

Chapter 2

The Genesis of International Handbook of Occupational Therapy Interventions

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Abstract The *International Handbook of Occupational Therapy Interventions* (IHOTI) was designed through the results of extensive literature searches in 2007 (IHOTI, 1st edition) and 2013 (IHOTI, 2nd edition). The database searches were focused on occupational therapy with emphasis on evidence-based occupational therapy interventions. These searches also helped selecting the colleagues who are clinical experts and authors of chapters in Parts II–V. Occupational Therapy Intervention Framework (OTIF) emerged from the literature studies. A rough copy of OTIF was presented in IHOTI, 1st edition. In IHOTI, 2nd edition, OTIF has been reinforced with definitions and a validation study. It is suggested that OTIF should become a professional taxonomy of the occupational therapists' doing.

Keywords Genesis · Occupational therapy intervention framework (OTIF) · Origin · Scientific method

Introduction

The International Handbook of Occupational Therapy Interventions (IHOTI, 2nd edition) elucidates clinical praxis in occupational therapy. The text originates from the occupational therapists' (OTs) perspective and explains occupational therapy interventions (OTIs) which were evidence-based and had been presented in scientific literature. My purpose in compiling IHOTI, 1st edition, was to increase our understanding of how the OTIs contribute to clients' function, occupational performance, recovery, health, and wellness. The aims of the IHOTI, 2nd edition, were to intensify the description of subjects connected to occupational therapy such as ethical considerations (see Chap. 6) and needs assessment (see Chap. 7) and those that influence performance of OTIs. It was also important to upgrade the information presented in IHOTI, 1st edition, and add OTIs that had been proved since 2008. Moreover, the development that stresses the connection between theory and clinical praxis was added (see Chap. 9). Finally, IHOTI, 2nd edition, contributes with description of the

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educating method “Integrative Patient Cases” (see Chap. 10) aimed at occupational therapy students in their learning of how to clinically apply OTIs.

Method and Material

Method

An extensive review of the literature (Stein and Cutler 2000) was used to determine which OTIs should be included and which scientists and clinicians should be invited to contribute to chapters of IHOTI, 1st edition.

Material

Scientific Publications

Data searches of scientific publications for IHOTI, 1st edition, covered the years 1990–2007 and for IHOTI, 2nd edition, the years 2008–2013. The searches used the PubMed database (<http://www.mrc-lmb.cam.ac.uk/genomes/madanm/pres/pubmed1.htm>) as the primary source. The OT seeker (<http://www.otseeker.com/>) and the Cochrane Collaboration database (<http://www.cochrane.org/cochrane-reviews>) were additional sources for IHOTI, 2nd edition. Moreover, I followed the publications in *Scandinavian Journal of Occupational Therapy*, <http://informa-healthcare.com/journal/occ>; *Occupational Therapy International*, <http://onlinelibrary.wiley.com/journal/10.1002/%28ISSN%291557-0703> and *Work, A Journal of Prevention, Assessment, and Rehabilitation* <http://www.iospress.nl/journal/work/>.

Exclusion Criteria

- Publications concerning psychometric investigations and validation of occupational therapy assessment instrument and of occupational therapy theories and models.
- Publications concerning OTIs known from textbooks, e.g., Bobath and Bobath 1950, are not represented in IHOTI, 2nd edition, since no study thereof was found connected with occupational therapy or no author was available or the method had no proved evidence of its efficacy for patients.
- The exclusion criteria used for IHOTI, 2nd edition, were as shown in Chap. 3

Inclusion criteria of IHOTI, 1st edition, were:

- Keyword: occupational therapy.
- Articles containing in the title or suggesting in the text an identifiable OTI.
- Articles published in referee-examined scientific journals.

- Publications describing types of: case reports, clinical trials, consensus, developmental conference reports, comparative studies, evaluation studies, literature reviews, meta-analyses, randomized control trials (RCTs), research reports, and research supports according to the PubMed database classification (US National Library of Medicine and National Institutes of Health 2006).
- Publications based on studies of clients or literature.
- The selected OTI is described in more than one published study.
- The publications contain a complete abstract in English.
- The author names and email addresses or postal addresses are identifiable through Internet searches.
- Recent articles were chosen over older ones.
- An international distribution of the publications was desirable.

The inclusion criteria of IHOTI, 2nd edition, are as shown in Chap. 3. Included scientific studies are as described above, but restricted to include only evidence-based review publications.

