THE IKIUGU ECLECTIC METHOD OF COMBINING CONCEPTUAL PRACTICE MODELS: A SYSTEMATIC APPROACH TO USING THEORY IN PRACTICE

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Introductions

➢ Carole
➢ Has taught Clinical Reasoning to MS, and EL OTD students at VCU for 10 years
➢ Fieldwork I Coordinator
➢ Worked in school system and private practice
➢ Incorporated Ikiugu’s Eclectic Method into Clinical Reasoning problem-based learning cases 5 years ago

➢ Dianne
➢ Has taught Theory & Advanced Theory to for 23 years
➢ Has Incorporated the Ikiugu Method for Combining Conceptual Practice Models for the last 5 years
➢ Entry Level OTD Program Director & Assistant Department Chair
➢ Worked in mental health and home health
Where is your “work home?”
Today’s Objectives

Participants will:

- Examine the structure of the Ikiugu framework for combining conceptual practice models.
- Identify the OT conceptual practice models that participants use routinely to guide assessment and intervention.
- Apply an appropriate overall Organizing Model of Practice (OMP) and at least one Complimentary Model of Practice (CMP) consistent with their clients’ occupational performance issues.
- Discuss the usefulness of the framework as a means for fieldwork educators to share their theoretical reasoning with fieldwork students.
The Gap between Theory in Education & Theory Use in Practice

- Development of students’ abilities to compare, contrast, analyze, evaluate, and apply models of practice is a requirement of OT education.
  - 6 ACOTE B.3. (theory) Standards
- But students frequently report that a gap exists between the use of theory and day-to-day practice (Vermaak & Nel, 2016).
Study by Nash & Mitchell (AJOT, 2017)

“I have not seen the use of frames of reference in the clinic. I believe they have a use in occupational therapy, but they are not used in practice daily… None of my fieldwork educators have said they utilize the frames of reference in practice (710523000p6).”

“Whether the fieldwork educator neglected to use frames of reference in practice or whether he or she was simply unable to articulate how they were being applied, the failure to communicate the use of frames of reference in practice appeared to have a negative influence on students’ perceptions of the value of frames of reference (710523000p6).”
The Use of Theory in Everyday Practice (Elliott, Velde, & Wittman, 2002)

- Investigated use of theory in everyday practice of 3 BS OTs treating clients with CVAs
- 6 Themes emerged
  - “This is where I get confused.” – Confusion, uncertainty regarding description & definition of theory, models, frames of reference, “shuts down” when confronted by those terms
  - “I remember hearing about theory.” – Disconnect between school & FW and practice; too little time on theory in school or in FW
The Use of Theory in Everyday Practice (Elliott, Velde, & Wittman, 2002)

- “It helps me.” – Guidance; it tells me what I need to know and do
- “I don’t think that there is a particular reason.” – Disconnect between assessments, treatment modalities, equipment & supplies and guiding theory
- “We rarely use the terminology.” – With clients, COTAs, other members of the treatment team
- “It’s kind of hard to incorporate that.” – Insufficient time and short lengths of stay used as an excuse to not use theory
Do any of these themes resonate with you?

- “This is where I get confused.”
- “I remember hearing about theory.”
- “It helps me.”
- “I don’t think that there is a particular reason.”
- “We rarely use the terminology.”
- “It’s kind of hard to incorporate that.”
- Or another category?
Cycle of Maladaptive Theoretical Learning (Elliott, Velde, & Wittman, 2002)

Stage 1: OT school teaches student about theory. Student may or may not have a full understanding about it before fieldwork.

Stage 2: Student goes onto FW II and has a supervisor who does not utilize or discuss theory or its application on fieldwork.

Stage 3: Student is now a new therapist who does not understand or utilize theory fully. Theory is not talked about at work.

Stage 4: New therapist is now an experienced therapist and starts supervising her own students. Cycle continues to Stage 1 again.
Cycle of Theoretical Learning
(Elliott, Velde, & Wittman, 2002)

Stage 1: OT school teaches students about theory & helps them understand its importance & provides opportunities to apply concepts to cases.

Stage 2: FW II educator helps students to gain understanding & experience regarding the application of theory.

Stage 3: Student is now a new entry-level OT who continues to refine his/her knowledge and experience using theory. Talks to colleagues about theory.

Stage 4: Maintains competence in theory. Experienced therapist supervises students and cycle continues.
Problems arise...

- When FW educators fail to make theory explicit to their students.
- If students fail to see theory being used “in the real world of practice” students feel that it isn’t important, practical, or useful.
But...

