr. Mary Frances Baxter, for her utmost patience, support, and guidance to make this research possible. I thank my dissertation committee, Dr. Cynthia Evetts and Dr. Randa Keeley and Dr. Wendy Sherwood, for their expert feedback their collective expertise and encouragement throughout this process. I am also grateful to the faculty and my classmates at Texas Woman's University who have continually challenged me to focus and to complete what I started. To the experts representing the OA model and the VdTMoCA who shared their passion, knowledge, and excitement for occupational therapy through participation in this research, thank you from the bottom of my heart. Finally, I would like to thank my support system which includes past and present relationships, my immediate family, and anyone else who has had to hear me talk about "working on the PhD" over the past 8 years. Without all of you, this goal and success would never have been accomplished.

ABSTRACT

JOSEPH E. NOACK, MOT, OT

COMPARISON OF ASSUMPTIONS AND KEY CORE CONSTRUCTS BETWEEN THE OCCUPATIONAL ADAPTATION MODEL AND THE VONA DU TOIT MODEL OF CREATIVE ABILITY

DECEMBER 2021

The purpose of this correlational, explanatory mixed methods study was to explore subject matter experts' (SME) perceptions and justifications of those perceptions, regarding how assumptions and fundamental core constructs for the occupational adaptation (OA) model and the Vona du Toit Model of Creative Ability (VdTMoCA) model compare with each other for use within the practice of occupational therapy. Fourteen SMEs ($n = 9$ OA; $n = 5$ VdTMoCA) participated in an online quantitative survey. Nine of those SMEs agreed to participate in a qualitative interview ($n = 5$ OA; $n = 4$ VdTMoCA). Quantitative outcome measures included a researcher created survey containing paired assumption and key core constructs and a "shared" statement from both OA and VdTMoCA, forming an item group. SMEs indicated agreement or disagreement to each statement using a 4-point Likert scale. Qualitative data included interview data informed by the survey responses. Descriptive statistics, intraclass correlation coefficient (ICC), and Cronbach alpha (α) were used to analyze the quantitative data. Qualitative data thematic analysis including descriptive and values coding methods were conducted. The ICC and Cronbach alpha analysis revealed an excellent level of agreement across all

item group statements at .91 ($p < .001$), and a good/excellent level of absolute agreement at .88 ($p < .001$). The qualitative data revealed three major themes: terminology and meanings of terms used, cultural applicability of models, and the need for review and timely revision of models. The need for continued alignment with current trends in practice and world events were revealed. Results indicate that OA and VdTMoCA are similar and comparable practice models based on assumptions and key core constructs.

TABLE OF CONTENTS

| | Page |
|---|------|
| DEDICATION | ii |
| ACKNOWLEDGMENTS | iii |
| ABSTRACT..... | iv |
| LIST OF TABLES | x |
| Chapter | |
| I. INTRODUCTION | 1 |
| Statement of the Problem..... | 3 |
| Statement of the Purpose | 4 |
| Research Questions | 4 |
| Quantitative..... | 4 |
| Qualitative..... | 5 |
| II. LITERATURE REVIEW | 6 |
| Occupation as a Core Construct..... | 7 |
| Occupation-based Models..... | 78 |
| Combination of Models in Practice | 9 |
| United States vs. World Practice | 10 |
| Model Comparisons | 12 |
| Occupational Adaptation | 12 |
| OA Terminology..... | 15 |
| Adaptive Capacity..... | 16 |
| Relative Mastery | 16 |
| Occupation | 16 |
| Occupational Adaptation | 16 |
| Occupational Performance..... | 16 |
| Assumptions Underlying the Theory of Occupational Adaptation..... | 17 |
| Vona du Toit Model of Creative Ability..... | 17 |
| VdTMoCA Terminology | 18 |

| | | |
|------|---|----|
| | Motivation..... | 20 |
| | Creativity..... | 20 |
| | Creative Capacity..... | 21 |
| | Creative Response..... | 21 |
| | Creative Participation and Creative Act | 21 |
| | Creative Ability..... | 22 |
| | Assumptions Underlying the Vona du Toit Model of Creative Ability | 22 |
| III. | METHODOLOGY | 24 |
| | Research Design..... | 24 |
| | Participants..... | 25 |
| | Recruitment..... | 26 |
| | Phase I: Model Assumption Pairing | 26 |
| | Item Group Development | 27 |
| | Phase II: Instrument Development..... | 29 |
| | Quantitative Survey Instrument | 29 |
| | Qualitative Instrument Guide..... | 30 |
| | Phase III: Quantitative Data Collection and Analysis | 31 |
| | Quantitative Foundational, Preliminary Analysis..... | 31 |
| | Statistical Power Analyses : Sample Size Estimates | 32 |
| | Variables | 32 |
| | Quantitative Data Analysis | 32 |
| | Threat to Validity | 33 |
| | Phase IV: Qualitative Data Collection and Analysis | 34 |
| | Qualitative Data Collection..... | 34 |
| | Qualitative Data Analysis | 35 |
| | Trustworthiness..... | 37 |
| | Triangulation..... | 37 |
| | Member Checking..... | 38 |
| | Peer Check | 38 |
| IV. | RESULTS | 40 |
| | Introduction..... | 40 |
| | Preliminary Findings..... | 41 |
| | Descriptive Statistics: Demography..... | 41 |
| | Quantitative Participants..... | 42 |

| | |
|---|--------|
| Missing Data | 43 |
| Descriptive Statistics: Initial Findings (OA)..... | 43 |
| Descriptive Statistics: Initial Findings (VdTMoCA)..... | 44 |
| Quantitative Results | 46 |
| Research Question 1 | 47 |
| Research Question 2 | 48 |
| Follow-up Analysis/Finding | 61 |
| Qualitative Results | 62 |
| Introduction..... | 62 |
| Missing Qualitative Data | 63 |
| Theme: Importance of Terminology | 64 |
| Sub-Theme A: Developmental Sequence | 65 |
| Sub-Theme B: Just Right Challenge..... | 66 |
| Sub-Theme C: Dysfunction and Adaptability Level | 68 |
| Theme: Cultural Application | 69 |
| Cultural Application for the OA Model..... | 69 |
| Cultural Application for the VdTMoCA..... | 70 |
| Theme: Need for Revision | 72 |
| Sub-Theme A: Resistance to Change | 73 |
| Sub-Theme B: Rationale for Change..... | 75 |
| Sub-Theme C: Decade for Change | 77 |
| Sub-Theme D: Future Revision Needs | 78 |
| V. DISCUSSION AND CONCLUSION | 82 |
| Overview of the Study | 82 |
| Discussion..... | 83 |
| Assumption Agreement | 83 |
| Assumption Disagreement..... | 85 |
| Cultural Considerations | 86 |
| Model Review and Revision..... | 87 |
| Limitations | 89 |
| Small Sample Size | 89 |
| Reliability and Validity of Survey Instrument..... | 89 |
| Researcher Bias..... | 90 |
| American English Use | 90 |
| Implications for Occupational Therapy | 90 |
| Recommendations..... | 91 |
| Summary and Conclusion..... | 93 |

REFERENCES95

APPENDICES

A. Assumption Pairs and Term Analysis.....109
B. Item Group Statements113
C. Quantitative Survey Instrument118
D. Qualitative Interview Guide.....127

LIST OF TABLES

| Table | Page |
|--|------|
| 1. Assumption Pairs and Term Analysis Example..... | 27 |
| 2. Item Group 3 Statement Example..... | 28 |
| 3. Descriptive Statistics: Demography..... | 42 |
| 4. Descriptive Statistics: OA SME Mean Score Agreement Across Each Item Group..... | 44 |
| 5. Descriptive Statistics: VdTMoCA SME Mean Score Agreement Across Each Item Group..... | 46 |
| 6. Internal Consistency & Absolute Agreement for SME Response to All Items on the Survey..... | 48 |
| 7. General Item Themes for Assumption/Core Construct Statements..... | 49 |
| 8. Internal Consistency & Absolute Agreement for Study Participant Response For All Items on the Study's Research Instrument..... | 60 |
| 9. Comparison of Responses to Items on the Research Instrument by Model Group SMEs..... | 62 |

CHAPTER I

INTRODUCTION

The use of theory, organizing frameworks, and practice models are at the foundation of occupational therapy practice. Assumptions, core constructs, and key principles for occupational therapy models are taught around the world and help to ground practice in theory. Individually, the models of occupational adaptation (OA) and the Vona du Toit model of creative ability (VdTMoCA) contribute to the holistic view of man and his interactions with occupation in a particular environment (de Witt, 2014; du Toit, 2015; Schkade & Schultz, 1992). Specifically, OA considers the inclusion of an intrinsically motivated (a person's desire for mastery) adaptive response resulting from an environmental demand for mastery and their combined dynamic interactions ("press for mastery") with occupational challenges (Schkade & Schultz, 1992). The VdTMoCA focuses on volition in action, level of participation, and environmental influences to help describe individuals' level of creative ability (de Witt, 2014; du Toit, 2015). Previous comparisons of models in occupational therapy are generally topical in nature, categorical in application, and not to the depth of assumptions and core constructs (Lee, 2010; Wong & Fisher, 2015).

Theoretical practice models have been compared and discussed with a global view for various purposes while sharing a common goal of supporting "best practice" in occupational therapy (Davis-Cheshire et al., 2019; Joosten, 2015; Lee, 2010; Wong &

Fisher, 2015). Comparisons of models in terms of familiarity, understanding, and clinical reasoning for choice and use in practice have been studied (Ashby & Chandler, 2010; Owen & Franszen, 2014). Specific terminology for understanding “participation” and “occupation” were addressed in a study by Larsson-Lund and Nyman (2016). Cultural appropriateness for occupational performance models were examined for how terminology within models were taught and for use specific to the VdTMoCA (Casteleijn, 2012) and a general view of limited applicability around the world due to theory and assumptions created by the “Western minority” was explored (Hammell, 2009).

Examination of theoretical models over time, even with “skepticism,” while challenging their relevance and applicability to the profession of occupational therapy is paramount to the profession of occupational therapy (Hammell, 2009; Kielhofner, 2007; Reid et al., 2019). The overall purpose and outcomes for examining theoretical models are to acknowledge and reflect changing views and, understandings, and to initiate discourse about updating existing models, including their representational diagrams (Reid et al., 2019). Ikiugu (2010) presented an organized way to analyze and critique the structure of theoretical practice models, which he based on Mosey’s extrapolation method. The OA model was used as an example to help visualize the process and included its constructs and assumptions but was not compared to other models (Ikiugu, 2010). The lack of model comparison to the depth of constructs and assumptions was recognized by Ikiugu within his study; however, the comparison has still not been done.

Hitch and Pepin (2020) most recently included OA in a comparative analysis to the pan occupational paradigm (POP) using core construct alignment. Unfortunately, comparisons between models specifically identifying similar terms, similar meanings, and core constructs used in occupational therapy have not been described to the depth of their assumptions; thereby leaving any similarities and differences between occupation-based performance models in occupational therapy unexplored. The models of OA and VdTMoCA are no exception to this exclusion.

Reasons for a lack of global acceptance and use for the OA model and the VdTMoCA are not readily apparent, although a cursory rationale can be attributed to the complex concepts, constructs, and sub-processes that make up each of these models and require formal education, training and practice for use. Even the use of the term “occupational adaptation” as a combined construct may cause some confusion with OA and limits clarity for the model (Grajo et al., 2018). Similarly, the VdTMoCA contains unique terminology including “creative” and “creative ability” that requires explanation and delineation prior to use with the model as the definitions differ from common perceptions surrounding what it is to be “creative” and “creativity” (van der Reyden & Sherwood, 2019). Another limitation of OA in practice is the lack of assessments available for measuring its constructs. Even after OA’s initial conception in 1992, and revision in 2014 (Schultz, 2014) only one measure, the Relative Mastery Measurement Scale (RMMS) continues to be attributed and unique to the model (George et al., 2004). First described in the late 60s and early 70s, the VdTMoCA has not garnered attention in

occupational therapy literature globally for a couple of reasons. First, its founder Vona du Toit passed away suddenly in 1974 and although the model continued to be taught at the University of Pretoria and used in long-term mental health care in South Africa, education, research, and knowledge about the model did not extend beyond those borders. It was not until the model was adopted in practice in the United Kingdom around 2003 that it began to populate in formal research and publications (Watson & Coetzee, 2019).

Statement of the Problem

By choosing to compare OA and VdTMoCA, one can recognize surface level similarities and then compare further with a deeper examination of each model's assumptions and core constructs. Organizationally, both models are considered as occupational performance based, developmental, and holistic (Joubert, 2019; Schultz, 2014). Many of the model assumptions appear similar in nature although unique terminologies are used for each. It is interesting to note another similarity between the models is the fact that both have struggled over the years in gaining a firm knowledge base, thereby limiting their popularity and use.

Through comparison of these two models, the potential exists to better understand the assumptions and core constructs along with the discourse (terminology and meanings) related to the models more comprehensively. In following this process, the possibility exists to strengthen the models individually and to ensure their updated practical use and meaningful place in current occupational therapy practice. A preliminary, exploratory

study to establish a degree of agreement of model assumptions and key core constructs would best be performed using subject matter experts (SME) for occupational therapy. To date, however, SMEs from the profession of occupational therapy have not had an opportunity to provide their perceptions, beliefs, or professional opinions related to comparing the assumptions and key core constructs that make up and inform the teaching and application of OA and VdTMoCA.

Statement of the Purpose

The purpose of this correlational, explanatory mixed methods study is to explore SMEs' perceptions and justifications of those perceptions, regarding how assumptions and fundamental core constructs for the OA model and the VdTMoCA model compare with each other for use within the practice of occupational therapy. SMEs were considered professional occupational therapists in practice, or in academics, who had conducted and/or published research on either the OA or the VdTMoCA model.

Research Questions

This study included three research questions, two quantitative questions and one qualitative question.

Quantitative

1. To what degree do SMEs express agreement with professional practice assumption alignment represented on the research instrument?
2. To what degree do SMEs express agreement within dimensions of professional practice assumption alignment represented on the research instrument?

Qualitative

3. How do SMEs describe their rationale related to their agreement or disagreement on OA and/ or VdTMoCA assumptions and core construct alignment?

CHAPTER II

LITERATURE REVIEW

A guiding philosophy for practice is paramount and was encouraged by both Kielhofner (2007) and Wilcock (1998) who reminded practitioners that this philosophy should be dynamic and able to change in response to research, changes in theory, and in response to world and social events. The use of theoretical occupational performance-based models helps to direct the provision of services and guide selection of a frame of reference for practice (Wong & Fisher, 2015). The foundational core of these models for practice incorporates specific constructs, assumptions, and terminologies that continue to be at the center of occupational therapy research and discourse for practice (Kielhofner, 2007; Turpin & Iwama, 2011; Wong & Fisher, 2015). Within the last 10 years researchers have focused more on (a) which models are taught in therapist preparation programs and which are used in practice, (b) what model comparisons have been completed, and (c) how to expand applicability of models in a world context while remaining focused on the accepted and professed professional philosophy (Gustafsson et al., 2014).

This chapter presents relevant research with a narrowed focus to justify the comparisons and similarities for assumptions and selected core constructs between the OA model and the VdTMoCA. The first section examines the use of occupation as a core construct in occupational therapy. A brief review of the perceptions and use of

occupational performance-based models in practice is made and how models may be combined in practice for strengthened value and use follows. Finally, model use differences in the United States versus practices in other countries around the world, highlighting South Africa, are addressed.

Occupation as a Core Construct

In the 1980s and 1990s, occupational therapy researchers highlighted the efforts of developing theoretical practice models and frameworks that focused on occupation (Evans, 1987; Kielhofner & Burke, 1980; Law et al., 1996; Schkade & Schultz, 1992). Evans (1987) defined and reconnected the term *occupation* as the common core of occupational therapy. She stated that “Occupation is defined as the active or doing process of a person engaged in goal-directed, intrinsically gratifying and culturally appropriate activity...and is a confirmation and commitment to the original mission and purpose of the profession” (Evans, 1987, p. 627). During that same time period, professional literature in occupational therapy highlighted views on occupation as central to practice as opposed to the mechanistic and biomechanical frameworks previously used, which served to align with the medical model (Townsend & Polatajko, 2013). Whiteford et al. (2000) provided a summary of reflections on the profession and factors leading to the shift of focus back to occupation. The authors pointed out that “occupational therapists around the world have increasingly ascribed to theoretical models in which occupation and occupational performance are core concepts” (Whiteford et al., 2000, p. 63). Gustafson et al. (2014) expanded on this idea of occupation and occupational

performance as core concepts in occupational therapy and encouraged therapists to apply evidence-based practice and decision making through the “lens of the occupational therapy philosophy” (p. 123).

Occupation-based Models

A general review of the past two decades in occupational therapy revealed that researchers utilize occupation-based models for a variety of purposes. Research related to the current study focus and explore topics including which models are taught in professional training programs for occupational therapy and student perceptions of the value in practice for the models. For example, Ashby and Chandler (2010) conducted a study involving occupational therapy training programs in Australia, the United Kingdom, Canada, and the United States. Survey results indicated that the three models emphasized in instruction included (a) the Canadian model of occupational performance and engagement (COMP-E) with 98.5% total respondents, (b) the model of human occupation (MOHO) with 98.5% total respondents, and (c) the person-environment-occupation-performance (PEOP) at 81% total respondents.

Of note is although OA was included in this study, respondents indicated only 8.3% of programs taught the model in the United Kingdom. Only 30% of programs taught the model in the United States, even though the United States was the originating country of the model. The total percentage of programs, based on 13 respondents ($n = 1$ from United Kingdom and 13 from United States) from the total number of respondents ($N = 69$) that taught OA was 20%, evidencing a significant lack of instruction or focus on

OA as an occupational performance-based model in most training programs (Ashby & Chandler, 2010). The VdTMoCA was not included in the study by Ashby and Chandler (2010).

Most recently, Davis-Cheshire et al. (2019) examined practitioner perceived value in the choice and use of models within the United States. Findings indicated the most frequently used models were reported as PEOP (31.96%), MOHO (29.22%) and “No Models” (19.63%). OA was reported with 5.94% frequency of use and the VdTMoCA was reported as used by one respondent and represented less than half of 1% of the total (Davis-Cheshire et al., 2019). Outcomes for increased value and general model use were demonstrated, however advocacy for consistency in terminology and use of common language were encouraged (Davis-Cheshire et al., 2019).

Combination of Models in Practice

Influenced by previous studies that found a lack of use and importance placed on connecting theory and use of theoretical models with practice in occupational therapy (Kielhofner & Burke, 1980; O'Neal et al., 2007; Taylor et al., 2005), Ikiugu et al. (2009) proposed a structured framework for choosing and organizing practice models. Ikiugu's framework reference was based on the use of eclecticism from the field of psychotherapy and the work of Norcross and Beutler (2000). Ikiugu et al. (2009) developed an eclectic framework that was developed to provide a structured method for organizing decision making in both the evaluation and treatment phases for occupational therapy. In a follow-up study on the benefit of training on the application and use of an eclectic framework,

occupational therapy students were studied and found to have an increased sense of confidence for model application and combined model use (Ikiugu & Smallfield, 2011). Ikiugu (2012) later found that therapists in the United States valued model use and were using multiple practice models to guide evaluations and treatment planning, but they did not have an organized way to describe their decision-making process. Yet, there are many who disagreed with the practice and discouraged its use both within occupational therapy and in eclectic psychotherapy (Markowitz, 2005; Nakamura-Thomas et al., 2015).