Textbooks

For IHOTI, 1st edition, I reviewed the 27 textbooks (Table 2.1) that I have used during my career to obtain an overview of the OTIs presented in textbooks.

Results

The Occupational Therapy Intervention Framework (OTIF)

Occupational Therapy Intervention Framework (OTIF) originated from the literature studies. OTIF four-factor framework of OTIs elucidates the occupational therapists' professional doing (See Chap. 3, Fig 3.1). The IHOTI, 1st edition, presented a rough copy of OTIF. In IHOTI, 2nd edition, OTIF has been reinforced with definitions and a validation study. The content of OTIF is accounted in Chap. 3. OTIF is suggested to become a professional occupational therapy taxonomy.

Selected Occupational Therapy Interventions

IHOTI, 1st edition: By July 2008, IHOTI, 1st edition contained 61 chapters, of which 50 chapters concerned OTIs. These OTIs were selected to be included in the handbook as follows:

1. The primary PubMed search with the keywords “occupational therapy” and the inclusion criteria generated 4456 items (about 50% of the available items) published from 1960 to July 2006, and 225 items published from August 2006 to December 2007. The abstracts of these publications were saved on the EndNote database (EndNote 1998–2000). Publications before 2002 were saved

Table 2.1 Textbooks used for identification and an overview of OTIs

1	Allen C (1985) Occupational therapy for psychiatric diseases: measurement and management of cognitive disabilities. Little, Brown, Boston
2	Christiansen C (1994) Ways of living: self-care strategies for special needs. AOTA Director of Nonperiodical Publications, Bethesda
3	Christiansen C, Baum C (1991) Occupational therapy: overcoming human performance deficits. Slack, Thorofare
4	Christiansen C, Baum C (1997) Occupational therapy: enabling function and well-being. Slack, Thorofare
5	Cynkin S, Robinson AM (1990) Occupational therapy and activities health: toward health through activities. Little, Brown, Boston
6	Ellergård K, Nordell K (1997) Att bryta vanmakt mot egenmakt (To break powerlessness against arbitrariness) (In Swedish). Johnsson & Skyttes Förlag, Borås
7	Fleming Cottrell RP (1993) Psychosocial occupational therapy. AOTA, Bethesda
8	Hagedorn R (1995) Occupational therapy: perspectives and process. Churchill Livingstone, Edinburgh
9	Hopkins HL, Smith HD (1993) Willard and Spackman's occupational therapy, 8th edn. J.B. Lippincott, Philadelphia
10	Jacobs Gold K (1993) The nature and quality of optimal flow experience. A form of job satisfaction in a selected occupation: the case of occupational therapy practitioner. Doctoral Dissertation, University of Massachusetts, Lowell
11	Johnson JA, Yerxa EJ (1989) Occupational science: the foundation for a new model of practice. Haworth, London
12	Katz N (1992) Cognitive rehabilitation: models for OTI in occupational therapy, 1st edn. Andover Medical Publishers, Boston
13	Kielhofner G (1985) A model of human occupation: theory and application. Williams & Wilkins, London
14	Kielhofner G (1992) Conceptual foundations of occupational therapy. F.A. Davis, Philadelphia
15	Kielhofner G (1995) A model of human occupation: theory and application, 2nd edn. Williams & Wilkins, Baltimore
16	Lamport NK, Coffey MS, Hersch GI (1989) Activity analysis handbook. Slack, Thorofare
17	Macdonald EM (1964) Occupational therapy in rehabilitation: a handbook for OTs, students and others interested in this aspect of reablement. Ballière, Tindall and Cox, London
18	Mann WC, Lane JP (1991) Assistive technology for persons with disabilities: the role of occupational therapy. AOTA, Bethesda
19	Miller RJ, Sieg KW, Ludwig FM, Denegan Shortridge S, van Deusen J (1988) Six perspectives on theories for the practice of occupational therapy. Aspen, Rockville
20	Miller RJ, Walker KF (1993) Perspectives on theory for practice of occupational therapy, vol 1. Aspen, Gaithersburg
21	Mosey AC (1973) Activities therapy. Raven, New York
22	Mosey AC (1986) Psychosocial components of occupational therapy. Raven, New York
23	Neistadt ME, Crepeau EB (1998) Willard & Spackman's occupational therapy, 9th edn. Lippincott Raven, Philadelphia

Table 2.1 (continued)

24	Pedretti LW, Early MB (2001) Occupational therapy: practice skill for physical dysfunction, 5th edn. Mosby, London
25	Read C, Sanderson SR (1980) Concepts of occupational therapy. Williams & Wilkins, Baltimore
26	Stein F, Roose B (2000) Pocket guide to treatment in occupational therapy. Singular Publishing Group, San Diego
27	Stein F, Söderback I, Cutler SK, Larson B (2006) Occupational therapy and ergonomics: applying ergonomic principles to everyday occupation in the home and at work, 1st edn. Wiley, Philadelphia

for possible future documentation of the history of the OTIs, if they were to be included. Publications from 2002 to 2007 ($n=959$) were chosen for primary categorization.

