



THEORY, FRAME OF REFERENCE, AND MODEL: A DIFFERENTIATION FOR PRACTICE CONSIDERATIONS

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Learning Objectives

At the end of this chapter, the reader will be able to:

- Define a theory, frame of reference, and model.
- Identify the differences between a theory, frame of reference, and model.
- Identify theories that have contributed to occupational therapy frames of reference and models.
- Understand current practice issues that create opportunities for intervention from a model perspective.

The early development of the occupational therapy profession was impacted by various philosophies, such as humanism and pragmatism. The initial formation of the profession occurred within the context of a broader societal movement to better serve those in need. During the early 20th century, negative effects of industrialization, increasing public awareness of inhumane treatment for the mentally ill, and growing problems related to urban living, provided a need for improvements in societal conditions (Peloquin, 2000). Physicians, nurses, philosophers, social workers, and others worked together to create a more humane approach to addressing societal needs.

Humanistic philosophy incorporates the belief that people are capable of ethical conduct, as well as finding ways for self-fulfillment (Herrick, 2005). Pragmatism includes the belief that meaning may be determined by practical consequences (Ayer, 2005). These philosophies, as well as others, enabled early pioneers in occupational therapy to foster beliefs regarding the benefits of occupation and an individual's need to participate in meaningful activity (Peloquin, 2000).

Although the philosophies of the early years in the profession helped to guide occupational therapists in their selection of treatment activities, there were no occupational therapy models or frames of reference that delineated specific treatment guidelines for the growing areas of practice. During the 1960s, this began to change with the emergence