Further, Ikiugu et al. (2019) recently discovered that use of an eclectic framework improved therapists' clinical reasoning for theory use. The growth of recent literature in occupational therapy continues to support the purposeful selection of models and the use of an eclectic framework. Further investigation of its application and use as recommended by Ikiugu et al. (2019) may contribute to a more holistic view, review, understanding, and use of occupational performance-based practice models.

United States vs. World Practice

The practice of occupational therapy has blossomed around the world. With this increase, several researchers have called attention to the need for examining model terminology and cultural appropriateness across countries and cultures. Treatment philosophies between Western culture and Eastern culture have been at the center of some studies while attempting to justify, implement, or make recommendations for best practice in model use. Iwama (2007) encouraged therapists to consider culture in this way: "Matters of culture not only speak to issues of diversity and inclusion but also to the

creation of knowledge, theories and the structures and contents of occupational therapy practices” (p. 184). Jansen-van Vuuren et al. (2020) highlighted the role and scope of occupational therapy practice in Africa and exposed an overall need for awareness and inclusion of culturally appropriate content within an occupational context and sensitivity to the need for community interdependence instead of independence. In a study from India, Tripathi, et al. (2017) focused on the alignment of culture and Eastern context while implementing the Kawa model. These researchers shared many of the cultural differences, themes, and complexities of providing occupational therapy services within cultural contexts. Malkawi et al. (2020) examined the challenges with implementation of occupational therapy using a Western philosophy base and confusing terminologies in an Arabic culture. The issues with using models and core constructs developed for Western practice were highlighted and discussed with a recommendation to “engage [occupational therapy] students in conversations about developing theories and practice recommendations that align to their culture and client preferences” (Malkawi et al., 2020, p. 6).

An increase in awareness and use of occupational performance-based models is occurring around the world. When viewed from the lens of cultural sensitivity and understanding, researchers continue to advocate for critical analysis of terminology and meaning of concepts of theories and models in occupational therapy practice. Hammell (2018) encouraged the profession to question and update models and theories from this perspective and for this purpose.

Model Comparisons

An in-depth knowledge of which models are being taught and used in practice, while understanding any similarities and differences between models taught and used in other countries is key to the profession's growth and relevance in practice. Analysis that probes and seeks to align models based on terminologies and core constructs is novel. With this in mind then, it makes sense that the alignment process initially be conducted with two similar models based on their terminologies, assumptions, and key core constructs. Although current research has focused on the use of occupational performance models that serve to guide practice there appears to be a growing concern within occupational therapy regarding conflicting understandings and use of terminology and core key concepts within them (Johansson et al., 2018). A call for closer examination and comparison of these models with regard to the terminology used for assumptions and core constructs is warranted (Hitch & Pepin, 2020; Lee, 2010).

Occupational Adaptation

OA is described in the literature as a holistic, developmental, occupation-performance based theoretical framework and as a practice model (Schkade & Schultz, 1992). In the United States, OA is one practice model that encompasses and considers individuals as a whole, while working toward an adaptive process. This process occurs, according to Schkade and Schultz (1992), through an intrinsic desire to master or overcome environmental demands while utilizing an adaptive response—the results of which are either effective or ineffective. As founders of the theory and OA model,

Schkade and Schultz (1992) describe how the adaptation process (i.e., a developmental continuum that is internal to each person) begins at birth and continues throughout one's lifespan. A person's constant and persistent desire for mastery, along with the environment's continuous demand for mastery, creates an interaction between the two that Schkade and Schultz describe as a "press for mastery." The adaptation process occurs and is influenced by this interaction. Relative mastery is the product from the adaptation process and is measured by the three properties of efficiency, effectiveness, and satisfaction (Schkade & Schultz, 1992). The focus and emphasis within OA are on an individual's ability to actively engage in their own decisions, self-evaluate, and determine mastery for themselves.

Several researchers have demonstrated the use of OA applications in treatment with a variety of populations. The researchers have investigated a variety of purposes of the adaptation process and how self-reported mastery through motivation influences an individual's recovery process (George-Pascal & Bowen, 2019; Johansson & Björklund, 2006; Krusen & George-Pascal, 2018). In a study involving cerebrovascular accident clients, Gibson and Schkade (1997) implemented an OA framework and documented higher levels of functional independence and shorter in-patient stays as outcomes. Also, using OA and the functional independence measure (FIM), Jackson and Schkade (2001) compared the use of biomechanical and occupational adaptation models for treating persons with hip fractures. Their findings indicate that client centered interventions using the OA model resulted in higher satisfaction scores and increased functional

independence. In another hospital-based study using qualitative methods, it was recommended that OA be used with patients in a long-term hospitalization setting with multi drug resistant tuberculosis (Firfirey & Hess-April, 2014). A lack of participation in meaningful and purposeful occupations that provided a sense of satisfaction indicated a significant barrier to recovery during long term hospitalization. The ability for occupational choice and involvement in purposeful occupations were recommended in the study, in combination with implementing an OA framework (Firfirey & Hess-April, 2014). The use of the term *occupational adaptation* was also studied using a qualitative approach as a social process and found to occur over time and is influenced by social relationships and interactions within various environments (Nayar & Stanley, 2014).

After nearly three decades of use in occupational therapy, the OA model has remained relatively unchanged. Johansson et al. (2018) illuminated the gaps in research using OA, specifically finding a need for theory re-evaluation, quantitative studies with robust designs, and additional considerations among a greater variety of populations. Grajo et. al. (2018) conducted a scoping review and found differences between how the term occupational adaptation is used as a theory in the OA model and how it is interpreted and used in occupational therapy practice. Differences included occupational adaptation in the MOHO (Kielhofner & Burke, 1980); its use in occupational science literature (Frank, 1996); and as a concept (Walder et al., 2019). Grajo et. al. (2018) further found the term occupational adaptation in reference to its use as a construct. In addition, Johansson et al. (2018) conducted a scoping review and found limitations to

OA's acceptance and use due to confusion in terminology, a lack of measurement tools associated with OA, and a paucity of published research outcomes in a variety of populations. Diverse use then, and a broad range of understanding in occupational therapy with the term occupational adaptation, make it more important to distinguish between these general uses and the OA model. Continued research involving the OA model, clarification of terminology, connectivity and use in practice, importance to the field of occupational therapy, and its application with a variety of unstudied populations would serve to further validate and facilitate OA use in occupational therapy practice (Grajo et al., 2018; Johansson et al., 2018).

OA Terminology

Interpretation of assumption statements begin with an understanding of the terminology used and then restating or rephrasing the concept using synonymous terms and meanings derived from within the collective use and understanding from occupational therapy practice. In this section, individual terms are briefly examined for their general, or broad definitions, and when necessary, clarified as to how the term is specific to occupational therapy. The importance of defining terms in this way is to ensure clarity, while making every attempt to adhere to the original author's intent for the model.

Adaptive Capacity

The capability a person possesses to perceive the need for adaptation. The amount or strength of this capacity is a result of the cumulative experiences a person has in

responding adaptively and mastering occupational challenges over the lifespan (Schultz, 2014).

Relative Mastery

A measure of occupational adaptation performance for efficiency, effectiveness, and satisfaction (Schkade & Schultz, 1992).

Occupation

“An individual’s everyday activities characterized by three properties: active participation, meaning to the person, and a product that is the output of a process”. (Schkade & Schultz, 1992, p. 831).

Occupational Adaptation

The dynamic interaction between the person and environment where the demands from the environment are mastered through occupational performance and can be viewed as a process (Schultz, 2014).

Occupational Performance

The complex interactions between the person and the environments in which they carry out activities, tasks and roles that are meaningful to, or required of them (Christiansen et al., 2015).

Assumptions Underlying the Theory of Occupational Adaptation

Assumptions for OA were obtained from Schultz (2014, p. 528) and are listed below:

Assumption 1: Competence in occupation is a lifelong process of adaptation to internal and external demands to perform.

Assumption 2: Demands to perform occur naturally as a part of the person's occupational roles and the context in which they occur.

Assumption 3: Dysfunction occurs because the person's ability to adapt has been challenged to the point at which the demands for performance are not met satisfactorily.

Assumption 4: The person's adaptive capacity can be overwhelmed by impairment, physical or emotional disabilities & stressful life events.

Assumption 5: The greater the level of dysfunction, the greater is the demand for changes in the person's adaptive processes.

Assumption 6: Success in occupational performance is a direct result of the person's ability to adapt with sufficient mastery to satisfy the self and others

Vona du Toit Models of Creative Ability

Another occupational performance-based theoretical practice model in occupational therapy is the VdTMoCA which originated from theory and practice in South Africa among therapists working with chronic mental health clientele (Watson & Coetzee, 2019). There has been a recent surge in occupational therapy research in the past

decade using the VdTMoCA. Originally, the model was developed in the late 1960s and early 1970s by Vona du Toit but has remained in South Africa primarily as a practice model. The Vona and Marie du Toit Foundation was established in South Africa in 1973, but it was not until 2005 that a foundation named The VdTMoCA Foundation (UK) was established in the United Kingdom, which has facilitated organization of resources, research in and communication about the model (Watson & Coetzee, 2019). Training and implementation for the VdTMoCA in Japan, Turkey, Singapore, and Australia have gained momentum in recent years and research involving the practice model with a variety of populations are currently underway (Sherwood & Wilson, 2019). A recent comprehensive text on the model was published, clarifying core concepts and use of the model for both education and clinical application (van der Reyden et al., 2019).

The research utilizing the VdTMoCA includes studies with mental health populations (de Witt, 2014); a diabetic foot program (Jansen & Casteleijn, 2009); head injury rehabilitation (Turnbull et al., 2002); intellectual disability within a long-term care facility (Van der Linde & Casteleijn, 2016); vocational rehabilitation (Casteleijn & Vos, 2007); and within a pre-vocational student program (Nel et al., 2007).

VdTMoCA Terminology

In her earliest writings and presentations, Vona du Toit (2015) advocates for occupational therapists to not use the term “creativity” to describe individuals or activities, but rather to use “more specific and functionally significant terms . . .” (p. 21). Specific terms are presented within the VdTMoCA that guide our understanding and

provide a clear definition for the use of the term “creative ability.” The VdTMoCA is one practice model applied in occupational therapy that specifically addresses motivation, and volition in action as a measure of creative ability.

Clear definitions for understanding and meaning are the foundation for its interactions in relationship to other functional terms such as, creative capacity, creative response, creative participation, and creative act. Creative ability represents an individual’s area of “creative capacity,” which is realized and defined or manifested within one’s being. To grow the creative ability, one must exercise creative effort on the boundaries, referred to as “maximum effort” (du Toit, 2015). She summarizes by stating “Creative ability represents the usable area of the creative capacity” (du Toit, 2015, p. 21). Creative ability, however, is built upon the foundational understanding and use of other functional terms including, motivation, creative capacity, creative response, creative participation, and creative act.

The VdTMoCA consists of many specific terms that were defined and applied initially to describe the theoretical construct in its development. van der Reyden et al. (2019) published the most updated text on the model, which includes comprehensive definitions of the terms for the VdTMoCA. Assumptions for the VdTMoCA may be viewed and further defined based on our common understanding and connectedness to terminology used in occupational therapy without changing their meaning(s) within the model. First, however, key terms, originally described by du Toit (2015) and made current by van der Reyden et al. (2019) are restated for their current definitions and

meaning as used in the assumptions. In order to use the model effectively, then, a thorough description of the VdTMoCA and its terminology are necessary to prevent its misguided, or uninformed use. Motivation is described as it relates to the VdTMoCA and the unique terms of creativity, creative capacity, creative response, creative participation, creative act, and creative ability are defined below. A list of the VdTMoCA assumptions is included.

Motivation

de Witt (2014) clarifies the working definition for the use and understanding of the term *motivation* as presented in the VdTMoCA. She explains that within the VdTMoCA, the term is best defined by Coleman, in which he describes motivation as “an inner condition of an organism that initiates or directs behavior towards a goal” (de Witt, 2014, p. 5). de Witt (2014) further stated that “the definition [and use] of intrinsic motivation is more precise,” and purports that it is the “fundamental source of energy for activity participation and occupational related behavior” (p. 5). One can extrapolate then that the process or desire to create requires an individual to possess some level of motivation. But simply possessing a desire to create does not mean an action, or volitional response will occur. du Toit (2015) explains and defines these concepts in detail within the VdTMoCA model.

Creativity

To create means “to bring into existence” (Lexico, n.d.). du Toit (2015) was clear in her preference for not using the term “creativity” stating:

Creativity cannot be applied to the creative capacity of an individual; an individual cannot possess a particular quantity or quality of creativity, and equally the term creativity cannot be applied to the product created. I would suggest therefore, that in occupational therapy we use the term creativity as little as possible and then only as a blanket or cover term. . . (p. 21)

Creative Capacity

du Toit (2015) discussed the term “creative capacity” and defines it “as the total creative potential or creative possibility for an individual” (p. 21).

Creative Response

Within the VdTMoCA, “creative response” is defined and understood as the “positive attitudinal reaction . . . an individual displays towards opportunity” (du Toit, 2015, p. 21).

Creative Participation and Creative Act

du Toit (2015) believed in the distinction between the two terms of “creative participation” and “creative act.” She described creative participation as a “doing with” process of involvement while the creative act involves “the crystallization of the creative response and creative participation into action . . . The product-producing culminating point of creative response and creative participation is the creative act” (du Toit, 2015, p. 21).

Creative Ability

Creative ability represents an individual's area of "creative capacity" which is realized and defined or manifested within one's being. To grow the creative ability, one must exercise creative effort on the boundaries, referred to as "maximum effort" (du Toit, 2015). du Toit (2015) specifically stated, "Creative ability represents the usable area of the creative capacity" (p. 21).

Assumptions Underlying the Vona du Toit Model of Creative Ability

The assumptions for VdTMoCA were garnered from both the work of du Toit (2015) and the updated text by van der Reyden et al., (2019).

Assumption 1: Each individual is an indivisible totality of mind, body and spirit, inseparable from his external world.

Assumption 2: An individual has an innate drive to encounter and master challenges in his world, evident in volition and motivation expressed in action

Assumption 3: Action is a direct manifestation of the volitional and motivational components of an individual's creative ability, evident in the nature and quality of his/her activity participation and behavior.

Assumption 4: Creative capacity and thus creative potential is present in all individuals.

Assumption 5: Development of creative ability occurs in an expanding spiral fashion.

Assumption 6: Levels and phases of growth or recovery of creative ability within the developmental process are sequential.

Assumption 7: The dynamic interaction between an individual's internal and external world influences growth, recovery, regression or decline in creative ability.

Assumption 8: An individual's response to life's demands, including the demand for change can result in adaptation, mastery and growth, while an inability to adapt or respond with a creative response leading to creative participation results in maintaining his current level of creative ability, or regression, decline and / or dysfunction.

Assumption 9: Growth and recovery of creative ability occurs as a result of exertion of effort in meeting challenges at the boundary of actualized creative capacity resulting in tangible or intangible products new to that person.

Assumption 10: An individual's achievement of mastery, success and satisfaction in meaningful activity participation, positively influences volition and motivation for action.

CHAPTER III
METHODOLOGY

Research Design

A mixed method design was used for this project. A mixed methods design is appropriate for this project because of the need to understand answers and rationale for quantitative answers through a qualitative interview.

The use of a quantitative survey created by the researcher, followed by a qualitative interview based on those results and to explain those results is additionally described as an explanatory sequential mixed methods design (Ivankova et al., 2006).

Submission and formal approval to conduct this study was obtained through the Texas Woman's University's Institutional Review Board process. The study involved four distinct phases. Phase I included pairing of assumption statements for both models, thematic analysis of terminology used in the statements for unique and shared terms and meanings, and the creation of a neutrally worded statement. In Phase II, the quantitative survey was developed to collect data on demographics, SME indication of familiarity and use for one model or the other, and agreement or alignment of each neutrally worded statement. The qualitative interview questions were developed in this phase and based on participant answers to the quantitative survey. Phase III, or quantitative phase, included

the online data collection and a description of data analysis methods. Phase IV was the qualitative SME interviews and analysis.

Participants

A network sampling technique was chosen for this study specifically to obtain a research sample of non-probability, convenient and purposive subject matter experts within the field of occupational therapy (Fraenkel et al., 2019). A generated list of potential participants that met the SME criteria was obtained through a comprehensive literature review along with relevant association and university lists. For the OA model, a list of publications from Texas Woman's University was reviewed in addition to a search of known SMEs in practice. Publications involving the VdTMoCA were accessed through foundations known to document research publications for the model. The International Creative Ability Network (2021) maintains a list of publications and research involving the VdTMoCA and was instrumental in constructing an SME list for the model. Communication through digital email for known SMEs with a request for additional contacts was made. To increase response rate, an additional request for suggestions of SMEs per model affiliation and training was made using individuals who could be considered gatekeepers for each model. Inclusion as an SME in this study involved occupational therapists who had demonstrated research, scholarly time, educational expertise, and/or publication(s) on either the OA model or the VdTMoCA model.

Recruitment

Once volunteer SMEs completed the survey, they replied as to their interest in completing an interview. The researcher contacted the interested SMEs via email. The interview dates and times were arranged through email communication and a Zoom meeting link was created and sent to each participant for their individual interview. All participants completed an online survey through PsychData and then selected an option of “yes” or “no” for a follow up interview. SMEs who choose to be interviewed participated in an online Zoom meeting.

Phase I: Model Assumption Pairing

The principal researcher for this project initiated a comparison of the assumptions and core constructs from OA to the assumptions and core constructs from the VdTMoCA. Model assumptions and core constructs that were similar were aligned, and analyzed for themes, including shared terms and/or overarching meanings. An example of one assumption pairing and resulting researcher derived themes are represented in Table 1. Color coding was used for visual clarity and ease in identifying unique terms and shared terms or meanings. The assumptions for each model are presented on the far outside columns. Then unique terms for each model were identified in the adjacent columns. Finally, the middle column represents the shared term and/or meaning. The completed assumption pairing can be found in Appendix A. The results of this process provided the foundation for the researcher created paired assumption statements between OA and VdTMoCA.

Table 1

Assumption Pairs and Term Analysis Example

| OA Assumption | OA Terms | Shared Theme Terminology | VdTMoCA Terms | VdTMoCA Assumption |
|--|-----------------------------------|--------------------------|----------------------------------|---|
| #6: Success in occupational performance is a direct result of the person's ability to adapt with sufficient mastery to satisfy the self & others | Occupational performance Adapt | Mastery | Volition Motivation Action | #2: An individual has an innate drive to encounter and master challenges in his world, evident in volition and motivation expressed in action |

Item Group Development

Paired model assumption statements were revised to purposely de-identify the model origin. Careful attention was given to avoid significantly changing the meaning of the original assumption or core construct. The second step in this process was the creation of a third neutrally worded statement that attempted to blend the two paired assumptions. This is referred to as a shared statement in this research study. Once the three statements were created for each identified assumption or core construct, an item group was formed. In summary of this process, the first statement of the item group reflected a revised assumption, or core construct from the OA model. The second statement reflected a similar and paired revised assumption from the VdTMoCA model. The third statement included in the item group was created by the researcher to include the values and themes thought to be true for both models using a combination of the

terminologies from both model assumption sources. This process resulted in a total of 11 item groups with three item statements per group, equaling 33 item statements. An example of an item group is represented in Table 2 with an OA item statement first, the VdTMoCA item statement second, and the shared item statement third. Refer to Appendix B for a completed document of item group statements.