- If FW educators use theory & are capable of articulating the theories they use, their fieldwork students learn to value it and use it too!
- FW educators are **critical bridges** to theoretically grounded practice - evaluation and treatment
Sharing your knowledge of OT theory

How have you conveyed your theoretical reasoning to fieldwork students or colleagues in the past?
The Purpose of Theory

- Gives people the thinking “tools” to understand phenomena (McColl, Law, & Stewart, 1993)
- Explains how these relationships can predict behavior or events
- Suggests ways that these phenomenon can be changed or controlled (intervention)
PROFESSIONAL PRACTICE IS NOT JUST ABOUT DOING THINGS, BUT ABOUT DOING THINGS THOUGHTFULLY

(Nixon & Creek, 2006)
Kielhofner’s Concentric Layers of Knowledge Conceptual Practice Models - Developed for use by OT Practitioners to put the ideas of the core paradigm of the profession into action in practice.
Conceptual Practice Models *(Sometimes called Frames of Reference by other authors)*

- Guide practice
- Delineate beliefs, assumptions, definitions, and concepts generally or within a specific area of practice
- Drawn from an interdisciplinary theoretical base
- Define a particular view of the function-dysfunction continuum
- Delineate evaluation processes and intervention strategies
Divided the theories Kielhofner lumps together as Conceptual Practice Models into 2 levels of specificity

- **Broad Level** – Ecological & systems theories models (e.g., MOHO, PEO, EHP, OA)
  - These models support occupation-centered perspective & implementation of occupation-based & occupation-focused services

- **Discrete Level** – Specific causal relationships between problems and interventions; narrower scope & specific “mechanisms for action” (e.g., SI, Biomechanical, Motor Control & Motor Learning)
  - These models are focused on body functions, client factors that support occupation
2 Layers of Conceptual Practice Models

Conceptual Practice Models

Related Knowledge

DISCRETE
Biomechanical

BROAD
Paradigm

Motor Control/Motor Learning

Visual-Perceptual

Dynamic Interactional Model

Sensory Integration

CMOP

MOHO

EHP

OA

PEO
Therefore, there is a need to combine a variety of models in clinical practice. That is why many therapists consider themselves to be eclectic (MacRae et al., 1998). However, eclecticism has been criticized as an excuse for mediocrity (Markowitz, 2005). There is need for a framework to guide systematic combination of theoretical conceptual practice models in practice.
Applying Theory Over the Course of the Curriculum

By design, students learn to...

Use the Ikiugu Eclectic Approach in the Theory course (2\textsuperscript{nd} semester)
- 7 cases
- Oral Final Exam

Continue to practice using the approach for cases in Pediatric & Adult Intervention courses (3\textsuperscript{rd} & 4\textsuperscript{th} semesters)

Consistently apply the approach when analyzing 4 problem-based learning cases in Clinical Reasoning (6\textsuperscript{th} semester)

Use & share the approach in Fieldwork II (7\textsuperscript{th} & 8\textsuperscript{th} semesters)
Before learning to use this informed systematic approach, course requirements to identify the theories guiding their reasoning resulted in a “laundry listing” of every model the students knew!

But the Ikiugu Eclectic Approach requires them to discriminate between models. Choices require them to be **reflective & selective!!**

The Process:
- The client’s **Occupational Performance Issues (OPIs)** are identified first
- Then the therapist chooses:
  - An **Organizing Model of Practice (OMP)** to act as a lens through which a client’s occupational performance issues (OPIs) may be further examined & understood
- The choice of the OMP guides:
  - Assessment
  - Goal setting and treatment planning
  - At the occupation level
The therapist then...

- Chooses one or more Complementary Models of Practice (CMP)
- The CMP or CMPs:
  - Provide extra assessments, strategies, procedures, etc. to address a client’s occupational performance issues more fully
- Clinical application of theory also occurs in the context of client-centeredness
Ikiugu Eclectic Method for Combining Conceptual Practice Models

Identify Occupational Performance Issues (OPIs)

Organizing Model of Practice (OMP)
1. Provides assessment protocols
2. Guides goal setting
3. Provides overall organization of intervention

Complementary Model of Practice (CMP)
1. Provides assessment protocols
2. Guides intervention strategies & procedures

Client Centeredness

Complementary Model of Practice (CMP)
1. Provides assessment protocols
2. Guides intervention strategies & procedures
Ikiugu and Smallfield (2011)

- Conducted a comparison study between an experimental group & a control group with 3 years of OT student cohorts.

- The experimental group was taught the method of systematically combining theoretical conceptual practice models before being given a case and the Theory Application Assessment Instrument (TAAI).

