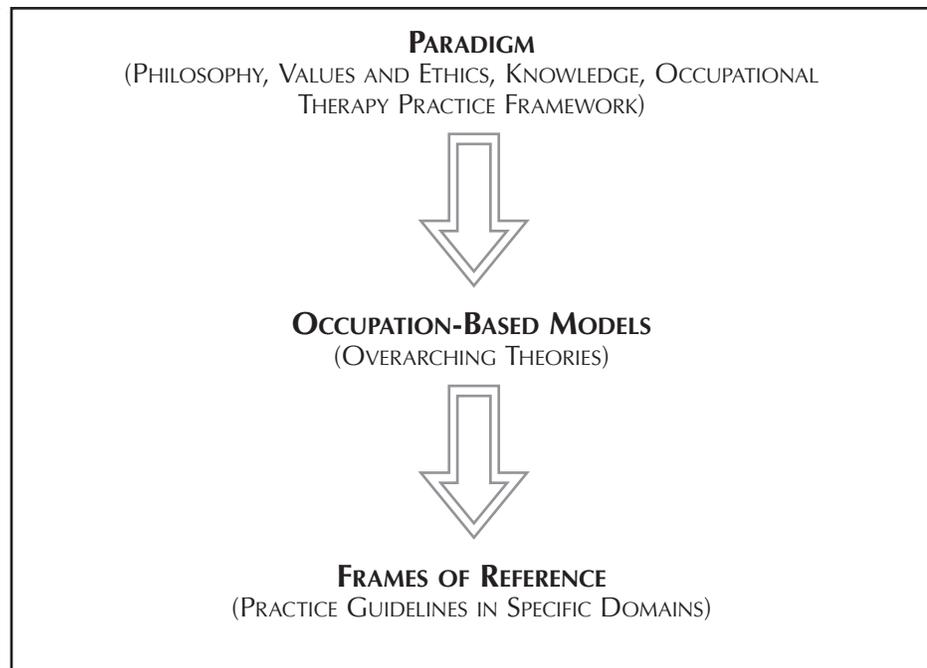


**Figure 4-1.** Proposed taxonomy of theories in occupational therapy. (Created by M. Cole and R. Tufano, 2014.)



for the occupational therapist to evaluate additional issues common in persons with serious mental illness, such as attention, working memory, planning, decision making, and problem solving. Research like this provides occupational therapy practitioners with not only valid assessment tools but also a basis for goal setting, intervention planning, and measuring progress in performing the occupations of everyday life

Please see Doris Pierce's *Occupational Science for Occupational Therapy* (2014) for more complete descriptions and examples of occupational science studies.

## Understanding the Different Levels of Theory

Mosey (1992) identifies three levels of theory in occupational therapy as it had progressed to that point in time: fundamental knowledge, applied knowledge, and practice.

1. A *fundamental body of knowledge* includes philosophical assumptions, an ethical code, a theoretical foundation of both theories and empirical data, a domain of concern, and legitimate tools. In our proposed organization, occupational therapy's professional paradigm and the *Occupational Therapy Practice Framework, 3rd edition* (OTPF3; American Occupational Therapy Association [AOTA], 2014) fall into the category of fundamental knowledge
2. An *applied body of knowledge* includes sets of guidelines for practice. Occupation-based models fall into this category in our proposed taxonomy
3. *Practice* includes action sequences, use of applied knowledge, the clinical reasoning process, and the art

of practice. Frames of reference and the assessments and intervention techniques developed from them fall into this category in our taxonomy

Taking these distinctions into account, we will clarify some different levels of theory as they currently appear to be understood by our scholars and/or defined by the AOTA. Our proposed organization of theory for occupational therapy appears in Figure 4-1. It includes three levels: (1) paradigm, (2) occupation-based models, and (3) frames of reference. Each of these terms will be defined in this chapter.

Previously, we said that the *paradigm* in health care has shifted to one that is occupation focused, holistic, client centered, and complex systems oriented. These broad concepts represent the most general levels of theory. In an attempt to both broaden and unify today's practice, the AOTA's OTPF3 has redefined some of the fundamental concepts of occupational therapy practice and has incorporated many of the concepts from the International Classification of Functioning, Disability and Health (ICF; World Health Organization [WHO], 2001) and from occupation-based models. For example, patients are now called *clients* or *consumers*, treatment is redefined as *intervention*, and disease and illness have been replaced by *health condition* (AOTA, 2014). These changes in terminology reflect fundamental changes in the way occupational therapists will practice in the 21st century.

The next level includes the occupation-based models, which have been called *overarching frames of reference* (Dunn, 2000), *conceptual models* (Reed & Sanderson, 1999), and *occupation-based frameworks* (Baum & Christiansen, 2005). These authors prefer Creek's definition of a model as "a simplified representation of structure and content ... that