Table 2

Item Group 3 Statement Example

| Model | Category / Theme | Item Statement |
|---------|---|--|
| OA | OA Assumption 1 | Adaptive responses to internal and external demands to perform throughout one’s lifetime result in occupational competence. |
| VdTMoCA | VdTMoCA Assumption 7 | Dynamic interactions between an individual’s internal and external world influences progression or decline toward motivation in action |
| Shared | Intrinsic / Extrinsic influence on performance OA Assumption 1 VdTMoCA Assumption 7 | Interactions from both external and internal demands or influences directly affect an individual’s motivation to perform. |

Note. OA assumption statements adapted from: (Schultz, 2014, p. 528). VdTMoCA assumption statements adapted from: (van der Reyden & Sherwood, 2019, p 63–64).

Phase II: Instrument Development

Instruments for use in this study were developed for both, quantitative and qualitative methods. A researcher created online survey was developed for the study and an interview guide was constructed for use in the qualitative interviews. The process for development is described below.

Quantitative Survey Instrument

Development of the final survey instrument used in this study consisted of two sections. Section 1 included participant demographics that assisted in gathering information regarding SME educational levels, training in the models, publications, and years of experience in occupational therapy. An invitation checkbox was included asking interested respondents to participate in a follow up interview. Section 2 included the 33 item statements which aligned with assumptions and core constructs from both the OA theory and VdTMoCA model (see Appendix C). The Likert scale was represented as the summative response scale level (Bishop & Herron, 2015). 4-point interval scale was used for the assumption statements used in the survey and indicated a range from 1 (*strongly disagree*) to 4 (*strongly agree*).

A randomization process for presenting the statements on the survey was used as a method for separating paired item group statements on the survey instrument. Each statement was printed and then cut into individual strips of paper. All statement strips were placed in a box and shaken. One by one, statements were drawn out of the box and recorded on the survey in the order drawn. The statement item number, its model of

origin, and the sequential number presented on the survey were documented in the researcher code book for item group organization and use during the analysis phase.

A peer review and thematic analysis was performed for the 11 item groups to confirm both the content and face validity of the themes and the resulting statements for both models. A secondary SME review was performed using three SMEs familiar with both models to confirm the statement content and face validity for the survey instrument. The SMEs were representatives from each model with experience in teaching and research / publications. Two SMEs were from OA and one expert represented the VdTMoCA during this review process.

Qualitative Instrument Guide

The qualitative interview protocol for this explanatory sequential mixed methods design (Ivankova et al., 2006) was semi-structured; that is, the interview questions were planned but remained flexible in delivery so that participants' descriptions, experiences, and understandings related to a phenomenon were obtained (Kvale & Brinkman, 2015). The interview guide was developed surrounding the assumptions and core construct statements derived from the two models used in the quantitative survey and informed by the SME's responses on the quantitative survey. To address the qualitative research question, the questions posed in the interview guide were designed to gather information about SMEs' survey responses and their rationale for the responses based on perceptions, familiarity, use, values, and beliefs for their respective model. Additional probing

questions were necessary to obtain further depth in SME responses. Refer to Appendix D for a copy of the qualitative interview guide.

Phase III: Quantitative Data Collection and Analysis

Quantitative data collection was conducted using the researcher developed survey uploaded to the online PsychData platform. The amount of time available for survey data collection was not restricted, but allowed all interested SMEs recruited for participation the opportunity for completing the survey over the course of 2 months.

Quantitative Foundational, Preliminary Analysis

Foundational analyses were conducted prior to the formal analysis of findings associated with the study's proposed research questions. An evaluation of missing data (person-level and response items), internal reliability of study participant response to all item groups on the research instrument, and demographic information was conducted using descriptive and inferential statistical techniques. The probability level of $p \leq .05$ was adopted as the threshold value for statistical significance of study finding. Skew and kurtosis values not exceeding $-2.0/+2.0$ and kurtosis values not exceeding $-7.0/+7.0$ were considered as fulfilling the assumption of relative normality of data distribution (George & Mallery, 2010). Effect size interpretations reflect the conventions proposed by Sawilowsky (2009). The analysis of study data was completed using SPSS Statistics (Version 27) Predictive and Analytics Software.

Statistical Power Analyses: Sample Size Estimates

Statistical power analyses using the platform offered by Arifin (2013) was conducted to obtain parameters of sample size necessary to detect a statistically significant finding within the analyses associated with each of the first two proposed research questions. Research questions one and two feature the use of the Intraclass Correlation Coefficient (ICC) statistical analysis (expected reliability = .85; Power = 1 – β : .80; $p = .05$; number of raters = 2). As a result, a sample size range of 26 to 29 was determined to be sufficient to detect a statistically significant finding ($p \leq .05$).

Variables

The proposed study's primary independent variable is represented as a binary, categorical variable consisting of the two distinct groups of participants enlisted for comparative purposes. Demographics and covariates include gender; years of professional experience; number of publications, and professional education level. The proposed study's dependent variable are responses to items represented on the study's research instrument.

Quantitative Data Analysis

Research Questions 1 and 2 feature the utilization of the descriptive statistical techniques of frequency counts (n), percentages (%), mean scores (M), and standard deviations (SD). The ICC statistical technique is used for significance testing purposes.

The ICC is a value expressed between 0 and 1. It refers to correlations within a class of data rather than to correlations between two different classes of data. ICC is

ideally suited and is sensitive to the extent to which study participants keep their ranking order in repeated measurements (Liljequist et al., 2019). For the method to be useful, variations must be sufficiently small. The ICC serves as an estimate of this aspect of reliability.

Threat to Validity

Instrument development contained the potential for introducing researcher bias in its creation. Consideration for minimizing this bias was taken within each phase of the process. Conceptually, comparing OA to the VdTMoCA while using the models' published assumptions would have easily identified the individual models due to the specific and unique terminology specific to each. To de-identify, or blind the assumption statements, these terms were removed with care taken to not change the meaning of the assumption statement for comparison. OA and VdTMoCA statements were then organized by comparison of similarities in overall meanings using this method. The resulting items used in the survey were finalized in statement groups of three, with each group containing a statement from the OA model, a similar statement from the VdTMoCA, and a combined researcher-created statement from both models reflecting the meaning of both assumptions and/or core construct. Each of these item groups were coded to reflect the model origin and the numerical order for the assumption used (A = OA; B = Shared; C = VdTMoCA) for a total of 11 groups and 33 statements.

Phase IV: Qualitative Data Collection and Analysis

Qualitative interviews included SMEs representing both model groups. Indication of wanting to participate in the follow up interview was provided by SMEs on the survey. Institutional Review Board approval was received for this study and signed consent forms obtained for each participant. Methods used for the interviews and data analysis are described in the following sections.

Qualitative Data Collection

A list of SMEs who indicated their interest in participation for the follow-up interview was generated and contact information was recorded in the researcher code book, ensuring anonymity and participant confidentiality. An interview guide was created, and questions were asked based on individual responses to the survey. Prior to the interview, the researcher examined survey statement responses and made note of *disagree* or *strongly disagree* responses. Interviews were initiated with participants providing rationale statements for the disagreement responses. Additional probing questions were asked to help inform rationale statements. Other questions asked during the interview were more general in nature involving SME model use, applicability in various cultures, and identifying any strengths and weaknesses for the model they represented. Questions such as “What elements drew you to the OA/VdTMoCA and led you to focus on this model for use in practice and/or in research?” and “What do you believe is the next necessary step for the OA/VdTMoCA to continue in use in occupational therapy practice for the future?” were asked, for example. The interviews

were video and audio recorded. The audio recordings were transcribed immediately following the interview. Each interview was 45 minutes in duration on average.

Qualitative Data Analysis

Thematic analysis as described in Braun and Clarke (2006) was chosen as the analytic approach for this study. In their work, the importance of choosing between inductive and theoretical thematic analysis approaches were described. The theoretical approach was described as “driven by the researcher’s theoretical or analytic interest in the area and is thus more explicitly analyst-driven” (Braun & Clark, 2006, p. 84). Further, this approach is more in alignment with coding for a specific research question instead of allowing an evolution to specific research question.

Completed interviews were systematically reviewed and thematic analysis conducted in the same fashion. Each interview was digitally audio and video recorded and then transcribed using an online transcription service. The authors, Braun and Clarke (2006) describe a six-phase process for thematic analysis, which include the following: 1) Familiarizing yourself with your data; 2) Generating initial codes; 3) Searching for themes; 4) Reviewing themes; 5) Defining and naming themes; and 6) Producing the report. Researcher familiarization with the data occurred through the process of reading and re-reading each transcript. Repeated words, missed, or errors in word choice were removed in a systematic attempt to clean the transcripts. For words or phrases that were deemed “inaudible,” careful review and re-listening to the digital recording was necessary and input of the corrected words and phrases were completed. Transcripts were

then sent back to each SME for member check and any additional suggested edits and/or revisions were updated, resulting in a final transcript used for analysis.

De-identification of respondents and assignment of respondent codes were made and recorded in a researcher code book to ensure appropriate confidentiality. A separate document was then created in a Word document for each interview with transcribed responses divided into rows and columns allowing thematic coding of each in a more manageable format.

The second phase of analysis for this study included an initial round of inductive, descriptive coding focusing on identifying the topic of a short or extended unit of data. Researcher notes for brief words and statements were documented in a separate column next to the response associated with it. An attempt to further organize the data into manageable groups, values coding analysis method was utilized for coding in which responses were grouped in one of three areas: Beliefs, Values, and Attitudes (Miles et al., 2014; Saldaña, 2015). After this process, initial themes began to emerge and were reviewed as a part of the fourth phase described by Braun and Clarke (2006). Analysis for the fifth phase included defining and naming themes.

Participants were provided an opportunity to review the themes for confirmation, additions, or recommend changes (Ernest, 2020). Braun and Clarke (2006) describe this as Phase 5 and go on to emphasize the identification of both themes and any subthemes. Finally, Phase 6 is described as “producing the report” which includes the final write up and descriptions of the themes and their meanings (Braun & Clarke, 2006).

Trustworthiness

The ability to establish trustworthiness in qualitative research occurs in different ways. Credibility, dependability, confirmability, transferability, and authenticity are all dimensions within trustworthiness for qualitative research that are well described by Lincoln and Guba (1985). Within each dimension, methods for ensuring trustworthiness are varied and may include multiple methods. For this study, methods were carefully considered and employed during each phase for this study. The inclusion of these strategies serves to enhance the quality of the qualitative portion in this study (Ernest, 2020).

Triangulation

As a component of credibility, triangulation in qualitative research is understood to be the use of multiple methods and data sources to increase the depth of understanding in the findings. (Creswell & Poth, 2018). It is also considered to go beyond a technique for validation and is used “to enrich the data and to ensure a comprehensive and deeper understanding of the matter” (Klein & Olbrecht, 2011, p. 343). This study used multiple methods for data collection which included both quantitative and qualitative data. Triangulation of sources was used and included diverse participants in two ways: (1) experts for OA and VdTMoCA and (2) experts who represented different areas of practice in occupational therapy from multiple cultures and educational/professional training around the world. Member checking and the ability to confirm transcripts and themes are also methods for trustworthiness for this study.

Member Checking

Member checking in qualitative research is another form of establishing credibility within trustworthiness for research and is described as a validation effort by involving participants in confirming transcripts and coding following qualitative data collection and analysis (Creswell & Poth, 2018). The use of this technique for this study occurred during the qualitative data analysis phase. Respondents were provided opportunities during their interview to review, confirm and to clarify statements. These respondents were also provided an opportunity for additional input after initial coding and thematic analysis processes, in order to confirm agreement, suggest additions, or recommend changes to their findings (Ernest, 2020).

Peer Check

Peer checking was completed during the Phase II development of the quantitative survey instrument. A peer member of the research team, experienced with occupational therapy theoretical models, conducted a comparison of assumption and core construct terminology for the OA and VdTMoCA utilizing the same process as the researcher for color coding terms. Specific OA terms were identified followed by VdTMoCA terms, and then again for shared terminology. The peer reviewed findings were compared to the initial results, culminating into the researcher created survey instrument statements. An additional review of the item assumption statements was completed during Phase II utilizing a small panel of SMEs familiar with OA and VdTMoCA, confirming the process and content prior to implementation in the final survey instrument.

The use of peer checking in the qualitative portion of the study provided another strategy for quality and trustworthiness by involving qualified peers in the review of interview transcripts, coding, and/or themes, to detect issues with bias, or completeness of the analysis phase (Creswell & Poth, 2018).

CHAPTER IV

RESULTS

Introduction

The quantitative results and qualitative findings are reported in this chapter. A correlational parallel explanatory mixed methods design (Schoonenboom & Johnson, 2017) was used to address the study's topic, and more specifically, the study's research problem. Two quantitative research questions were posed along with one qualitative research question.

RQ 1: To what degree will SMEs express agreement with professional practice assumption alignment represented on the research instrument?

RQ 2: To what degree will SMEs express agreement within dimensions of professional practice assumption alignment represented on the research instrument?

RQ 3: How do SMEs describe their rationale related to their agreement or disagreement on OA and/or VdTMoCA assumptions and core construct alignment?

Descriptive and inferential statistical techniques were used to address the study's two quantitative research questions. Follow-up interviews with study participants represented the manner in which the qualitative portion of the mixed-methods research design was addressed.

Preliminary Findings

Prior to addressing the study's research questions analytically, preliminary descriptive statistical analyses of a foundational nature were conducted. The focus of the preliminary descriptive analyses included the study's demography, missing data, and initial findings for study participant response by model training category to the items represented on the research instrument. A minor discrepancy occurred during the initial online survey response time and should be mentioned. One early respondent indicated a duplication of statements and upon review was verified. The duplicated statement was then "hidden" from the survey allowing only 32 statement responses instead of the intended 33. The missing statement was Item 6 (c), which is a revised assumption from the VdTMoCA stating "A response to life's demands without an ability to adapt for participation results in decline or dysfunction."

Descriptive Statistics: Demography

The most frequently observed category of "Model" associated with study participant was OA ($n = 9$, 64%). Study participants' "Educational Level" reflected the majority ($n = 9$, 64%) at a PhD level. "Professional Experience" indicated a total of 9 participants (64%) with more than 21 years in occupational therapy. In the area of "Country of Practice," the countries indicated included the United States ($n = 9$, 64%), South Africa ($n = 4$, 28%) and Australia ($n = 1$, 7%). A summary of the frequencies (n) and percentages (%) are presented in Table 3.

Table 3*Descriptive Statistics: Demography*

| Variable | <i>n</i> | % |
|-------------------------|----------|-------|
| Model SME | | |
| OA | 9 | 64.29 |
| VdTMoCA | 5 | 35.71 |
| Educational Level | | |
| Bachelor Degree | 1 | 7.14 |
| Master's Degree | 4 | 28.57 |
| PhD | 9 | 64.29 |
| Professional Experience | | |
| 6–10 Years | 1 | 7.14 |
| 11–15 Years | 3 | 21.43 |
| 16–20 Years | 1 | 7.14 |
| 21–25 Years | 3 | 21.43 |
| Over 25 Years | 6 | 42.86 |
| OT Publications | | |
| 1 to 2 Publications | 6 | 42.86 |
| 3 to 5 Publications | 4 | 28.57 |
| 6 to 9 Publications | 2 | 14.29 |
| 10 or more Publications | 1 | 7.14 |
| Country of Practice | | |
| United States | 9 | 64.29 |
| South Africa | 4 | 28.57 |
| Australia | 1 | 7.14 |

Quantitative Participants

Survey respondents included five ($n = 5$) SMEs representing training and expertise in the VdTMoCA while nine ($n = 9$) respondents represented expertise in the

OA model. A total of 14, ($N = 14$) SMEs responded to the survey. Qualitative follow-up interview participants were volunteer SMEs who had previously completed the survey. A total of five ($n = 5$) SMEs from OA and four ($n = 4$) SMEs from VdTMoCA participated in the qualitative interview.

Missing Data

Prior to analysis, an error in the online survey was found which included the duplication of one statement (Item 5 c) to the exclusion of the intended statement (Item 6 c). When discovered, the duplicated statement was removed from analysis and the remaining 32 statements were included.

Descriptive Statistics: Initial Findings (OA)

Descriptive statistical techniques were used to illustrate OA model trained study participant response to the 11 items represented on the research instrument. The focus of the descriptive statistical analyses was upon frequencies (n), measures of typicality, variability, and data normality (skew; kurtosis).

Table 4 contains a summary of finding for the initial descriptive statistical analysis of data associated with OA SME study participant response to the 11 items represented on the study's research instrument. In the survey, each item consisted of three statements representing an assumption or key construct adapted from OA, VdTMoCA, and a researcher-created "shared" assumption. Each item was scaled from 1 to 4. Higher scores indicated agreement and lower scores represented disagreement.

Descriptive Statistics: Initial Findings (VdTMoCA)

Descriptive statistical techniques were used to illustrate VdTMoCA SME study participant response to the 11 items represented on the research instrument. The focus of the descriptive statistical analyses was upon frequencies (n), measures of typicality (M), variability (ranges; SD), and data normality (skew; kurtosis).

Table 4

Descriptive Statistics: OA SME Mean Score Agreement Across Each Item Group

| Variable | M | SD | N | SE_M | Min | Max | Skewness | Kurtosis |
|----------|------|------|-----|--------|------|------|----------|----------|
| Item1 | 3.52 | 0.47 | 9 | 0.16 | 2.67 | 4.00 | -0.53 | -0.89 |
| Item2 | 3.37 | 0.54 | 9 | 0.18 | 2.67 | 4.00 | -0.19 | -1.55 |
| Item3 | 3.56 | 0.47 | 9 | 0.16 | 3.00 | 4.00 | -0.22 | -1.73 |
| Item4 | 3.78 | 0.33 | 9 | 0.11 | 3.00 | 4.00 | -1.50 | 1.31 |
| Item5 | 2.96 | 0.61 | 9 | 0.20 | 2.00 | 4.00 | 0.30 | -0.67 |
| Item6 | 3.33 | 0.75 | 9 | 0.25 | 2.00 | 4.00 | -0.58 | -1.02 |
| Item7 | 3.44 | 0.41 | 9 | 0.14 | 3.00 | 4.00 | 0.19 | -1.42 |
| Item8 | 2.85 | 0.73 | 9 | 0.24 | 1.67 | 3.67 | -0.38 | -1.22 |
| Item9 | 3.15 | 0.38 | 9 | 0.13 | 2.33 | 3.67 | -0.96 | 0.62 |
| Item10 | 3.41 | 0.40 | 9 | 0.13 | 2.67 | 4.00 | -0.44 | -0.46 |
| Item11 | 3.22 | 0.44 | 9 | 0.15 | 2.67 | 4.00 | 0.31 | -0.77 |
| Overall | 3.33 | 0.35 | 9 | 0.12 | 2.82 | 3.82 | -0.09 | -1.11 |

Note. Overall values represent the mean score for OA SME respondents ($n = 9$).

Each item group contained three statements where agreement or disagreement to the statement were indicated on a Likert scale, where 1 was *strongly disagree* and 4 was *strongly agree*. Mean scores then were calculated based on OA participant responses. Higher levels of agreement then can be seen specifically for Item Group 4 ($M = 3.78$), Item Group 3 ($M = 3.56$) and item group 1 ($M = 3.56$). Disagreement to item group statements is indicated by mean scores less than 3.0, as found in Item Group 5 ($M = 2.96$) and Item Group 8 ($M = 2.85$).

Table 5 contains a summary of finding for the initial descriptive statistical analysis of data associated with VdTMoCA model trained study participant response to the 11 items represented on the study's research instrument. Mean scores derived from VdTMoCA participant responses using a Likert scale of 1–4 indicate levels of agreement or disagreement to item assumption statements. Higher mean scores then indicate an increase in agreement where lower scores indicate SME disagreement. Agreement is higher for SME VdTMoCA participants for Item Group 4 ($M = 3.53$), Item Group 6 ($M = 3.50$), and Item group 7 ($M = 3.33$). An indication of disagreement can be seen with item Group 5 ($M = 2.53$) and Item Group 11 ($M = 2.93$).