- Students introduced to Ikiugu’s eclectic method were significantly more skilled in systematically combining theoretical models.

- A significant difference was found in TAAI scores between the aggregate scores of the two groups and between the two groups abilities to choose an appropriate OMP, and to choose CMPs.
Thoughtful reflection and intentional selection prevents the “grab bag” approach to using theory & it begins with a focus on occupation! And prevents always using the same one or two theories by default!
Case Demonstration: Nigel

Nigel is a smart, active boy in the third grade who has trouble focusing on task. He is often fidgety and has difficulty attending to one task at a time. When confronted with tasks that require him to focus, he becomes overwhelmed and emotional, shutting down quickly. He is experiencing difficulty in math due to disorganization of work on the page. Nigel likes routine, and does not respond well to changes in his routine or when introduced to new challenges (academically or motorically). He has a diagnosis of Autism Spectrum Disorder, and receives special education services in an inclusive environment with related services support from OT and SLP.
Nigel’s Occupational Profile

Client Report

- **Reason for service:** Academic and social participation challenges impacting his educational performance
- **Success/Barriers:** “Stupid” in math; recess is “boring”
- **Values & Interests:** Like Legos, Marvel comic books
- **Performance Patterns:** Student
Nigel’s Occupational Profile

Environment:
- **Physical:** 3rd grade classroom with 35 students.
- **Social:** Family of 5: he has an older brother in 5th grade and younger sister in 2nd grade. Does not report friends.

Context:
- **Cultural:** Public school. He is fully included in a general education class and attends the same school as his siblings.
- **Personal:** 8 year old.
- **Temporal:** He has been receiving Special Education services since he was 4 years old.

**Client Goals:** Not be “so weird”
Step 1 - Identify Occupational Performance Issues (OPIs)

- Work
- Education
- ADLs
- IADLs
- Leisure
- Play
- Rest & Sleep
- Social Participation
Identifying Nigel’s OPIs

ADLs
- Independent
- Play & Social Participation
  - Plays by himself on playground
  - Usually “on edge” of playground, talking to himself, rocking with his eyes closed
  - In small groups, worried about inadvertent touching from others.

Education
- Math has been a strength for him, but he is challenged now due to organization
- Science is a strength
- Writing is hard; dislikes having to come up with ideas to write.
- Behavior is unpredictable; FBA show sensory and avoidance are functions of his behavior.
Think of you someone who you treated recently.

Identify their Occupational Performance Issues.

How has their Occupational Participation been affected? (Not impairments, limitations, or disabilities!)
Universal to practice, not associated with any particular theory, & occurring before selection of Conceptual Practice Models
Step 2 – Choose an Organizing Model of Practice (OMP)

Thoughtfully select one of the Occupation-based (Broad) Models

- Person-Environment-Occupation Model (PEO)
- Model of Human Occupation (MOHO)
- Occupational Adaptation (OA)
- Canadian Model of Occupational Performance (CMOP)
- Ecology of Human Performance (EHP)
But which one?...A Quick Comparison
What unique key model concepts help you choose?

**PEO**
- Occupational Performance
- Congruence/“Fit”
- P-E  P-O  E-O Transactions

**MOHO**
- **Occupational Identity** [Volition - PC (SoC, S-E), V (SoO, PC), I (P, E)]
- **Occupational Competency** [Roles, Habits, Perf Capacity (Obj & Subj)]
- **Environmental Impact**, Volitional Process (Experience, Interpretation, Anticipation, Occupational Choice)

**OA**
- Desire for Mastery, Demand for Mastery, Press, Adaptation Energy, Adaptive Response Modes (Exist, Mod, New) and **AR Behavior** (Mature/Balanced, Transitional/Hypermobile, Primitive/Hyperstable), Adaptation Gestalt (SM, C, PS), Relative Mastery (Efficiency, Effectiveness, Satisfaction)
- Self-Initiation, Generalization, Increased RM

**CMOP**
- Person (Physical, Cognitive, Affective, Spiritual) Self-care, Productivity, Leisure, Environment (Physical, Institutional, Cultural, Social), Engagement
Organizing Model of Practice Assessments

- What Analysis of Occupational Performance assessments does your OMP offer or suggest for data gathering?
  - *What else do you need to evaluate?*
  - What other assessments are needed? What CMP(s) do they indicate a need for?
OA was selected for the OMP

- Nigel demonstrates hyperstable (primitive) adaptive behavior (invariance, task avoidance, “stuckness”) in his response to challenges as seen in working in group or playing on the playground. He has limited skills and abilities to response to challenges in new or modified ways and therefore, he works to maintain his routine and self-stimulate (existing adaptive response mode) to control his sensory environment despite this not resulting in experiences of Relative Mastery.