2. The abstracts of the articles were carefully reviewed. The articles that did not fulfill the inclusion criteria were discarded, leaving 352 items in the original file. These articles were critically evaluated and classified by (1) the OTIF categories; (2) the clients participating in the OTIs (children, adolescents, adults, and frail elderly); (3) their diagnoses; and (4) the titles and database references (authors' names, addresses, and publication facts). Four copies of the original file, one for each of the OTIF category, were used for further identification of the OTIs.
3. Many of the OTIs identified had no title. However, the authors had explained the participating clients in terms of body function, body structure, activity and participation, environmental factors, or diagnoses. Therefore, I was able to use the concepts of the International Classification of Functioning, Disability, and Health (ICD; World Health Organization 2007) for further classification. With the ICD definitions in mind, the articles in each of the four files were again carefully reviewed and categorized.
4. The definitions of the OTIs were validated by a comparison according to the *Thesaurus of Occupational Therapy* subject headings (American Occupational Therapy Foundation 2004) and the PubMed MeSH database (US National Library of Medicine and National Institutes of Health 2006). The content of each OTI was reviewed based on the definitions, and the OTI was labeled according to the authors' suggestions plus my clinical experiences.
5. For OTIs represented by more than one published study, a scale was constructed, giving priority to randomized studies, to the newest publications, to OT as authors, and to the geographic distribution. Identification continued until a saturation point was reached; that is, the same articles or authors turned up irrespective of the search method. The Contents pages of IHOTI, 1st edition, showed the bibliography of selected OTIs.

IHOTI, 2nd edition: By March 2014, the Handbook contained 66 chapters, of which 52 chapters concerned OTIs. A similar process, as the one described above, was conducted and was accounted in Chap. 3. This database search generated 276 scientific publications, of which 27% concerned OTIs. Among these publications, five new OTIs were extracted and hence included in IHOTI, 2nd edition (see Chaps. 14, 23, 29, 57 and 64).

Authors

For each identified OTI suggested to be included into IHOTI, 1st edition, the presumptive authors were contacted by email, letter, or telephone call. Fourteen of those contacted declined, and addresses for another 14 were not found.

In IHOTI, 2nd edition, 118 authors from around the world (see the Contributors list) contributed to the IHOTI, 2nd edition. The same procedure as for IHOTI, 1st edition, was performed. Moreover, all authors who had contributed to IHOTI, 1st edition, were contacted with a letter of agreement to cooperate for upgrading their respective chapters. One author could not be contacted and three authors could not work on an upgraded version of their chapters.

Discussion

The chapters of IHOTI, 2nd edition, may be viewed as a sample of the available OTIs.

The OTIs presented is the result of my attempt to apply scientific methodology in the selection process. However, this process of identification of OTIs and available authors was restricted by language barriers, as I only selected scientific publications in English. In addition, there are, doubtless, more OTIs in clinical use that are not presented in published (evidence-based) studies and therefore are not represented in this handbook.

Moreover, there is a very rapid addition of publications concerning new and innovative OTIs. Therefore, the reader is strongly recommended to follow occupational therapy scientific publications.

Anyway, IHOTI, 2nd edition, includes more than 50 OTIs, which should be considered only as a sampled selection, and which are representative of publications of evidence-based OTIs. However, nobody knows if the selected OTIs are generally applied in clinical praxis. This is a question for further research.

My intention was to find authors from a wide range of countries. However, the OTIs included here are largely from Australia, Europe, and the USA. There is none from Africa (apart from South Africa) and presumptive authors living in the Eastern part of the world are underrepresented. Occupational therapy/rehabilitation in these countries, if available as a public clinical practice, is very sparsely represented both in reality and in the literature, possibly because of language problems, political decisions, and national economic scarcity that limit the funding of public rehabilitation and occupational therapy.

Finally, the chapters in this handbook will hopefully provide students, colleagues, and stakeholders with descriptions of evidence-based OTIs that can be clinically applied.

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