Table 5*Descriptive Statistics: VdTMoCA SME Mean Score Agreement Across Each Item Group*

| Variable | <i>M</i> | <i>SD</i> | <i>N</i> | <i>SE_M</i> | Min | Max | Skewness | Kurtosis |
|----------|----------|-----------|----------|-----------------------|------|------|----------|----------|
| Item1 | 3.07 | 0.55 | 5 | 0.24 | 2.33 | 3.67 | -0.35 | -1.42 |
| Item2 | 3.20 | 0.18 | 5 | 0.08 | 3.00 | 3.33 | -0.41 | -1.83 |
| Item3 | 3.27 | 0.28 | 5 | 0.12 | 3.00 | 3.67 | 0.34 | -1.15 |
| Item4 | 3.53 | 0.38 | 5 | 0.17 | 3.00 | 4.00 | -0.27 | -1.04 |
| Item5 | 2.53 | 0.73 | 5 | 0.33 | 1.67 | 3.67 | 0.57 | -0.56 |
| Item6 | 3.50 | 0.35 | 5 | 0.16 | 3.00 | 4.00 | 0.00 | -0.50 |
| Item7 | 3.33 | 0.53 | 5 | 0.24 | 2.67 | 4.00 | 0.00 | -1.30 |
| Item8 | 3.10 | 0.43 | 5 | 0.19 | 2.50 | 3.67 | -0.08 | -0.93 |
| Item9 | 3.27 | 0.55 | 5 | 0.24 | 2.67 | 4.00 | 0.35 | -1.42 |
| Item10 | 3.27 | 0.15 | 5 | 0.07 | 3.00 | 3.33 | -1.50 | 0.25 |
| Item11 | 2.93 | 0.37 | 5 | 0.16 | 2.33 | 3.33 | -0.87 | -0.27 |
| Overall | 3.18 | 0.31 | 5 | 0.14 | 2.91 | 3.67 | 0.75 | -0.83 |

Note. Overall values represent the mean score for VdTMoCA SME respondents ($n = 5$).

Quantitative Results

Two research questions were stated to address the study's specific purpose.

Descriptive and inferential statistical techniques were used in the analytic process. The

probability level of $p \leq .05$ represented the threshold for a finding to be considered

statistically significant (Field, 2018). The following represents a reporting for the findings achieved in the study by quantitative research question stated:

Research Question 1

Research Question 1 was: To what degree will SMEs express agreement with professional practice assumption alignment represented on the research instrument?

The ICC statistical technique was used to address the levels of absolute agreement and reliability of study participant response across all items represented on the study's research instrument. The interpretation of ICC absolute and reliability values was conducted using the conventions noted by Koo and Li (2016). Based upon the ICC estimate, values less than 0.5, between 0.5 and 0.75, between 0.75 and 0.9, and greater than 0.90 are indicative of poor, moderate, good, and excellent reliability, respectively (Koo & Li, 2016, p. 13).

ICC values were calculated for both absolute value and for internal consistency (reliability). As a result, study participant response to all items across the study's research instrument was considered excellent (.91) for internal consistency measures (*a*), and good to excellent for absolute agreement measures (.88) on overall items between OA and VdTMoCA.

Table 6 contains a summary of findings for SME responses to all items on the study's research instrument:

Table 6*Internal Consistency & Absolute Agreement for SME Response to All Items on the Survey*

| ICC Measure | ICC Value | 95% CI Lower | 95% CI Upper | <i>p</i> | Descriptor |
|--------------------|-----------|--------------|--------------|----------|----------------|
| Consistency | .91 | .81 | .97 | < .001 | Excellent |
| Absolute Agreement | .88 | .77 | .96 | < .001 | Good/Excellent |

Research Question 2

Research Question 2 is: to what degree will SMEs express agreement within dimensions of professional practice assumption alignment represented on the research instrument?

A series of ICC statistical techniques were used to address the levels of interrater reliability (agreement) of study participant response for each of the 11 items represented on the study's research instrument. Table 7 contains a brief main idea or summary for the assumption's meaning in a thematic format for each of the 11 items. Each item, then contains three individual assumption or core construct statements with similar and comparable meanings. Overall themes listed in the table reflect the researcher's analysis of terminology and meanings within the compared assumption statements.

Table 7*General Item Themes for Assumption/Core Construct Statements*

| Item | Assumption / Key Construct Theme Description |
|----------|---|
| Item #1 | Holism of humanity |
| Item #2 | Adaptive process / ability to overcome challenges |
| Item #3 | Interaction effect(s) of both internal and external demands |
| Item #4 | Person – Environment interaction(s) for performance or change |
| Item #5 | Description of “dysfunction” |
| Item #6 | Causes for an inability to grow or adapt |
| Item #7 | Relationship of effort to an amount of change or growth |
| Item #8 | Effect of internal motivation on the quality of performance |
| Item #9 | Involvement of the developmental process on |
| Item #10 | Motivation and mastery for performance |
| Item #11 | Occupational performance areas |

An *intraclass correlation coefficient* (ICC) and Cronbach’s alpha (α) was used to analyze each item group for consistency and absolute agreement. Seven of the 11 items reflected moderate to good (.50 to .75) levels of internal consistency and absolute agreement, with four items reflecting poor levels (< .50) of internal consistency and absolute agreement. Findings for within item group statements are further examined and explained by SME qualitative statements as an integral component of the results in this section where possible. Item group designations for assumption statements are indicated in the following way: (a) = OA; (b) = Shared; (c) = VdTMoCA where disagreement responses are further discussed below.

Item Group 1(a) received one *strongly disagree* response from VdTMoCA but was unable to be discussed. The OA based assumption includes “cognitive, sensorimotor and psychosocial components” as a triad required for occupational performance. A possible explanation for disagreement from VdTMoCA would be the absence of “spirit,” or “spirituality.” For comparison, Item Group 1(c) represents the assumption similarly, but includes the triad of “mind, body, and spirit,” for which there were no disagreement across both groups. An important core construct for VdTMoCA is the inclusion of “spirituality” and represents current alignment with the updated occupational performance areas in the Occupational Therapy Practice Framework 4th ed. (OFTP; 2020). Item Group 1(b) represents a researcher created shared assumption statement from both OA and VdTMoCA. A single *disagree* response was received from a VdTMoCA SME. The rationale provided explained in this way: “If you think in terms of doing, being, becoming . . . we do things where we have been conditioned and it is not drawing on our holistic being.” The differentiated view of conditioned responses outside of holistic actions is worthy of further inquiry and adds a deeper layer to the process.

Item Group 2(c) received two disagree responses from OA SMEs on the study survey. The assumption statement reflects one’s ability to overcome current levels of performance through “situational initiative, effort and skills.” Disagreement was explained in this way,

I think a supportive environment can trump all of those things. You don't really need any special abilities if your environment is set up just right. I think that leaving out environment as one of the key elements there is what was missing.

The view expressed indicates the inclusion of environmental components are necessary for this assumption statement for agreement to be made between the models. There were no disagreements from either model SMEs for Item Group 2(a) or 2(b).

One disagree response was received for Item Group 3(a) from an OA SME. The modified assumption statement refers to adaptive responses to internal and external demands to perform . . . result in occupational competence. Rationale received from the OA SME explains, "there could be circumstances where I've done everything right, and the world thinks I did everything right, but I still don't feel competent." An important point was made in this rationale for consideration in that there may be circumstances where occupational competence would be measured from achieving external validation but also through an intrinsic report of competence. If an individual does not "feel" competent in their occupational performance, then they have not achieved full competence in this way.

Based on the qualitative rationales provided, Item Group 5 rationale for disagreement from OA SMEs were expressed related to the single use of the term "dysfunction." Each assumption statement addressed the use of the term similarly. The Item Group 5(a) assumption statement received three disagreement responses from VdTMoCA SMEs, and one OA disagree response. One respondent proposed that

combining meanings for “dysfunction” with our understanding for “dysadaptation” was cause for disagreement. Another indicated disagreement based on the belief that “dysfunction” is a more permanent label that does not describe the more frequent short term transient nature for the lack of function. Item Group 5(b) received one disagree response from both model SMEs; however, rationale statements were not specific to this shared assumption statement. In contrast, Item Group 5(c) received equal disagreement responses with two SMEs from both OA and VdTMoCA. The assumption statement is “Dysfunction, regression, decline or remaining at the same performance level is a result of an inability to adapt or respond, preventing active participation.” Although the term “dysfunction” was used in this assumption statement, one SME from VdTMoCA provided a different focus for rationale.

Sometimes remaining at the level is something that is actually an adaptive response in the positive sense of the word. That was the part of the statement that I thought I didn’t agree with was that remaining at the same performance level is a result of an inability.

This rationale and point of view is helpful in reminding practitioners that participation may not be an adequate, or complete measure of response or adaptability. It also highlights the possible need to separate certain points in assumption statements and address them individually instead of as a group.

The assumption statements used from Item Group 6 are similar to Item Group 5 in that they address why an individual may experience an inability to adapt or perform but

does not include the term dysfunction. Although Item Group 6(a) received one disagree response from an OA SME, no rationale statement was obtained. The shared assumption statement from Item Group 6(b) however received two *strongly disagree* responses from OA SMEs. One explained:

When realizing I don't have the capacity to overcome this challenge or overcome this task, there's growth there. And I think there's not growth when we keep on insisting on using the same adaptive responses, but we're not being adaptive or we're not being able to adapt to the situation.

The second OA SME provided rationale in this way: "Sometimes I have to give a really hard challenge that I know they're going to fail at to some degree in order for them to do better than they would have done at a mediocre challenge." This response is interesting and in contrast to the core belief of providing a "just right challenge" aimed at specific adaptability level for adaptation to occur. Both the OA and VdTMoCA hold this core view in their assumption statements.

Item Group 7(a) addresses the relationship between an increase in dysfunctional level and the demand for change in the adaptive processes. Two SMEs from VdTMoCA disagreed with the statement and provided their own rationales for the disagreement differently. One explained by stating:

If you are on lower levels [VdTMoCA creative ability levels], there is more possibility for growth, but sometimes it has to happen in much smaller increments

to get there. I think that was my doubt in whether that statement was something that resonated with the model for me.

The concept of a graded response to the demands on a temporal scale (over time) is an interesting question and does bring up the need for further discussion related to this assumption statement. The second SME provided the rationale for disagreement in this way:

My problem was with the terminology. If it's the level of dysfunction, what is implied by that? It's not necessarily the person's need for change. It could be adaptation in the environment, and it could be lots of other things that could make a difference.

The extension to include possible explanations for the need for change may indicate or warrant an in-depth review of the assumption to include or exclude certain influencing factors on the adaptive process.

Rationale for Item Group 8 was provided by OA SMEs who participated in the interview. Disagreement for Item Group 8(a), which is an OA assumption statement included one OA SME who indicated a belief that there is a possibility for external factors to affect a response and not just internal ones. Specifically, the statement made was:

The press for mastery is born out of both internal and external calibrations of the press. So sometimes it might not be necessarily internal to the person that triggers

a response. Sometimes there are external circumstances that trigger a response, and the person is not aware.

This is an important distinction for this assumption and may require further review to include the differentiated effects of both internal and external influences on adaptation. An SME from VdTMoCA also disagreed with the statement; however, a rationale statement was not obtained.

Item Group 8(b) response for disagreement was based on the need for clarification of not understanding the meaning of “quality in task performance.” Two OA SMEs indicated their disagreement to the shared assumption statement. A rationale was provided by one of the SMEs stating, “I definitely value intrinsic motivation, but “quality of performance?” . . . that one stumps me just a bit, I just don’t know.” A possible explanation for not understanding the inclusion of “intrinsic motivation toward action” as it relates to “quality in task performance” is that the concept is foundational within the VdTMoCA and may be missed by others not trained in the model. The terminology used for this shared assumption then may have been not well understood and led to the disagreement responses.

For Item Statement 8(c), although two disagreement responses were recorded, only one OA SME provided a rationale for the disagreement, indicating that the role of the environment was missing from the statement to make it true. The statement was made “I can be really motivated and really volitionally excited to do something, but if my environment doesn’t afford the ability to do that, then it cannot happen.” The exclusion of

one or more components within an assumption statement effects whether an SME provides an agree or disagree response. In this case, if the inclusion of environment were there, agreement was a possibility.

Item Group 9(a) addresses the OA assumption involving the development toward competence in occupational performance as holistic and requiring involvement between “sensorimotor, cognitive and psychosocial components.” Although two SMEs from VdTMoCA recorded disagreement in their responses, only one was able to provide a rationale statement during the interview. The statement clarified the disagreement by saying “I agree with the holistic part, but I would probably include a broader range of factors in what makes that holistic.” The interpretation made with this statement is that the assumption did not include a complete list of the areas possible for holistic inclusion. Specifically, and based on other statements received during the interview not related to the survey responses, the lack of inclusion for the factor of spirituality is of current importance in occupational therapy and alignment with the OTPF 4th edition (2020), and if included would have possibly found agreement from both model SMEs.

In stark contrast, the assumption statement in Item Group 9(c) represented the core belief that the developmental sequence is linear and is hierarchical; that is, one must master one level prior to progressing to the next one. Four of the nine SMEs from OA recorded their disagreement to this assumption. One SME states “in child development, whereas we still have our developmental milestones, I think we need to stop thinking about development as linear and sequential.” Another echoes that response by stating “it

just seemed a little bit too hierarchical. The sequential kind of wording of it; I really see development as a little bit more iterative where not everybody looks exactly the same.” In continuation of this disagreement related to the developmental process, a third SME from OA relayed thoughts in this way:

Sometimes when we’re having a hard time in development, if we can shift to a different goal or a different piece of development that we’re working on and achieve a higher level of mastery in that area, we can then go back to this other challenging area and apply skills that we have learned.

And finally, the fourth SME simply stated, “I think that there’s things that can interrupt our developmental process and it doesn’t necessarily mean that we stop, and we don’t continue to develop but that we might jump things.”

Surprisingly, Item 9(b) did not receive any disagreement from either model group SMEs. The statement includes developmental interactions between the person and the environment as occurring “dynamic, ever changing, and nonlinear,” which purposely blends the two paired assumptions, but also dictates that this interaction for development occurs in a nonlinear fashion. Based on previous responses, it could have been anticipated to receive disagreement from VdTMoCA SMEs.

The shared assumption statement for Item 10(b) was created in an effort to blend OA and VdTMoCA paired similar assumptions and received only one disagreement response from VdTMoCA. The statement involves motivation and self-assessment as key

components for participation and success in purposeful activities. The SME explained their disagreement by stating,

I think self-assessment comes later, but motivation, or that volition or drive to act needs to be there all the time. That this is a part you can evaluate or self-assess comes only in the later levels or at the later stages, I think my problem was with the putting the two together.

The distinction between an ability to self-evaluate versus volition and motivation toward action is an important one and worth deeper inquiry for understanding. In doing so, an assumption statement could be considered or created separately to address the level at which self-assessment is developmentally possible. Relative mastery as a self-reported measure from OA then would have a developmental range for initiation in ability.

Item Group 11(a) reflects an OA assumption involving occupational performance areas and includes the areas of “work, activities of daily living, and leisure/recreation participation.” Disagreement was recorded from one SME from both models.

Unfortunately, no explanation for those responses were able to be obtained and the rationale is undocumented. The assumption statement from 11(c) received two disagreement responses from OA SMEs and one disagree mark from VdTMoCA. This statement is an assumption from VdTMoCA model in which it lists the occupational performance areas as “personal management, work ability, constructive use of free time and social ability.” Only one OA SME provided a rationale for this disagreement stating, “I would say, where does rest go? Is rest part of personal management? Maybe just not

my language I'm thinking." It is curious though that "rest" was not included in the OA paired assumption statement but was not disagreed with for that reason. A consideration then includes how one associates occupational performance areas as compared to training in a specific model. In this case, combining or grouping terms with inclusive meanings as represented by the shared assumption statement 11(b) where no disagreements were marked from either model group SMEs. The shared assumption statement listed occupational performance areas as "free time and leisure participation, occupations involving work skills, social interactions and awareness, and all areas of self and personal care," thereby broadening the inclusivity and meaning of each. Refer to Table 8 for additional information related to the ICC and Cronbach's alpha analysis of participant responses to each item statement within the item groups.

Table 8

Internal Consistency & Absolute Agreement for Study Participant Response for All Items on the Study's Research Instrument

| ICC Measure | ICC Value | 95% CI Lower | 95% CI Upper | <i>p</i> | Descriptor |
|--------------------|-----------|--------------|--------------|----------|---------------|
| Item #1 | | | | | |
| Consistency | .63 | .10 | .87 | .02* | Moderate |
| Absolute Agreement | .63 | .11 | .87 | .02* | Moderate |
| Item #2 | | | | | |
| Consistency | .68 | .19 | .90 | .008** | Moderate |
| Absolute Agreement | .54 | .00 | .83 | .000*** | Moderate |
| Item #3 | | | | | |
| Consistency | .58 | -.04 | .85 | .03* | Moderate |
| Absolute Agreement | .55 | -.02 | .84 | .03* | Moderate |
| Item #4 | | | | | |
| Consistency | .63 | .10 | .87 | .02* | Moderate |
| Absolute Agreement | .53 | .01 | .82 | .02* | Moderate |
| Item #5 | | | | | |
| Consistency | .65 | .14 | .88 | .01** | Moderate |
| Absolute Agreement | .64 | .15 | .87 | .01** | Moderate |
| Item #6 | | | | | |
| Consistency | .74 | .14 | .92 | .01** | Moderate/Good |
| Absolute Agreement | .75 | .16 | .92 | .01** | Good |
| Item #7 | | | | | |
| Consistency | .48 | -.28 | .82 | .08 | Poor |
| Absolute Agreement | .47 | -.25 | .81 | .08 | Poor |
| Item #8 | | | | | |
| Consistency | .57 | -.11 | .86 | .04* | Moderate |
| Absolute Agreement | .58 | -.09 | .87 | .04* | Moderate |
| Item #9 | | | | | |
| Consistency | -.20 | -1.94 | .58 | .62 | Poor |
| Absolute Agreement | -.14 | -0.98 | .51 | .62 | Poor |
| Item #10 | | | | | |
| Consistency | .13 | -1.13 | .44 | .36 | Poor |
| Absolute Agreement | .10 | 0.59 | .62 | .36 | Poor |
| Item #11 | | | | | |
| Consistency | .43 | -.46 | .81 | .12 | Poor |
| Absolute Agreement | .36 | -.31 | .78 | .12 | Poor |

p* < .05 *p* ≤ .01 ****p* < .001

Follow-up Analysis/Finding

A follow-up analysis was conducted to evaluate mean response comparisons for the items represented on the research instrument by study participant category of training model. The *t*-test of independent means was used to assess the statistical significance of mean score differences in each of the 11 items by category of training model. The magnitude of effect for mean score differences in the comparisons within the 11 items on the research instrument was assessed using the Hedges *g* effect size correction statistical technique.

None of the 11 comparisons of study participant responses to items on the research instrument by category of model training were manifested at a statistically significant level. Eight of the 11 comparisons reflected slight mean score advantages favoring study participants identified as OA model by category. This result indicates a general increase in agreement by OA participants to assumption statements presented as compared to VdTMoCA participants. The greatest degree of effect (and only large degree of effect) of difference manifested in the 11 comparisons was reflected in Item 1 on the research instrument. Refer to Table 9 for additional details.