- His Adaptation Gestalt is one overly focused on Psychosocial responses rather than responding accordingly to cognitive & sensorimotor demands of his math assignments, recess and transitioning between activities.
So using OA helps us to view Nigel’s Occupational Performance through a theoretical lens.

As related to his difficulty generating **Mature Adaptive Response Behaviors** to challenges throughout his school day (e.g., blending mobility with stability in logical, goal-directed, modulated, & solution oriented responses)

He needs occupational challenges that provide him with opportunities to:

- explore **modified or new** strategies
- develop realistic perceptions of the environmental demands
- revise his **Adaptation Gestalt** (“plan of action”) to sensorimotor & cognitive demands
- experience **Relative Mastery**
How do we implement OA in this case?

We act as an **agent of the environment**

- Blend our knowledge base, “bag of tricks” (evaluations, interventions, environmental modifications), & therapeutic use of self
- Know the “right” (OA) questions to ask and forge a collaborative relationship to intentionally & skillfully promote Nigel’s **adaptive capacity** (which can be observed in self-initiation, spontaneous generalization and increased Relative Mastery)
Identifying an OMP for one of your clients

Think about the client that you identified OPIs for earlier.

What Occupation-based (Broad) Conceptual Practice Model could guide your understanding of the client’s challenges to meaningful, satisfying Occupational Participation?

Why did you select that model? How do the key concepts help you understand disruption to the student’s satisfying occupational performance?
Your Complementary Models of Practice

What additional assessment is needed? (This can indicate your CMP)

What Complementary Model of Practice (CMP) best supplements the OMP that you selected and why is it your choice for CMP1?

How does this CMP add value to your clinical reasoning?
Complementary Models of Practice

- **First CMP** – Select from Discrete Models Combination that addresses his sensory processing challenges
  - Sensory Integration
  - Assessment
    - Sensory Profile/Sensory Processing Measure
    - Observation in different environments
  - Intervention
    - Consideration of the sensory environment.
  - Sensory diet
- What other assessments are needed? What second CMP do they indicate a need for?
Your Complementary Models of Practice

➢ What Complementary Model of Practice (CMP) best supplements the OMP & CMP1 that you selected and why is it your choice for CMP2?

➢ How does this CMP add value to your therapeutic reasoning?
Complementary Models of Practice

➢ Second CMP – **Visual Perception**

➢ Assessment

➢ Visual Perception Assessment (Beery VMI, DTVP-3)

➢ Intervention

➢ Organization strategies for math – (e.g., use of graph paper or lined paper (sideways) to organize rows and columns.

➢ Assistive technology
Identifying CMPs for one of your clients

What discrete conceptual practice models do you use either explicitly or tacitly through your choice for evaluation and treatment?
Practice models guide you to consider patient needs (assessment)

These needs inform your intervention plans

So, ask yourself....

- Are my client’s goals consistent with my choice of OMP and CMPs? If not, why not?
- Are my intervention plans consistent with the OMP and CMPs I selected? If not, why not?
Reflecting on Client-Centered Practice

How do the OMP and 2 CMPs you selected support client-centered practice?

- Power (empowering)
- Partnership (autonomy)
- Choice (goals)
- Time
- Respect
- Listening & communication
- Trust & honesty
- Hope
Ikiugu Research with Clinicians

- Studied six clinicians with two to 20 years of practice experience
- Focus group data indicated that participants felt incompetent using theory to guide decision making at pretest (unable to explain to other people the theories that they used, why they used them & how they used them)
- Following a 90-minute didactic session on this approach the clinicians felt more confident and skillful in their ability to use theory and to systematically combine models at posttest
How about you....?

Does an understanding the Ikiugu approach help bolster your level of confidence in applying (or reapplying) theory to your practice and sharing your theoretical reasoning with fieldwork students and colleagues?
What are the biggest challenges to using this approach in your practice setting?
“One of the secrets of life is to make **stepping stones** out of **stumbling blocks.**”

Jack Penn
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Conclusion

➢ Whether you consciously apply theory in your practice everyday, or not, you are using theory everyday through your choice of assessments and treatment processes

➢ The Ikiugu Eclectic Approach can help ALL therapists, whether new or experienced, to “name and frame” their practice

➢ The simple structure of this approach helps new therapists to learn to apply theory intentionally & selectively, and provides FW educators the framework to reflect on and share the theory underlying their practice.
Any Final Questions?

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References


References