



## **Conceptual Frameworks**

These provide a way of thinking about, explaining phenomena or presenting how complex issues interact. Conceptual frameworks serve as guidelines for dealing with complexities. They provide a lens through which to view phenomena.

Occupational Therapy conceptual frameworks originate from theories, other models and evidence-based practice. The occupation-focused/based conceptual frameworks put emphasis on the interconnectedness/ interaction between the person, environment and occupation. However, different occupation-focused frameworks highlight or put more emphasis on one or more variables as more dominant or important than the other in the interaction between the person, environment and occupation. The frameworks enable understanding of human occupations, its enablers and disablers, as well as how to arrive at a desirable outcome when problems are encountered or specifically when dysfunction occurs.

A single phenomenon can be expressed using a number of frameworks and solutions for a single problem can be derived from using different frameworks. A number of frameworks can be merged or combined to illicit the best desirable solution for a problem or dysfunction. It is important to note that more than one occupation-based framework can be relevant to a given problem/ situation.

- Theory- organised statement describing a phenomena/ relationship between concepts
- Concept is an idea
- Principle is a rule of law- provides a basis for reasoning and action
- When concepts become measurable they become variables
- A way of thinking about occ engagement
- Can generate info that can inform intervention

- A way of thinking about occ dysfunction
- A model can be used with a number of frames of reference, e.g. MOHO for an amputee- biomechanical + psychodynamic

### Conceptual Frameworks

- Limit professional interest, therefore bias in clinical reasoning leading to evidence- based practice. Provision of boundaries and protects us from being sued.
- Therapists- understand dysfunction, plan intervention and **evaluate**.
- How do we attach value/ effectiveness to practice- allocation of resources. Ensure that therapy remains occupation based.
- Provide uniqueness of OT in the way we understand behaviour, describe it, especially to other professions, describe possible intervention. Stamp our contribution to health, gives us a voice and a leg to stand on.
- Describe and explain how different aspects of the person relate, e.g. EHP components- person, task, performance, environment/context. Principles: establish ability to perform, alter context to match ability (objects- assistive devices), adapt contextual features (family support) or task demands (cues), prevent malpractice performance in context (education). Learning a new skill.

### Functions of occupation-focused conceptual frameworks

- Descriptive
- Delimiting
- Generative
- Integrative

### Making use of conceptual frameworks

- Who are the main theorists?
- What are the primary assumptions and key concepts about human?
- How is function and dysfunction understood/ presented?

- Postulate about change.
- Principles derived from the framework.
- How the principles can inform and guide OT intervention.
- What specialized techniques or interventions are outlined by framework?
- How OTs can use these.

**Provides a framework to:**

- Define the scope & boundaries of a profession
- Describe it's fundamental principles & values
- Guide assessment, intervention & evaluation practices

**References**

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Duncan, E.A.S. 2006. An introduction to conceptual models of practice and frames of reference. In Duncan, E.A.S. (ed). 2006. *Foundations for practice in occupational Therapy*. 4<sup>th</sup> Edition. Elsevier Limited: London.



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