Table 9*Comparison of Responses to Items on the Research Instrument by Model Group SMEs*

| Item: Category | <i>n</i> | <i>M</i> | <i>SD</i> | <i>T</i> | <i>g</i> |
|------------------|----------|----------|-----------|----------|----------|
| Item 1: OA | 9 | 3.52 | 0.47 | 1.62 | .85 |
| Item 1: VdTMoCA | 5 | 3.07 | 0.55 | | |
| Item 2: OA | 9 | 3.37 | 0.54 | 0.86 | .35 |
| Item 2: VdTMoCA | 5 | 3.20 | 0.18 | | |
| Item 3: OA | 9 | 3.56 | 0.47 | 1.44 | .65 |
| Item 3: VdTMoCA | 5 | 3.27 | 0.28 | | |
| Item 4: OA | 9 | 3.78 | 0.33 | 1.25 | .65 |
| Item 4: VdTMoCA | 5 | 3.53 | 0.38 | | |
| Item 5: OA | 9 | 2.96 | 0.61 | 1.18 | .62 |
| Item 5: VdTMoCA | 5 | 2.53 | 0.73 | | |
| Item 6: OA | 9 | 3.33 | 0.75 | 0.56 | .24 |
| Item 6: VdTMoCA | 5 | 3.50 | 0.35 | | |
| Item 7: OA | 9 | 3.44 | 0.41 | 0.44 | .23 |
| Item 7: VdTMoCA | 5 | 3.33 | 0.53 | | |
| Item 8: OA | 9 | 2.85 | 0.73 | 0.69 | .36 |
| Item 8: VdTMoCA | 5 | 3.10 | 0.43 | | |
| Item 9: OA | 9 | 3.15 | 0.38 | 0.48 | .27 |
| Item 9: VdTMoCA | 5 | 3.27 | 0.55 | | |
| Item 10: OA | 9 | 3.41 | 0.40 | 0.75 | .39 |
| Item 10: VdTMoCA | 5 | 3.27 | 0.15 | | |
| Item 11: OA | 9 | 3.33 | 0.44 | 1.24 | .65 |
| Item 11: VdTMoCA | 5 | 3.18 | 0.37 | | |

Qualitative Results

Introduction

A semi-structured qualitative interview guide was developed and used as a follow up to SME participant responses on the research survey instrument. The following three major themes emerged: the importance of terminology, cultural application, and the need

for (model) revision. Subthemes within the importance of terminology included: developmental sequence, just right challenge, dysfunction, and adaptability level. The theme of cultural application is addressed for both OA and the VdTMoCA. Subthemes emerged from the need for revision and included: resistance to change, rationale for change, decade for change, and future revision needs. Many of the responses made for the item statement disagreements contained one or more of these three themes as intertwined and connected concepts. Themes are examined in the following sections and connections made between the quantitative survey data and qualitative rationale for a richer and deeper understanding from the SME responses.

Missing Qualitative Data

The qualitative interview was not able to address or receive comments or rationale statements for all items receiving *disagree* or *strongly disagree* responses. Many of these responses were not able to be addressed due to the respondents' non-participation in the interview process, or the disagreement was limited to only one respondent from a model, or one SME from each model. Statements that received at least one disagreement response, but no comment was obtained for qualitative analysis included: 1(a), 1(b), 3(a), 4(a), 6(a), 10(b). Statements for item groups that received one disagreement from each model SME, but a rationale response was not obtained included: 5(b), 8(a), 11(a). It is interesting to note that disagreement to OA statements indicated as (a), represented SME respondents from VdTMoCA for Items 1(a), and 4(a); from OA SMEs for Items 3(a), and 6(a); and from both OA and VdTMoCA on Items 8(a), 11(a). Items represented by (b)

designation were statements that were created from the assumptions of both OA and VdTMoCA. Disagreement was indicated by both OA and VdTMoCA SMEs for Item Statement 5(b). VdTMoCA disagreement was received for Item 1(b), and 10(b). Disagreement to Item Statements for the VdTMoCA as indicated by (c) were able to be addressed in the interview process and rationale for SME disagreement were received.

Theme: Importance of Terminology

The first major theme that emerged from qualitative analysis was the pervasive mention of the role and influence(s) terminology has on model assumptions and interpretations. The following paragraphs describe the results associated with the theme of terminology and include subthemes that were found.

A common theme emerged during the qualitative interview and centered around the use of, and understanding terminology used in describing theoretical model assumptions and core constructs. For example, one OA SME states “I think that we really need to consider the words that we use and what we mean by them.” A shared perspective from VdTMoCA SME expressed “I’m going to say again, my problem was with the terminology.” In discussing individual models, SMEs related to specific terms used for both OA and for VdTMoCA. For OA, an SME said, “they just kind of gave me a nice terminology and a nice framework for understanding what I was seeing.” Another expressed “then the adaptive response and the generation response; that terminology is unique [in OA].” In comparison, VdTMoCA SMEs discussed terminology used in the model saying, “in the time that I studied, we understood the language of a model like the

model of creative ability long before we understood OTPF.” Difficulty with terminology in models was expressed for VdTMoCA with statements like, “I keep finding that I have to explain word usage and make sure it comes across in a more generic way because people use words differently.” These views from SMEs help to highlight the importance of terminology used to describe models and express the assumptions and core constructs for specific models used in occupational therapy. Within this discussion, three sub-themes (developmental sequence, “just right challenge,” dysfunction, and adaptability level) emerged for specific word use in the assumption and core construct statements and are addressed within the following descriptions.

Sub-theme A: Developmental Sequence

The two models compared in this study, OA and VdTMoCA, are based on normal human development (Schultz, 2014; van der Reyden & Sherwood, 2019). The separation in beliefs, however, stems from whether development occurs in a linear and hierarchical way, or non-linear and non-hierarchical. Many responses received in the interview discussed these differences and rationale were based on this foundational belief for the model represented. In one response from an OA SME the following statement was made, “In terms of relative mastery in OA, I really think that it is not hierarchical.” Another example from OA explained, “I don’t think that we have to achieve one developmental thing to move to the next.” A more precise explanation was provided by saying,

Many of us are moving away from Bloom’s cognitive domains or taxonomies because it makes an assumption that you can’t go to the higher order thinking

skills without having developed the lower order thinking skills, and sometimes the steps are not linear.

In contrast, SMEs from VdTMoCA view the developmental process in this way, [the VdTMoCA] has a developmental trajectory, which means it goes from level to level sequentially and that there is progress, and you don't skip levels; you go through all of them...there is sequential progression and then there is regression due to trauma.

Another SME explains the importance of development in the instruction of the model to students:

when I chat to the students [I] always explain the developmental nature of the model because there is some hierarchy in the model and understanding the developmental foundations of the model [is important]. I think is important to understand that it was developed from that perspective.

When comparing the foundational assumptions then, the differences in how SMEs view the process of development distinctly divides both models in this way. Either they believe in a nonlinear and non-hierarchical developmental process, like OA, or in a linear, sequential, and hierarchical progression as in the VdTMoCA.

Sub-theme B: Just Right Challenge

SMEs representing OA and the VdTMoCA referred to a concept known to both models as “just right challenge” when describing the model’s processes and movement within the model. OA participants described the just right challenge in various ways

including, “And so for me, my job becomes trying to figure out what is the just right challenge and provide it; their job is to respond and change the abilities.” An expanded view within OA emerged related to progression, stated in this way:

Sometimes the best mechanisms for growth is staying at the just right challenge, but sometimes also presenting challenges that are a little easy and a little too hard for the patient to endorse or to complete because that’s when they realize “this is my limit,” or “this is when my capacities are not capable of,” and there is growth there.

A shared and similar viewpoint was expressed by another OA SME: “I have to give them a really hard challenge that I know they are going to fail at to some degree in order for them to do better than they would have done at a mediocre challenge.” The SMEs representing the VdTMoCA model were similar in their views on providing a “just right challenge” One stated,

We talk about a just right challenge being actually the challenge set right at the edge of the current comfort zone and we push slightly beyond that without overshooting. It is a just right challenge rather than just a challenge that is within the comfort zone.

An explanation was provided stating, “growth happens at the edge of our capacity, and we have a just right challenge that pushes that into place.” Finally, another view included,

The principle lies in having success for growth instead of feeling like you failed.

You need that “I can” moment in a session for someone to grow. If the challenge is too great, that is not going to happen.

These statements demonstrate how closely aligned and similar in how the concept of a “just right challenge” is understood and expressed within the constructs of the models.

Sub-theme C: Dysfunction and Adaptability Level

Specific terms used in assumption statements for the study survey became a common theme for discussion. SMEs felt the need to clarify the terms in order to agree or disagree with the statements presented. The term “dysfunction” created much of the focus in the responses from both model SMEs. For example, one from OA stated, “I think that sometimes we think of dysfunction as dysadaptation, but I don’t think that is correct.” Another clarified the meaning of the term by saying, “I don’t think that a lack of active participation results in dysfunction.” The need for clarification extended to VdTMoCA SMEs. One stated, “If it’s the level of dysfunction, what is implied by that?” Another said, “instead of saying dysfunction, I would say it most likely leads to more dependence, in terms of participation.” Clarification of the term was given also in this way, “That to them is adaptive. That is what they’re doing and that intention to act to what they are doing is a match. So that’s not in their world, dysfunctional.” In much the same way, the term “adaptability level” from the perspective of VdTMoCA SMEs was common in the interviews requiring clarification. An SME asked, “what is meant with adaptability level? The word is a little difficult for me to understand.” The SME added,

Adaptability kind of assumes that there is a certain agility in the person. I don't actually know what it means. Does it mean adaptive change, or does it mean to form an adaptive response if challenged on something that maybe happened before? Because those are two very different things.

The discussion surrounding the term of dysfunction and the meaning of adaptability level provides evidence of the types of changes in meanings over time that has occurred and the need for explanation for others who may not be familiar with the model.

Theme: Cultural Application

A second main theme that emerged during the qualitative analysis was the importance of applying the models in practice around the world, and the applicability of the models in other cultures. Rational statements obtained are described for both the OA and VdTMoCA.

Cultural Application for the OA Model

Many statements related to the application and implementation of the OA model in other cultures mirrored the thoughts and comments made by the VdTMoCA experts. In general, one SME stated, "I think that sometimes adjustments have to be made, not outside of the tenants of OA, but what we conceptualize as the gestalt may be conceptualized a little bit differently in different cultures." The discussion continued and comments were made specific to using OA in Uganda:

Their concept of who people are or what makes them up like the gestalt ... is very different, but it's still the same. I think that if you yourself can be culturally

sensitive to that, you're not changing the model, you're changing the wording, but I don't think you're changing the model.

When asked, responses were received that supported the use of OA in other cultures and reflected the following views: "I think it is culturally relevant." Another expressed "I feel that [OA] is very universal." In contrast, some SMEs from OA presented possible limitations in using OA in other cultures.

Surely there are other cultures that OA would work well with, but not all of them. You would have to know what country you'd want to use it in and see if it works in it. [...] none of these models are a good fit for everybody.

Another respondent stated, "I think OA has the potential to work elsewhere all over the world, but [...] I think it's contingent on the needs of the culture and the people."

Cultural Application for the VdTMoCA

Expert opinion and beliefs on the applicability of the represented models for practice were examined during the interview process. A common theme that emerged was the impact of culture and the use of terminology for a model's applicability and ultimate effectiveness around the world. Responses contained perspectives and passionate beliefs, some of which were shared across OA and VdTMoCA respondents, while others were unique to a particular group. Impactful comments were obtained for the application of the VdTMoCA in Japan. One such comment reflected,

And obviously when we were in Japan, which is also very different from the Western African part of values and things, we could see [there] was a lot of

terminology that is also confusing to them.” The Japanese people were asking us like, what’s “commitment?” And even the translator said, we don’t have a word like that.

As the response progressed, an important realization was made in this way, “but in the Japanese culture, they felt that how can you question commitment because you will always be committed to other people, and you always show respect to people.”

Another SME representing the VdTMoCA indicated a need to translate during trainings as stated: “so when I was taught the model, the language [used] was old South African language. And often when I do training in the model, I have to translate it there and then.” One specific example of this need was explained;

Vona du Toit means this ... like behavior that is “bizarre.” It was a word that [Vona] uses in one of her tables. We’re not talking about people did anything “bizarre”, but what she meant is it’s out of the norm. So, there’s a lot of that that is required. I think there’s definitely updates to be done.

The broad applicability of the VdTMoCA was also stated in this way:

We look at the norm awareness, but we are not setting the norm. There are no rules listed which make it [VdTMoCA] very adaptable to any culture. The principles are wide enough. It’s not prescriptive. It wants to see the person in totality.

One SME expressed the idea that the VdTMoCA was applicable in all cultures due to the innate and internal nature of its constructs stating,

It's salient. It's the one thing we all share irrespective of where we are geographically, it's ancient. It was there before countries, before culture; it works the same way irrespective of where you are, what socio-economic background you have, what access to resources you have, it works the same way.

In contrast, one SME offered this viewpoint:

Take care in how you try to apply that model across cultures, because I don't think a model exists yet that really is applicable to any and all cultures because our worldviews differ. And so, our assumptions will differ; and so, alignment between assumptions of the model and assumptions of the world view of a particular culture, I think will determine compatibility.

Theme: Need for Revision

An important and consistent theme emerged from analysis which was grouped and named "Need for revision." Many sub-themes are included in this grouping and are discussed below, separately by headings. An historical perspective is important for a reminder that the VdTMoCA was created by Vona du Toit in the late 1960s and the OA came in 1992. So, 50 years have passed for the VdTMoCA and just over 30 years have gone by for OA. There have been some revisions and updates to each of the models over this time period with the latest for VdTMoCA being in 2019 with the publication of the text by van der Reyden and Sherwood. An update to OA was authored by Schultz in 2014 and included in the textbook Willard and Spackman's *Occupational Therapy* of that same year. Additionally, Lenin Grajo (2017) reconceptualized OA and worked to simplify the

constructs and the visual model. The issue of revising models resonated with the SMEs in this study. Their rationale for not wanting to revise as well as reasons for needing to revise the models are provided.

Sub-theme: A: Resistance to Change

When presented with a question about revision, some SMEs remarked with an obvious resistance to any change to the models. Beliefs about the model and value the model provides in practice were also connected in the resistance to changing the models. To begin, emotionality emerged in the statements for the model represented. One SME from OA stated, “One of the things I love about the model is it’s non-judgmental; it’s all about what does the person think.” Another expressed,

[OA] was sort of everything I thought of as an OT, but in someone else’s formal structure; it was exactly the way I practice but didn’t know about it. I didn’t have the terminology to explain it at the time and the more I studied it, the more I just thought this is the right thing, especially for the practice I was in.

Another added, “I liked very much the holistic nature of it. I liked how natural it was.” Resistance to change, then makes sense from this perspective. One SME from OA reflected, “sometimes we would revise that which we don’t understand, and maybe we just need to understand before we revise.” They continued with, “let’s not just try to make this fit without really making sure we truly understand it because maybe it does fit, and it’s just our understanding that needs to adjust.”

The VdTMoCA SMEs commented similarly with their views about the value in practice and beliefs about the model's ability to address the needs in occupational therapy populations. For example, "For me it covers all those bases, from description right through to getting your prescriptive guidelines in it. Predicting backwards and forwards and then explaining why things are the way they are." Eloquently stated, a different SME expressed the value of the model's foundational holistic philosophy by saying,

When I started teaching, [VdTMoCA] I fell in love with it. The philosophy that inside all of us lies a creative being that operates at almost completely according to very different rules than what our minds and our bodies operate. But if you let that creative being free, wonderful things happen. It's like magic and I think that there's something inside of us bigger than just our minds and everything that we've been socialized to be and everything we have been taught. There is something ancient and just almost, I'm scared to use the word eternal, but it's so old that it's always been there. It's this beautifully creative, very supportive of life, kind of energy that is inside of us.

Another SME had the belief,

But my heart really lies in that statement of volition that governs action and that is where therapeutic power lies, that when we can engage a child or an adult's volition and what they are naturally drawn to do, we can do so much to help them in the real world because it governs their action in the real world. So that's my favorite bit.

And again with, “it was so intrinsic in my thinking, it took me a while to realize that it’s actually quite a powerful tool. It’s because of my model choice that I feel confident.” The level of dedication and belief in the value for the VdTMoCA was clearly stated with each of the SMEs who participated in the interview. Resistance to change, then was stated in this way, “the strong believers in the model say, “No, you’re not going to change anything.””

Sub-theme B: Rationale for Change

Despite the firm dedication and appreciation for each of the model’s value in practice, rationale was given for review and revision of both models. Justifications provided include changes in trends for practice and related world events. Comments were made related to moving away from the previous focus on the medical model:

I see us now as a profession going back in the community, going back into more community-based services, population-based services. I think that this is a valuable direction for us to go in, getting away from the medical model and back into people’s lives.

Another OA SME stated, “OTs are moving into more population based and more political positions and those sorts of things need to be considered in our models.” Echoed sentiments from VdTMoCA included, “I think[for] community setting and ‘normal’ people without diagnosis, maybe that terminology is not well integrated in the model.”

A different rationale was given based on changes in world events: “without having the opportunity to revamp [OA] and to update it with the world with the growing

knowledge base that we have, we have to keep up; that's what we have to do." Relatedly, a different SME stated,

The world changes. The people we work with change. The environments we work in change, so things that worked two decades ago don't necessarily fit anymore.

The practice is changing; the profession is changing and so I think we need to revise them.

A single SME from VdTMoCA recommended, "if we don't review them and test their validity and test their applicability, then we are in a position where we might end up with practices that are not well founded or is outdated." Revision of models based on world events was stated as: ". . . but then also when certain things happen like a pandemic or like a world war or like a natural disaster."

The issue of ensuring model's alignment with current practice was discussed as a common need between the models. SMEs from OA stated,

I think as we have started to explain them [assumptions/constructs] more clearly using the language of our profession, like the OTPF; not necessarily aligning it directly, but taking those terms, updating the neuroscience of it and what we understand of that. . . it is still true to what it was always before.

More to the point, an SME from VdTMoCA stated, "when practice grows and changes, models need to be revised."

Sub-theme C: Decade for Change

The need for revision has been discussed, but the frequency for review and revision was identified in the analysis as a sub-theme and was assigned the group name of “decade for change.” SMEs expressed their views for frequency and provided rationale and justification similarly. One SME from OA said, “Just thinking about generational changes, about every 10 years, where you have different life events and different things in society that shift perspective and cultural kinds of changes.” Another simply stated, “I think within a decade they should be revised.” From a VdTMoCA perspective, the same rationale was provided: “Probably once in a decade, we attempt to look at the practice context and the context of the world and updating the terminology, and looking at new areas of expansion, like this COVID times have been unprecedented.” Followed by another who stated, “it would be 10 years and knowing the realities of research, I don’t know how feasible more frequent revision is.” Consensus then among the SMEs suggests that a decade is appropriate for review and revision, when necessary, based on the current practice climate and context. There was an SME from VdTMoCA who provided a more frequent statement that suggested,

I cannot see with the world changing the way it is and needs developing the way it is and our understanding and depth of how we work and why we work the way we work, that [model] isn’t under constant revision.

Sub-theme D: Future Revision Needs

In this section, SMEs provide rationale and suggestions for model revision based on updating, strengthening, and increasing use of the models in practice. Statements pointed to some of the self-identified limitations or weaknesses of the model and then suggest possible changes. SMEs from the OA model reiterate the need for updating terminology in the model saying, “I think that’s an important thing to do even if it’s just to update terminology to fit the way students are learning these days, or what is going on in the world.” Another adds, “If we could straighten OA out in the language and make it accessible to people, there are some great thinking therapists out there right now who are ready to grasp onto this idea and move forward with it.” Related to terminology updates, a third SME stated, “I think we have to continue to update our language, like the OTPF has to continue to be updated.” In comparison, a VdTMoCA SME stated, “in the creative ability assumptions, I think a little bit of work needs to be done to align it with the OTPF then a little bit more, and to expand on that [to include spirituality].” Additionally, VdTMoCA SMEs identify more specific revision suggestions related to terminology stating: “the wording of ‘patient directed’ and ‘therapist directed,’ we wish we can change that. More of a ‘self-directed client,’ because we started using it outside the hospital setting.” This recommendation reflects the current practice of using the model outside of traditional medical practice and the value of changing terminology to be more generalized.

OA SMEs expressed their rationale for revisions in assessments stating, “we wish that we had an assessment that we could use that worked really well, assessments that we could use that work really well.” A continued emphasis on assessments was made by a different SME stating, “OA tools; I think [we need] assessment tools or intervention tools.” The SME followed up closely saying “I feel like OA is what’s going on in your head, which makes it hard for there to be a tool about it in a holistic way.” The lack of assessments and outcome measures, then may serve to limit OA in practice according to the statements made by SMEs.

Specific recommendations made for revising the VdTMoCA include one suggesting, “we could do with looking at the VdTMoCA and say, how did this impact on people’s levels of creative ability and their occupational participation and how can we help in that adaptive process?” This point in comparison to OA begins to borrow concepts and terminology, making the term “adaptive process” understood more across models. A second revision suggestion from VdTMoCA relates to the model’s visual representation in the following way: “I think it could benefit from more figures, diagrams, illustrations of how the model works, because it is very difficult to describe in words.” Third, a suggestion was made that emphasizes focus on the assessment and outcomes. An SME expressed “I think one of the struggles with creative ability is the assessment.” Another stated, “I think [the measure] would benefit from greater specificity and sensitivity in differentiating between the levels. The specificity of its indicators really needs some attention.” In addition, “I think it can definitely do with more of it [updates]

and in looking at the assessment processes and the standardized ways of getting to that place or giving people a little bit more structure around the assessment.” Similar to the views expressed by OA SMEs, the need for assessments and revisions to existing assessments are recommended for both models in order to increase their usefulness in occupational therapy practice.

A discussion about future needs for the compared models included statements made regarding teaching the models in university training programs for occupational therapy, including the models in current research efforts and then publishing the models in professional literature and textbooks. OA SMEs reflected on this need by stating, “I think people that are using it need to be talking about it and trying to get it published and doing presentations where they talk about their utilization of it.” Another added, “making sure it’s still getting represented in our major textbooks so that it’s more likely to be taught in the different universities [is important].” Similarly,

I do think getting [OA] back into the classroom, teaching people how to use it, having people in the field using it, getting the research out there; it’s kind of like starting over again in some regards and that is okay.

From the views of VdTMoCA SMEs, comments were similar in nature and included:

If we don’t write it down, we don’t make it accessible to the rest of the world and for people to be able to find it when they search on Google, and for people to just know, how do I use this model?

These sentiments reflect each model's need to stay relevant in current practice and to continue to be "seen" in use through professional literature and taught in university training programs. Collectively, the self-identified needs for both the OA and VdTMoCA are similar and could certainly work to strengthen them when addressed.

CHAPTER V

DISCUSSION AND CONCLUSION

The use of theoretical models in practice help to guide the process of evaluation and treatment across all areas for occupational therapists. A solid understanding of model assumptions and core constructs is paramount in their function and application. The selection of occupational performance-based models helps to align practice to the core construct in occupational therapy for the use of “occupation” in treatment. Although similarities between such models can be made using overall concepts and terminologies, formal comparisons between similar models using their assumptions and core constructs have not yet been done. This chapter includes a discussion of major conclusions related to the comparison of occupation-based practice models’ assumptions and core constructs, including a novel process for comparison using themes for terminology and similar meanings among core constructs. A discussion and connections are made for the impact and implications on model assumption terminology for cultural application and the need for timely model revisions in practice. The chapter concludes with a discussion of the limitations of the study, areas to consider for future research and a brief study summary.

Overview of the Study

The problem addressed in this research was to better understand theoretical models through a descriptive comparison of assumptions and core constructs. Previous comparisons and published literature include which occupational performance-based

models are taught and used in practice (Ashby & Chandler, 2010; Owen & Franszen, 2014), which models included the focus of occupation (Johansson et al., 2018), and practitioner perspectives and values surrounding model use in areas of practice (Davis-Cheshire et al., 2019). Organization of comparisons previously have been based on specific methodologies including Ikiugu's (2010) use of Mosey's extrapolation method, and Hitch and Pepin's (2020) use of the POP. Past research, however, has not included comparisons using model assumptions or core constructs. In addition, identification of models that are appropriate for use in other cultures have not been well addressed to date.

Discussion

Comparison of two occupational performance-based models at the level of adapted assumption and core construct statements reveal both similarities and differences from SMEs representing each model. The use of models from two different parts of the world where familiarity and use of either practice model is uncommon, reveal an unexpected general connection and understanding in occupational therapy practice while highlighting specific differences. Integrated explanations and an exploration into possible meanings from SME rationale statements are discussed for both OA and VdTMoCA.

Assumption Agreement

Findings from this study revealed that even though unique terminologies are used to describe assumptions and core construct statements for OA and VdTMoCA models, the overall meanings are considered by the SME practitioners to be similar in nature when presented in a more neutral fashion. The process of deidentifying assumptions

statements while not changing the overall meaning, is crucial for comparisons in this way. Data from this study indicates general agreement among SMEs from both study model respondents to the survey instrument.

A shared language in occupational therapy has been discussed, suggested, and attempts made for unification and alignment in practice. Discussions within the profession over the meanings of specific terms help to identify areas of continued need that impacts the terminology used in practice models. The use of the term occupation and adaptation, for example are central principles and core to practice, yet hold various meanings when interpreted among therapists (Evans, 1987; Grajo et al., 2018; Larsson-Lund and Nyman, 2016; Townsend & Polatajko, 2013). Findings in the current study echo the use of a common language and terminology within occupational therapy and then misunderstandings or need for clarification with specific terms. For example, Hitch and Pepin's (2020) research that compared core constructs of four occupational performance-based models (MOHO, KAWA, CMOP-E, and OA) using the POP. In their study, Hitch and Pepin revealed that core dimensions (i.e., doing, being, becoming, and belonging) were deeply embedded in the occupational therapy models studied, and embodied four dimensions of occupation. In contrast, Fisher (2014) demonstrated the confusion and frequent misinterpretation in practice for the terms occupation-centered, occupation-based, and occupation-focused. However, Fisher (2014) did not compare or examine the assumptions underlying each of the models for that study. Ultimately overall agreement was obtained by SMEs related to model assumption statements in this study.

Items where disagreements to statements were found, were able to be examined using SME explanation of rationale through participation in a follow up interview.

Assumption Disagreement

Disagreements to assumption statements by SMEs highlighted areas where terminology used either had different interpretations or were thought to have changed in meaning over time. Specifically, the term dysfunction was the subject of disagreement from both model SMEs. Disagreement to assumption statements that continue to use the term dysfunction possibly reflects the changing perception within occupational therapy and the shift away from the biomechanical framework in practice (Townsend & Polatajko, 2013). Findings from the qualitative portion of this study indicated SME perception was that the term was too restrictive or held negative connotations when describing levels of function and ability for a person. When used as a part of assumption statements then, one can see where carryover of this disagreement would apply. Attempts to level functional ability are described as a current replacement for the term dysfunction, which were findings from this study's interviews.

The same could be applied to the findings involving our understanding of "just right challenge" as it has a subjective interpretation found in this research. Both OA and VdTMoCA assumption statements include the need to provide just right challenges for change to occur, but the interpretation as explained by SMEs included different views as to how to achieve this. Further alignment and definition of what is meant with this phrase that is commonly used in occupational therapy is needed.

One area of disagreement for the two study models was found to be in how the developmental process was understood. The assumptions statements appeared similar, the disagreements were directly related to the SME training and beliefs related to the developmental process. SMEs from OA believe that development occurs in a nonlinear and non-hierarchical way and this belief is foundational to the model's constructs (Schultz, 2014). In contrast, SMEs from VdTMoCA are trained and believe that the developmental process is linear and hierarchical; where progression does not occur until skill attainment is achieved for each level (van der Reyden & Sherwood, 2019). It is not surprising then, that assumption statements for each model conflicted with these firmly held beliefs and were found as outcomes in the study.

Cultural Considerations

Model application and use in other countries was discussed in the qualitative portion for this study. Many examples of the OA model applied in cultural populations exist in the literature and confirmation of SME beliefs surrounding its applicability were found. Statements made by SMEs indicated the need to modify or adapt terminology and some principles for the model in certain cultures to increase its use and understanding culturally in the population it is being used in, such as the Middle East (Malkawi et al., 2020), or female immigrants from India who moved to New Zealand (Nayar & Stanley, 2014). Application and use of the VdTMoCA model in comparison is also thought by SMEs to be appropriate in multiple cultures. Similar difficulties were expressed related to the need for explanation and possible change in the terminology used for the model for

certain cultures. The VdTMoCA, although created in South Africa, has been the subject of criticism among practicing occupational therapists because of its “Eurocentric bias” (Joubert, 2019 p. 53). SMEs thought that these necessary revisions in the moment did not change the overall meaning for the model and therefore were easily adapted. In follow-up statements however, SMEs from both models indicated their collective beliefs that not any one model could be readily applied to all cultures, nor would fit all situations. Iwama (2007) advocates for occupational therapists to consider culture and the diverse nature of populations served. In a compelling article, Mahoney and Kiraly-Alvarez (2019) brought awareness to the pervasive Western dominated ideals and terminology used in occupational therapy and strongly challenge current practice in occupational therapy to engage in occupational consciousness, cultural humility, and “ubuntu” (p. 3). Issues concerning the dominance of Western society in practice and its implications and responsibilities for social injustices and power imbalances are illuminated in their article. These considerations certainly speak to the inclusion and involvement of our guiding models for practice, including OA and VdTMoCA.

Model Review and Revision

Alignment in occupational therapy with a standardized, professional practice terminology has been attempted; however, the changing use, meanings, and cultural implications have proven difficult (Creek, 2006). Terminology and meanings of original assumptions and core constructs also require this level of review and revision. Findings from this study’s outcomes indicate that meanings and use of words change over time and

when applied in other cultures. Because of this, frequent review and possible revisions need to be made to the models used in occupational therapy. A recommended time frame for review and / or revision was not found in the literature, but statements from SMEs were consistent for a “decade” as an appropriate amount of time for revisions. It was recognized that the OTPF, the World Health Organization (WHO), and the World Federation of Occupational Therapists (WFOT) undergo frequent changes to definitions, and suggested frameworks to stay current in healthcare practice. The alignment of occupational therapy with each of these organizational bodies is also important as they impact practice. Revisions to the OTPF, for example occur each 6 years. For practice models to reflect these changes, then a decade, or 10-year cycle for review is appropriate.

Part of the revision process was found to be what the OA and VdTMoCA needed in the future to stay relevant and current in practice. These identified needs included involvement in research studies, continued development of assessments tied to the models, and increased publication involving the models. Cautionary statements were made by the SMEs that warned of disuse, and non-revision of the models would lead to decreased awareness, a decrease or cessation in published textbooks and ultimately a failure to teach the models in preparatory or occupational therapy training programs. The findings of (Davis-Cheshire et al., 2019) indicate that both the OA and the VdTMoCA are at risk currently unless an increase in publication and training occurs.

In summary, the findings from both quantitative data and qualitative themes identify areas of agreement and disagreement related to both study models for OA and

VdTMoCA. Areas of need are identified and include the need for review and possible revisions to increase understanding and use in practice, increased cultural sensitivity, and increased use in research and publications.

Limitations

Small Sample Size

This study included a small sample size of SMEs ($N = 14$) representing $n = 9$ OA SMEs and $n = 5$ VdTMoCA SMEs and may serve to limit the generalizability of the results in this study. Sixty-four percent of the study group were represented by OA SMEs and may have influenced overall outcomes. In addition, of the 14 total SMEs, nine participated in the follow-up interview (OA $n = 5$; VdTMoCA $n = 4$). The opinions, perceptions, values, beliefs, and rationale for SMEs who did not participate could have contributed to the depth of understanding and connections made in the thematic analysis.

Reliability and Validity of Survey Instrument

The researcher created survey instrument included revising original assumption statements from each model for OA and the VdTMoCA in an effort to remove specific, identifying terminology unique to the models. Although face validity and content validity were established using peer review and a small group SME review, criterion referenced validity and reliability were not established for this instrument. In addition, the creation of a third “shared” statement by the researcher may reflect researcher bias or preference due to the purposeful choices that were made to create a "neutral" or "shared" assumption between both models.

Researcher Bias

The researcher acknowledges that his formal training through Texas Woman's University in the OA model, and years of experience in its clinical applications may have influenced and introduced bias for this study.

American English Use

This study was developed, including the instrumentation and recruitment communication documents, using American English. Differences in spelling and nuanced meanings may have impacted participant understanding and responses. During the qualitative interviews, differences in language dialects and accents may have limited participant's full understanding of questions and/or researcher interpretation of meanings.

Implications for Occupational Therapy

Model use in occupational therapy helps to guide and organize evaluations and decisions made in treatment. With occupation as a foundational base for models, the terminology used to describe assumptions and core constructs should closely align with current practice. It is possible however that over time, differences in meaning and connotation for terms emerge and require review (Butts & Nelson, 2007). This research determined that SMEs were aware of the need for review and revision based on identified model terminology and limitations for practice. One implication for occupational therapy then is a need for cyclical systematic review and recommendations for revision at the minimum of a decade span of time. Updates to terminology with attention given to cultural sensitivity, and an increase in worldwide use and alignment of OA and

VdTMoCA to practice are anticipated results from regular reviews and subsequent revisions. In contrast, failure to engage in this review and revision process, makes it possible for a model to fade from practice and to go extinct over time due to outdated ideals and terminology no longer relevant to current practice.

Selection of the OA and VdTMoCA reflect two occupational performance-based models in occupational therapy chosen for their similarities in core constructs including holistic and developmental foundations. A comparison for these models reflects diverse histories, cultures and diverse perspectives which are important considerations in current world practice.

Another implication from this study reveals that model comparisons performed at the level of assumption and core constructs may help to identify similarities and strengths within the models while exposing any existing limitations. An increase in knowledge and understanding for models in this way helps to connect and strengthen one or both in their application for practice.

Recommendations

Comparison of models used in practice has value in the field of occupational therapy and serves many purposes. Previous researchers have compared models for their selection and use in practice (Ashby & Chandler, 2010; Owen & Franszen, 2014), number of institutions teaching the model (Ashby & Chandler, 2010), and connection to the meaning of “occupation” (Larsson-Lund & Nyman, 2017). Formal frameworks have been used to organize models for comparison such as Ikiugu’s (2010) use of Mosey’s

extrapolation method and Hitch and Pepin's (2020) comparison of core constructs using the POP, but neither included a comparison between models for assumptions and key core constructs. To date, there has not been a formal comparison of models used in occupational therapy to the depth of assumptions and core constructs. This type of comparison provides an additional method for identifying similarities and differences between models.

Therefore, the first recommendation and an extension to this research study, includes the development and utilization of a more formal process for comparing assumptions, core constructs and even subprocesses for models used in occupational therapy practice around the world in future research. Involvement of more occupational performance-based models in this type of comparison may yield a better understanding of similarities and / or differences between the models and serve to enhance their understanding and application in practice.

A second recommendation is the consideration for updating models to reflect cultural sensitivity and terminologies that ensure appropriateness and applicability in other countries. Further research that identifies model use, especially for OA and VdTMoCA in a variety of cultures would assist in understanding the cultural needs and any possible changes or revisions that are needed for increased cultural applicability.

A third recommendation is to address areas identified in this study for further research such as the development of specific assessments in OA and / or the refinement of existing assessments in VdTMoCA. Fourth, a careful review is recommended for the

use of terminology that aligns with the WHO, the WFOT, and the most current OTPF. Inclusion of new terms and consideration of “persons, groups, populations and communities” are suggested revisions that could update the applicability of OA and the VdTMoCA.

Finally, it is important to note that the process of reviewing models and identifying areas for improvement or change, does not improve the models’ value or use in practice unless revisions are made based on those findings. The final recommendation then is to follow through with updating and revising the OA model and VdTMoCA based on these identified areas, which serve the purpose of aligning them with changing practice, world views, and societal or cultural beliefs.

Summary and Conclusion

The results of this study imply that model comparisons using assumptions and core constructs are valuable to understanding both the similarities and meanings of terminologies and the need for frequent review and timely revisions for use in practice. The OA model has a distinct place in occupational therapy history and carries an important contribution to the profession with its theoretical development and explanation of the occupational adaptation process. OA is limited however by its perceived difficulty, and as a result also is limited in the number of university training programs that focus on OA. In much the same way, the VdTMoCA has been limited for many years in practice due to geographical isolation, perceived complexities for explanation of the model, and

limited training or university programs for teaching the model within occupational therapy as a whole.

This study reveals that SMEs believe in the value of the models they were trained in for many of the same reasons and include occupational performance-based, holistic, and within a developmental framework. A formal review, comparison, and analysis using assumptions and core constructs then, serves to increase any connections based on similarities between the models. In doing so, the process may also support the purpose of revitalizing lesser known or understood models that have not been well published in the literature. Ultimately, one SME from VdTMoCA supports this belief in the following statement: “in my opinion, I would think we [OT models] are more similar than different.” This study, although preliminary in nature, widens the possibilities for continued discourse for the profession of occupational therapy, while suggesting the broader scope of benefits for reviewing, comparing, and sharing between similar occupational performance-based models used in practice.

REFERENCES

- Arifin, W. (2013). Introduction to sample size calculation. *Education in Medicine Journal*, 5(2). <https://doi.org/10.5959/eimj.v5i2.130>
- Ashby, S., & Chandler, B. (2010). An exploratory study of the occupation-focused models included in occupational therapy professional education programmes. *British Journal of Occupational Therapy*, 73(12), 616–624. <https://doi.org/10.4276/030802210x12918167234325>
- Bishop, P., & Herron, R. (2015). Use and misuse of the Likert item responses and other ordinal measures. *International Journal of Exercise Science*, 8(3), 297–302.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Butts, D. S., & Nelson, D. L. (2007). Agreement between occupational therapy practice framework classifications and occupational therapists' classifications. *The American Journal of Occupational Therapy*, 61(5), 512–518. <https://doi.org/10.5014/ajot.61.5.512>
- Casteleijn, D. (2012). The use of core concepts and terminology in South Africa. *World Federation of Occupational Therapists Bulletin*, 65(1), 20–27. <https://doi.org/10.1179/otb.2012.65.1.005>

- Casteleijn, D., & Vos, H. D. (2007). The model of creative ability in vocational rehabilitation. *Work*, 29(1), 55–61.
- Christiansen, C., Baum, C., & Bass, J. (2015). *Occupational therapy. Performance, participation and well-being* (4th ed.). SLACK.
- Creek, J. (2006). A standard terminology for occupational therapy. *British Journal of Occupational Therapy*, 69(5), 202–208.
<https://doi.org/10.1177/030802260606900502>
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design choosing among five approaches* (4th ed.). Sage.
- Davis-Cheshire, R., Davis, K., Drumm, L., Neal, S., Norris, E., Parker, M., Prezzia, C., & Whalen, C. (2019). The perceived value and utilization of occupational therapy models in the United States. *Journal of Occupational Therapy Education*, 3(2).
<https://doi.org/10.26681/jote.2019.030211>
- de Witt, P. (2014). Creative ability. In *Occupational therapy in psychiatry and mental health* (pp. 3–32). John Wiley & Sons.
<https://doi.org/10.1002/9781118913536.ch1>
- du Toit, V. (2015). *Patient volition and action in occupational therapy* (5th ed.). Vona and Marie du Toit Foundation.
- Ernest, D. (2020). Quality in qualitative research: An overview. *Indian Journal of Continuing Nursing Education*, 21(1), 76–80.
https://doi.org/10.4103/IJCN.IJCN_48_20

- Evans, K. (1987). Definition of occupation as the core concept of occupational therapy. *The American Journal of Occupational Therapy*, 41(10), 627–628.
<https://doi.org/10.5014/ajot.41.10.627>
- Field, A. (2018). *Discovering statistics using IBM SPSS statistics* (5th ed.). Sage.
- Firfirey, N., & Hess-April, L. (2014). A study to explore the occupational adaptation of adults with MDR-TB who undergo long-term hospitalisation. *South African Journal of Occupational Therapy*, 44, 18–24.
- Fisher, A. G. (2014). Occupation-centred, occupation-based, occupation-focused: Same, same or different? *Scandinavian Journal of Occupational Therapy*, 21(sup1), 96–107. <https://doi.org/10.3109/11038128.2014.952912>
- Fraenkel, J. R., Wallen, N. E., & Hyun, H. H. (2019). *How to design and evaluate research in education* (10th ed.). McGraw-Hill.
- Frank, G. (1996). The concept of adaptation as a foundation for occupational science research. In R. Zemke & F. Clark (Eds.), *Occupational science: The evolving discipline* (pp. 47–55). FA Davis.
- George, D., & Mallery, P. (2010). *SPSS for Windows step by step: A simple guide and reference 17.0 update* (10th ed.). Pearson.
- George, L. A., Schkade, J. K., & Ishee, J. H. (2004). Content validity of the relative mastery measurement scale: A measure of occupational adaptation. *OTJR: Occupation, Participation and Health*, 24(3), 92–102.
<https://doi.org/10.1177/153944920402400303>

- George-Paschal, L., & Bowen, M. (2019). Outcomes of a mentoring program based on occupational adaptation for participants in a juvenile drug court program. *Occupational Therapy in Mental Health, 35*(3), 262–286. <https://doi.org/10.1080/0164212x.2019.1601605>
- Gibson, J., & Schkade, J. K. (1997). Occupational adaptation intervention with patients with cerebrovascular accident: A clinical study. *The American Journal of Occupational Therapy, 51*(7), 523–529. <https://doi.org/10.5014/ajot.51.7.523>
- Grajo, L. (2017). Occupational adaptation. In J. Hinojosa, P. Kramer, & C. Royeen (Eds.), *Perspectives on human occupation: Theories underlying practice* (2nd ed.). F.A. Davis.
- Grajo, L., Boisselle, A., & DaLomba, E. (2018). Occupational adaptation as a construct: A scoping review of literature. *The Open Journal of Occupational Therapy, 6*(1). <https://doi.org/10.15453/2168-6408.1400>
- Gustafsson, L., Molineux, M., & Bennett, S. (2014). Contemporary occupational therapy practice: The challenges of being evidence based and philosophically congruent. *Australian Occupational Therapy Journal, 61*(2), 121–123. <https://doi.org/10.1111/1440-1630.12110>
- Hammell, K. (2009). Sacred texts: A sceptical exploration of the assumptions underpinning theories of occupation. *Canadian Journal of Occupational Therapy, 76*(1), 6–13. <https://doi.org/10.1177/000841740907600105>

- Hammell, K. (2018). Building globally relevant occupational therapy from the strength of our diversity. *World Federation of Occupational Therapists Bulletin*, 75(1), 13–26. <https://doi.org/10.1080/14473828.2018.1529480>
- Hitch, D., & Pepin, G. (2020). Doing, being, becoming and belonging at the heart of occupational therapy: An analysis of theoretical ways of knowing. *Scandinavian Journal of Occupational Therapy*, 28(1), 13–25. <https://doi.org/10.1080/11038128.2020.1726454>
- Ikiugu, M. N. (2010). Analyzing and critiquing occupational therapy practice models using Mosey's extrapolation method. *Occupational Therapy In Health Care*, 24(3), 193–205. <https://doi.org/10.3109/07380570903521641>
- Ikiugu, M. N. (2012). Use of theoretical conceptual practice models by occupational therapists in the US: A pilot survey. *International Journal of Therapy and Rehabilitation*, 19(11), 629–637. <https://doi.org/10.12968/ijtr.2012.19.11.629>
- Ikiugu, M. N., & Smallfield, S. (2011). Ikiugu's eclectic method of combining theoretical conceptual practice models in occupational therapy. *Australian Occupational Therapy Journal*, 58(6), 437–446. <https://doi.org/10.1111/j.1440-1630.2011.00968.x>
- Ikiugu, M. N., Smallfield, S., & Condit, C. (2009). A framework for combining theoretical conceptual practice models in occupational therapy practice. *Canadian Journal of Occupational Therapy*, 76(3), 162–170. <https://doi.org/10.1177/000841740907600305>

- Ikiugu, M., Plastow, N., & van Niekerk, L. (2019). Eclectic application of theoretical models in occupational therapy: Impact on therapeutic reasoning. *Occupational Therapy In Health Care, 33*(3), 286–305.
<https://doi.org/10.1080/07380577.2019.1630884>
- International Creative Ability Network. (2021). *Published literature* [VdTMoCA published research literature list]. https://static.s123-cdn.com/uploads/2790949/normal_6007e9fe818df.pdf
- Ivankova, N. V., Creswell, J. W., & Stick, S. L. (2006). Using mixed-methods sequential explanatory design: From theory to practice. *Field Methods, 18*(1), 3–20.
<https://doi.org/10.1177/1525822x05282260>
- Iwama, M. (2007). Culture and occupational therapy: Meeting the challenge of relevance in a global world. *Occupational Therapy International, 14*(4), 183–187.
<https://doi.org/10.1002/oti.234>
- Jackson, J. P., & Schkade, J. K. (2001). Occupational adaptation model versus biomechanical–rehabilitation model in the treatment of patients with hip fractures. *The American Journal of Occupational Therapy, 55*(5), 531–537.
<https://doi.org/10.5014/ajot.55.5.531>
- Jansen, M., & Casteleijn, D. (2009). Tailoring the model of creative ability to patients with diabetic foot problems. *South African Journal of Occupational Therapy, 39*, 15–19.

- Jansen-van Vuuren, J., Aldersey, H., & Lysaght, R. (2020). The role and scope of occupational therapy in Africa. *Disability and Rehabilitation*, 1–13.
<https://doi.org/10.1080/09638288.2020.1743779>
- Johansson, A., & Björklund, A. (2006). Occupational adaptation or well-learned, professional experience in rehabilitation of the disabled elderly at home. *Activities, Adaptation & Aging*, 30(1), 1–21.
https://doi.org/10.1300/j016v30n01_01
- Johansson, A., Fristedt, S., Boström, M., & Björklund, A. (2018). The use of occupational adaptation in research: A scoping review. *Occupational Therapy In Health Care*, 32(4), 422–439. <https://doi.org/10.1080/07380577.2018.1526433>
- Joosten, A. V. (2015). Contemporary occupational therapy: Our occupational therapy models are essential to occupation centred practice. *Australian Occupational Therapy Journal*, 62(3), 219–222. <https://doi.org/10.1111/1440-1630.12186>
- Joubert, R. (2019). Theoretical paradigms and influences underpinning the development of the Vona du Toit model of creative ability. In D. van der Reyden, W. Sherwood, & P. A. de Witt (Eds.), *The Vona du Toit Model of Creative Ability: origins, constructs, principles and application in occupational therapy* (pp. 44–57). Vona & Marie du Toit Foundation.
- Kielhofner, G. (2007). *Model of human occupation: Theory and application (model of human occupation: Theory & application)* (4th ed.). Lippincott Williams & Wilkins.

- Kielhofner, G., & Burke, J. (1980). A model of human occupation, part 1. Conceptual framework and content. *The American Journal of Occupational Therapy*, 34(9), 572–581. <https://doi.org/10.5014/ajot.34.9.572>
- Klein, T., & Olbrecht, M. (2011). Triangulation of qualitative and quantitative methods in panel peer review research. *International Journal for Cross-Disciplinary Subjects in Education*, 2(2), 342–348. <https://doi.org/10.20533/ijcdse.2042.6364.2011.0048>
- Koo, T. K., & Li, M. Y. (2016). A guideline of selecting and reporting intraclass correlation coefficients for reliability research. *Journal of Chiropractic Medicine*, 15(2), 155–163. <https://doi.org/10.1016/j.jcm.2016.02.012>
- Krusen, N., & George-Paschal, L. (2018). Relative mastery measurement scale as an effective, profession-specific, theoretically founded learning outcome measure. *The American Journal of Occupational Therapy*, 72(4_Supplement_1), 7211500067p1. <https://doi.org/10.5014/ajot.2018.72s1-po8006>
- Kvale, S., & Brinkman, S. (2015). *Interviews: Learning the craft of qualitative research interviewing* (3rd ed.). Sage Publications.
- Larsson-Lund, M., & Nyman, A. (2016). Participation and occupation in occupational therapy models of practice: A discussion of possibilities and challenges. *Scandinavian Journal of Occupational Therapy*, 24(6), 393–397. <https://doi.org/10.1080/11038128.2016.1267257>

- Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The person-environment-occupation model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy*, *63*(1), 9–23. <https://doi.org/10.1177/000841749606300103>
- Lee, J. (2010). Achieving best practice: A review of evidence linked to occupation-focused practice models. *Occupational Therapy In Health Care*, *24*(3), 206–222. <https://doi.org/10.3109/07380577.2010.483270>
- Lexico. (n.d.). Create. In Oxford and Spanish Dictionary. Retrieved September 11, 2021, from <https://www.lexico.com/en/definition/create>
- Liljequist, D., Elfving, B., & Skavberg Roaldsen, K. (2019). Intraclass correlation – A discussion and demonstration of basic features. *PLOS ONE*, *14*(7), e0219854. <https://doi.org/10.1371/journal.pone.0219854>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE Publications.
- Mahoney, W. J., & Kiraly-Alvarez, A. F. (2019). Challenging the status quo: Infusing non-western ideas into occupational therapy education and practice. *The Open Journal of Occupational Therapy*, *7*(3), 1–10. <https://doi.org/10.15453/2168-6408.1592>
- Malkawi, S. H., Alqatarneh, N. S., & Fehringer, E. K. (2020). The influence of culture on occupational therapy practice in Jordan. *Occupational Therapy International*, *2020*, 1–9. <https://doi.org/10.1155/2020/1092805>
- Markowitz, J. C. (2005). Psychotherapy and eclecticism. *Psychiatric Services*, *56*, 612.

- Miles, M. B., Huberman, A. M., & Saldana, J. (2014). *Qualitative data analysis: A methods sourcebook*. Sage.
- Nakamura-Thomas, H., Van Antwerp, L. R., Ikiugu, M., Scott, P., & Bonsaksen, T. (2015). The 4th international MOHO institute: Summary and reflections. *Ergoterapeuten*, 58, 62–67.
- Nayar, S., & Stanley, M. (2014). Occupational adaptation as a social process in everyday life. *Journal of Occupational Science*, 22(1), 26–38.
<https://doi.org/10.1080/14427591.2014.882251>
- Nel, L., van der Westhuyzen, C., & Uys, K. (2007). Introducing a school-to-work transition model for youth with disabilities in South Africa. *Work*, 29(1), 13–18.
- Norcross, J. C., & Beutler, L. E. (2000). A prescriptive eclectic approach to psychotherapy training. *Journal of Psychotherapy Integration*, 10(3), 247–261.
<https://doi.org/10.1023/a:1009444912173>
- O'Neal, S., Dickerson, A. E., & Holbert, D. (2007). The use of theory by occupational therapists working with adults with developmental disabilities. *Occupational Therapy In Health Care*, 21(4), 71–85. https://doi.org/10.1080/j003v21n04_04
- Occupational therapy practice framework: Domain and process—fourth edition. (2020). *The American Journal of Occupational Therapy*, 74(Supplement_2), 7412410010p1–7412410010p87. <https://doi.org/10.5014/ajot.2020.74s2001>
- Owen, A., & Franszen, D. (2014). Factors influencing model use in occupational therapy. *South African Journal of Occupational Therapy*, 44(1), 41–47.

- Reid, H. J., Hocking, C., & Smythe, L. (2019). The making of occupation-based models and diagrams: History and semiotic analysis. *Canadian Journal of Occupational Therapy, 86*(4), 313–325. <https://doi.org/10.1177/0008417419833413>
- Saldana, J. (2015). *The coding manual for qualitative researchers* (3rd ed.). Sage.
- Sawilowsky, S. S. (2009). New effect size rules of thumb. *Journal of Modern Applied Statistical Methods, 8*(2), 597–599. <https://doi.org/10.22237/jmasm/1257035100>
- Schkade, J. K., & Schultz, S. (1992). Occupational adaptation: Toward a holistic approach for contemporary practice, part 1. *The American Journal of Occupational Therapy, 46*(9), 829–837. <https://doi.org/10.5014/ajot.46.9.829>
- Schoonenboom, J., & Johnson, R. (2017). How to construct a mixed methods research design. *KZfSS Kölner Zeitschrift für Soziologie und Sozialpsychologie, 69*(S2), 107–131. <https://doi.org/10.1007/s11577-017-0454-1>
- Schultz, S. (2014). Theory of occupational adaptation. In B. A. Schell, G. Gillen, & M. E. Scaffa (Eds.), *Willard & Spackman's Occupational Therapy* (12th ed., pp. 527–540). Lippincott Williams & Wilkins.
- Sherwood, W., & Wilson, S. (2019). International perspectives: An illustration of the VdTMoCA beyond South Africa. In D. van der Reyden, D. Casteleijn, W. Sherwood, & P. A. de Witt (Eds.), *The Vona du Toit model of creative ability: origins, constructs, principles and application in occupational therapy* (pp. 246–264). Vona & Marie du Toit Foundation.

- Taylor, R. R., Fisher, G., & Kielhofner, G. (2005). Synthesizing research, education, and practice according to the scholarship of practice model: Two faculty examples. *Occupational Therapy In Health Care, 19*(1-2), 107–122.
https://doi.org/10.1080/j003v19n01_08
- Townsend, E. A., & Polatajko, H. J. (2013). *Enabling occupation II: Advancing an occupational therapy vision for health, wellbeing, and justice through occupation*. Canadian Association of Occupational Therapists.
- Tripathi, N. S., Sweetman, M. M., & Zapf, S. A. (2017). Use of the Kawa model for occupation-based culturally responsive occupational therapy in India. *Indian Journal of Occupational Therapy, 49*(4), 148–153.
- Turnbull, A. J., de Witt, P. A., & Concha, M. (2002). Investigation into the assessment of recovery in head-injured patients. *South African Journal of Occupational Therapy, 32*(2), 12–18.
- Turpin, M., & Iwama, M. K. (2011). *Using occupational therapy models in practice: A fieldguide*. Churchill Livingstone/Elsevier.
- Van der Linde, J., & Casteleijn, D. (2016). A comparison of two assessments of levels of functioning in clients with intellectual disability between occupational therapists and nursing staff within a long-term mental healthcare facility in South Africa. *Curationis, 39*(1). <https://doi.org/10.4102/curationis.v39i1.1665>

- van der Reyden, D., Casteleijn, D., Sherwood, W., & de Witt, P. A. (Eds.). (2019). *The Vona du Toit model of creative ability: Origins, constructs, principles and application in occupational therapy*. Vona & Marie du Toit Foundation.
- van der Reyden, D., & Sherwood, W. (2019). The Vona du Toit model of creative ability core constructs and concepts. In D. van der Reyden, D. Casteleijn, W. Sherwood, & P. de Witt (Eds.), *The Vona du Toit model of creative ability-origins, constructs, principles and application in occupational therapy* (pp. 58–105). Vona and Marie du Toit Foundation.
- Walder, K., Molineux, M., Bissett, M., & Whiteford, G. (2019). Occupational adaptation – Analyzing the maturity and understanding of the concept through concept analysis. *Scandinavian Journal of Occupational Therapy*, 28(1), 26–40.
<https://doi.org/10.1080/11038128.2019.1695931>
- Watson, L., & Coetzee, Z. (2019). Background and origins of the Vona du Toit model of creative ability. In D. van der Reyden, W. Sherwood, & P. de Witt (Eds.), *The Vona du Toit model of creative ability: origins, constructs, principles and application in occupational therapy* (pp. 26–43). Vona & Marie du Toit Foundation.
- Whiteford, G., Townsend, E., & Hocking, C. (2000). Reflections on a renaissance of occupation. *Canadian Journal of Occupational Therapy*, 67(1), 61–69.
<https://doi.org/10.1177/000841740006700109>

Wilcock, A. (1998). Reflections on doing, being and becoming. *Canadian Journal of Occupational Therapy*, 65(5), 248–256.

<https://doi.org/10.1177/000841749806500501>

Wong, S., & Fisher, G. (2015). Comparing and using occupation-focused models. *Occupational Therapy In Health Care*, 29(3), 297–315.

<https://doi.org/10.3109/07380577.2015.1010130>

APPENDIX A

Assumption Pairs and Term Analysis

Assumption Pairs and Term Analysis

| | OA | Shared | VdTMoCA |
|-------------|--|---|--|
| Assumptions | #1: Competence in occupation is a lifelong process of adaptation to internal & external demands to perform | Competence in occupation Adaptation Internal/external demands Dynamic interaction Perform (function) Growth (adaptation) Recovery (adaptation) Regression (adaptation) Decline (adaptation) Creative Ability | #7: The dynamic interaction between an individual's internal and external world influences growth, recovery, regression or decline in creative ability |
| | #2: Demands to perform occur naturally as a part of the person's occupational roles & the context in which they occur. | Demands Perform (function) Occupational roles Context Life's demands Demand for change Adaptation Mastery Growth (adaptation) Creative response Creative Participation Creative ability Regression (adaptation) Dysfunction (adaptation) Decline (adaptation) | #8: An individual's response to life's demands, including the demand for change can result in adaptation, mastery and growth, while an inability to adapt or respond with a creative response leading to creative participation results in maintaining his current level of creative ability, or regression, decline and / or dysfunction. |
| | #3: Dysfunction occurs because the person's ability to adapt has been challenged to the point at which the demands for performance are not met satisfactorily. | Dysfunction Adapt (adaptation) Challenged Demands performance (function) | #8: |
| | #4: The person's adaptive capacity can be overwhelmed by impairment, physical or emotional disabilities & stressful life events. | Adaptive capacity Overwhelmed Impairment/ Dysfunction | #8 |

| | | |
|--|---|--|
| | Life events/ Demands | |
| #5: The greater the level of dysfunction, the greater is the demand for changes in the person's adaptive processes. | Dysfunction Demand for change (function) Person Adaptive process Creative Ability Exertion of effort Challenges Creative Capacity Product (tangible/Intangible) | #9: Growth and recovery of creative ability occurs as a result of exertion of effort in meeting challenges at the boundary of actualized creative capacity resulting in tangible or intangible products new to that person. |
| #6: Success in occupational performance is a direct result of the person's ability to adapt with sufficient mastery to satisfy the self & others | Occupational performance Adapt Mastery Volition Motivation Action Individual / Person Creative Ability Activity Participation Behavior | #2: An individual has an innate drive to encounter and master challenges in his world, evident in volition and motivation expressed in action #3: Action is a direct manifestation of the volitional and motivational components of an individual's creative ability, evident in the nature and quality of his/her activity participation and behavior. |
| | Individual / Person Holistic: mind, body, spirit External World influence | 1: Each individual is an indivisible totality of mind, body and spirit, inseparable from his external world. |
| | Creative capacity Creative potential Individuals / Person | 4: Creative capacity and thus creative potential is present in all individuals. |
| | Development Creative Ability Expanding spiral | 5: Development of creative ability occurs in an expanding spiral fashion. |
| | Levels Phases Growth Recovery Creative Ability Developmental process | 6: Levels and phases of growth or recovery of creative ability within the developmental process are sequential. |

| | | | |
|--|--|---|--|
| | | Sequential Individual / Person Achievement/ Mastery Success Satisfaction Meaningful Activity (occupation) Participation Volition Motivation Action | 10: An individual's achievement of mastery, success and satisfaction in meaningful activity participation, positively influences volition and motivation for action. |
|--|--|---|--|

APPENDIX B

Item Group Statements

Item Group Statements

| Model | Category | Question |
|---------------------|---|--|
| OA 1 a (12) | Person / Participation / Occupational performance / Holistic | For occupational performance, humans require a dynamic and inseparable interaction between cognitive, sensorimotor, and psychosocial components. |
| Shared 1 b (24) | Person / Holism / Occupational performance | Everything that we do as humans requires a synthesis of a person's holistic being and involvement. |
| VdTMocA 1 c (5) | Person (Holistic) | Man is best described as a totality of mind, body and spirit where each are interactive in occupational performance. |
| OA 2 a (19) | Adaptation / process | The adaptive process demonstrates a constant desire to master challenges presented in one's environment. |
| Shared 2 b (10) | Adaptation | Challenges that demand change appropriate to one's ability and experiences are necessary for growth in current levels of performance to occur. |
| VdTMoCA 2 c (23) | Adapt / Adaptation | Successful participation in occupational tasks is dependent on having the situational initiative, effort, and skills appropriate to one's ability to overcome current levels of performance. |
| OA 3 a (27) | OA Assumption 1 | Adaptive responses to internal and external demands to perform throughout one's lifetime result in occupational competence. |
| Shared 3 b (32) | Intrinsic / Extrinsic influence on performance OA Assumption 1 VdTMoCA Assumption 7 | Interactions from both external and internal demands or influences directly affect an individual's motivation to perform. |
| VdTMoCA 3 c (21) | VdTMoCA Assumption 7 | Dynamic interactions between an individual's internal and external world influences progression or decline toward motivation in action |
| OA 4 a (11) | OA Assumption 2: Person / Environment / Interaction VdTMoCA Assumption 8 | Naturally occurring interactions between a person and the environment demands performance in a given context or occupational role. |

| | | |
|---------------------|--|---|
| Shared 4 b (2) | OA Assumption 2 ; VdTMoCA Assumption 8 : | Levels of performance such as adaptation, growth, and mastery result from a dynamic relationship between the person and the environment. |
| VdTMoCA 4 c (6) | VdTMoCA Assumption 8: OA Assumption 2: | A demand for change can result in adaptation, mastery and growth, given an individual's ability to respond to the demand. |
| OA 5 a (7) | OA Assumption 3: Dysfunction VdTMoCA Assumption 8: | When demands for performance are not met satisfactorily, challenges to a person's ability to adapt are best described as dysfunction. |
| Shared 5 b (13) | VdTMoCA Assumption 8; OA Assumption 2: Environment / Dysfunction | Demands from the environment that are greater than a person's experiences and ability to respond results in dysfunction. |
| VdTMoCA 5 c (15) | VdTMoCA Assumption 8: Dysfunction OA Assumption 2: | Dysfunction, regression, decline or remaining at the same performance level is a result of an inability to adapt or respond, preventing active participation. |
| OA 6 a (20) | OA Assumption 4: Adaptive capacity VdTMoCA Assumption 8 | An inability to perform occurs when life's challenges such as illness, disability, or stress overwhelm a person's current experiences or capacity to adapt. |
| Shared 6 b (29) | OA Assumption 4 VdTMoCA Assumption 8 | An individual cannot experience growth, progress, or change in his performance when the challenge presented is greater than his current ability to adapt. |
| VdTMoCA 6 c (1) | VdTMoCA Assumption 8 OA Assumption 4 | A response to life's demands without an ability to adapt for participation results in decline or dysfunction (Error—not used in survey; duplicated #15 5(c) by mistake); Excluded from survey results. |
| OA 7 a (17) | OA Assumption 5: Overcoming Dysfunction VdTMoCA Assumption 9: | As a person's level of dysfunction increases, so does the demand for change in one's adaptive processes |
| Shared 7 b (4) | OA Assumption 5 VdTMoCA Assumption 9 | With dysfunction, increased effort is required for adaptation to occur in response to an increased demand for growth, change and mastery |
| VdTMoCA 7 c (28) | VdTMoCA Assumption 9 OA assumption 5 | An increase in an exertion of effort to meet challenges at, or just beyond the boundary of ability results in recovery and growth |

| | | |
|---------------------|---|--|
| OA 8 a (26) | OA Assumption 6: VdTMoCA Assumption 3 Level of Mastery / Volition, Motivation in Action | The measure of success in occupational performance is internal to the person and is directly related to a person's ability to adapt with mastery at a level that satisfies self and others. |
| Shared 8 b (22) | OA Assumption 6 VdTMoCA Assumption 3 | Quality in task performance is best described as a result of intrinsic motivation toward action in order to meet the demands from the environment in a given context. |
| VdTMoCA 8 c (31) | VdTMoCA Assumption 3 OA Assumption 6 | An individual's ability to perform, or act is directly manifested by volitional and motivational components and can be seen in behavior and quality of activity participation. |
| OA 9 a (18) | Developmental Sequence | Development toward competence in occupational performance occurs holistically and includes a dynamic interaction between sensorimotor, cognitive and psychosocial factors. |
| Shared 9 b (25) | Developmental sequence | Interactions between the person and the environment occur as developmental, dynamic, ever changing, and nonlinear. |
| VdTMoCA 9 c (9) | General model / theory: Developmental VdTMoCA Assumption 6 | Phases of growth within a developmental process are sequential; mastery is necessary before achieving the next challenging level. |
| OA 10 a (14) | General model / theory / Mastery | A measure of relative mastery is achieved when through a personal assessment process, an individual evaluates their own efficiency, effectiveness and satisfaction to self and to others. |
| Shared 10 b (8) | General model / Practice / Motivation | Motivation and self assessment are key components for an individual's participation and success in meaningful and purposeful activities. |
| VdTMoCA 10 c (3) | Assumption 10 / Mastery / Motivation | Achievement of mastery and / or success in activity participation has a positive influence on motivation and action. |
| OA 11 a (33) | General model / Occupational Performance | Work, activities of daily living, and leisure / recreation participation best describe occupational performance areas |
| Shared 11 b (30) | General model / Occupational Performance | Occupational performance areas include all of the following: free time and leisure participation, occupations involving work skills, social interactions and awareness, and all areas of self and personal care. |

| | | |
|----------------------|--|--|
| VdTMoCA 11 c (16) | General model / Occupational Performance | Occupational performance areas are best described as including personal management, work ability, constructive use of free time, and social ability. |
|----------------------|--|--|

(Adapted from: Schultz, 2014; van der Reyden & Sherwood, 2019)

APPENDIX C

Quantitative Survey Instrument

Quantitative Survey Instrument

The return of your completed questionnaire constitutes your informed consent to act as a participant in this research.

Information / Demographics:

What is your highest level of education?

- Masters
 Doctorate
 PhD
 Other

What institution did you attend for entry level occupational therapy training?

What is your current or primary country of practice for occupational therapy?

How many years have you been practicing in the field of occupational therapy?

| | | | | | |
|--------------------------------|---------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 0 – 5 | <input type="checkbox"/> 6 – 10 | <input type="checkbox"/> 11 – 15 | <input type="checkbox"/> 16 - 20 | <input type="checkbox"/> 21 – 25 | <input type="checkbox"/> More than 25 |
|--------------------------------|---------------------------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------------|

Please indicate your level of familiarity and/or use of each of the following occupation based theoretical models (check all that apply):

Canadian Model of Occupational Performance and Enablement (CMOP-E)

| | | | | | |
|---|--|---|---|--|---|
| <input type="checkbox"/> I learned this model in school | <input type="checkbox"/> I learned this model in practice or workshops | <input type="checkbox"/> I use this model in practice | <input type="checkbox"/> I use this model in education/teaching for OT students | <input type="checkbox"/> I use this model in research and publication(s) | <input type="checkbox"/> I have not engaged with this model |
|---|--|---|---|--|---|

Model of Human Occupation (MOHO)

| | | | | | |
|---|--|---|---|--|---|
| <input type="checkbox"/> I learned this model in school | <input type="checkbox"/> I learned this model in practice or workshops | <input type="checkbox"/> I use this model in practice | <input type="checkbox"/> I use this model in education/teaching for OT students | <input type="checkbox"/> I use this model in research and publication(s) | <input type="checkbox"/> I have not engaged with this model |
|---|--|---|---|--|---|

Vona du Toit Model of Creative Ability (VdTMoCA)

| | | | | | |
|---|--|---|---|--|---|
| <input type="checkbox"/> I learned this model in school | <input type="checkbox"/> I learned this model in practice or workshops | <input type="checkbox"/> I use this model in practice | <input type="checkbox"/> I use this model in education/teaching for OT students | <input type="checkbox"/> I use this model in research and publication(s) | <input type="checkbox"/> I have not engaged with this model |
|---|--|---|---|--|---|

The Kawa Model

| | | | | | |
|---|--|---|---|--|---|
| <input type="checkbox"/> I learned this model in school | <input type="checkbox"/> I learned this model in practice or workshops | <input type="checkbox"/> I use this model in practice | <input type="checkbox"/> I use this model in education/teaching for OT students | <input type="checkbox"/> I use this model in research and publication(s) | <input type="checkbox"/> I have not engaged with this model |
|---|--|---|---|--|---|

Occupational Performance Model (OPM)

| | | | | | |
|---|--|---|---|--|---|
| <input type="checkbox"/> I learned this model in school | <input type="checkbox"/> I learned this model in practice or workshops | <input type="checkbox"/> I use this model in practice | <input type="checkbox"/> I use this model in education/teaching for OT students | <input type="checkbox"/> I use this model in research and publication(s) | <input type="checkbox"/> I have not engaged with this model |
|---|--|---|---|--|---|

Person-Environment-Occupation Model (PEO)

| | | | | | |
|---|--|---|---|--|---|
| <input type="checkbox"/> I learned this model in school | <input type="checkbox"/> I learned this model in practice or workshops | <input type="checkbox"/> I use this model in practice | <input type="checkbox"/> I use this model in education/teaching for OT students | <input type="checkbox"/> I use this model in research and publication(s) | <input type="checkbox"/> I have not engaged with this model |
|---|--|---|---|--|---|

Occupational Adaptation (OA)

| | | | | | |
|---|--|---|---|--|---|
| <input type="checkbox"/> I learned this model in school | <input type="checkbox"/> I learned this model in practice or workshops | <input type="checkbox"/> I use this model in practice | <input type="checkbox"/> I use this model in education/teaching for OT students | <input type="checkbox"/> I use this model in research and publication(s) | <input type="checkbox"/> I have not engaged with this model |
|---|--|---|---|--|---|

Person-Environment-Occupation-Performance Model (PEOP)

| | | | | | |
|---|--|---|---|--|---|
| <input type="checkbox"/> I learned this model in school | <input type="checkbox"/> I learned this model in practice or workshops | <input type="checkbox"/> I use this model in practice | <input type="checkbox"/> I use this model in education/teaching for OT students | <input type="checkbox"/> I use this model in research and publication(s) | <input type="checkbox"/> I have not engaged with this model |
|---|--|---|---|--|---|

How many publications have you authored or contributed to that directly address, show clinical relevance for, or provide evidence for an occupational therapy model? (check one)?

| | | | |
|--------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 1 – 2 | <input type="checkbox"/> 3-5 | <input type="checkbox"/> 6-9 | <input type="checkbox"/> 10+ |
|--------------------------------|------------------------------|------------------------------|------------------------------|

Would you be interested and available to participate in a 30 - 45 minute interview (Online) to provide more insight on your responses to this survey?

- YES NO

If “yes”, please include your best contact method(s):

- Email: _____
 Phone: _____
 Other: _____

Survey Questions:

Select the response that best represents your level of agreement and experience within your area of expertise:

1. Dysfunction, regression, decline or remaining at the same performance level is a result of an inability to adapt or respond, preventing active participation.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

2. Levels of performance, such as adaptation, growth and mastery result from a dynamic relationship between the person and the environment.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

3. Achievement of mastery and / or success in activity participation has a positive influence on motivation and action.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

4. With dysfunction, increased effort is required for adaptation to occur in response to an increased demand for growth, change and mastery.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

5. Man is best described as a totality of mind, body and spirit where each are interactive in occupational performance.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

6. A demand for change can result in adaptation, mastery and growth, given an individual's ability to respond to the demand.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

7. When demands for performance are not met satisfactorily, challenges to a person's ability to adapt are best described as dysfunction.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

8. Motivation and self-assessment are key components for an individual's participation and success in meaningful and purposeful activities in practice.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

9. Phases of growth within a developmental process are sequential; mastery is necessary before achieving the next challenging level.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

10. Challenges that demand change appropriate to one's ability and experiences are necessary for growth in current levels of performance to occur.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

11. Naturally occurring interactions between a person and the environment demands performance in a given context or occupational role.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

12. For occupational performance, humans require a dynamic and inseparable interaction between cognitive, physical, and psychosocial components.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

13. Demands from the environment that are greater than a person's experiences and ability to respond results in dysfunction.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

14. A measure of relative mastery is achieved when through a personal assessment process, an individual evaluates their own efficiency, effectiveness, and satisfaction to self and to others.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

15. Dysfunction, regression, decline or remaining at the same performance level is a result of an inability to adapt or respond, preventing active participation.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

16. Occupational performance areas include all of the following: free time and leisure participation, occupations involving work skills, social interactions and awareness, and all areas of self and personal care.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

17. As a person's level of dysfunction increases, so does the demand for change in one's adaptive processes.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

18. Development toward competence in occupational performance occurs holistically and includes a dynamic interaction between sensorimotor, cognitive and psychosocial factors.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

19. The adaptive process demonstrates a constant desire to master challenges presented in one's environment.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

20. An inability to perform occurs when life's challenges such as illness, disability, or stress overwhelm a person's current experiences or capacity to adapt.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

21. Dynamic interactions between an individual's internal and external world influences progression or decline toward motivation in action.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

22. Quality in task performance is best described as a result of intrinsic motivation toward action in order to meet the demands from the environment in a given context.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

23. Successful participation in occupational tasks is dependent on having the situational initiative, effort, and skills appropriate to one's ability to overcome current levels of performance.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

24. Everything that we do as humans requires a synthesis of a person's holistic being and involvement.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

25. Interactions between the person and the environment occur as developmental, dynamic, ever changing, and nonlinear.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

26. The measure of success in occupational performance is internal to the person and is directly related to a person's ability to adapt with mastery at a level that satisfies self and others.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

27. Adaptive responses to internal and external demands to perform throughout one's lifetime result in occupational competence.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

28. An increase in an exertion of effort to meet challenges at, or just beyond the boundary of ability results in recovery and growth.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

29. An individual cannot experience growth, progress, or change in his performance when the challenge presented is greater than his current adaptability level.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

30. Occupational performance areas are best described as including personal management, work ability, constructive use of free time, and social ability.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

31. An individual's ability to perform, or act is directly manifested by volitional and motivational components and can be seen in behavior and quality of activity participation.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

32. Interactions from both external and internal demands or influences directly affect an individual's motivation to perform in a positive or negative manner.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

33. Work, activities of daily living, and leisure / recreation participation best describe occupational performance areas.

| | | | |
|----------------------|----------|-------|-------------------|
| 1 | 2 | 3 | 4 |
| Strongly Disagree | Disagree | Agree | Strongly Agree |

APPENDIX D

Qualitative Interview Guide

Qualitative Interview Guide

Questions used in this interview guide serve as examples of intended questions. Additional probes may be added to increase the depth of responses in the interview process.

“Thank you for your time and for joining me today for a brief follow up interview. This interview is being recorded and then transcribed. After the transcription process, I will send you a copy of the transcript for your review and verification of your responses. You will have an opportunity to reflect and comment on any statements made during the interview.”

“We will begin by asking about some of your responses to the survey questions. This will help to get a sense for your rationale in responding the way you did. Following those questions, we will discuss some of your views and perceptions related to occupational therapy model use in general, and then more specifically to your expertise in using the (OA or VdTMoCA) model.”

“The format for the interview is straightforward. I will ask a question and then depending on the response, may ask additional probing questions prior to asking the next question from my guide. Do you have any questions about the process? Let us begin:”

Survey Rationale

(Based on survey responses which are either—“strongly disagree” or “strongly agree”)

1. Please explain your rationale for response _____
2. What was your rationale for response _____
3. Please explain your rationale for response _____
4. What was your rationale for response _____
5. Please explain your rationale for response _____
6. What was your rationale for response _____

Rapport / Background information

7. What elements drew you to the OA / VdTMoCA and led you to focus on this model for use in practice and / or in research?

Information about comparing models

8. Please describe how you see the use of models in occupational therapy influencing practice.
9. In your opinion, when, or how often should models used in occupational therapy undergo review and possible revision?
10. On a scale of 1-5 (low – high), how would you rate the value for reviewing existing models used in OT?

11. In what way(s) would you go about comparing existing models for practice?

Why?

- a. Before this study, were you involved or do you know of any formal model comparisons based on assumptions and or core constructs? If no, why do you think that is the case? If yes, tell me about that experience.
- b. What was it like to do a comparison based on model assumptions and core constructs in the survey?
- c. Based on your previous response for the value of comparing models, do you see value in comparing models based on their assumptions and core constructs?

Subject Matter Expert Knowledge

*Respondents answer for their model expertise; either OA or VdTMoCA

12. What do you consider to be the primary core constructs for OA/ VdTMoCA?

13. How would you describe the advantage or benefit of using OA / VdTMoCA in practice?

14. How well do you believe the OA / VdTMoCA model aligns with current practice in occupational therapy?

15. If you could strengthen, or add value to the OA / VdTMoCA, what would you change?

- a. In what ways does it align?

16. What components in other similar models do you believe would add or strengthen the usefulness of the OA / VdTMoCA?
- a. Explain your response
17. Do you feel the OA / VdTMoCA is applicable in other countries and other cultures?
- a. If no, what are some of the reasons that limit the model from use in other countries?
 - b. If yes, what do you think is necessary for educating or advocating the use of OA / VdTMoCA more in practice around the world?
18. To your knowledge and experience, what model(s) would you consider to be the most similar to the OA / VdTMoCA?
- a. What makes the models similar?
 - b. What differentiates them?

Cultural Sensitivity

19. Would you consider the OA / VdTMoCA to be culturally sensitive and relevant in practice?
- a. Explain your response please.
20. What do you believe is the next necessary step for the OA / VdTMoCA to continue in use in occupational therapy practice for the future?

