Opinion

Some authors have promoted the need for occupational therapists to prioritise occupation over performance components in their clinical work (Fisher 1992, Mathiowetz 1993, Trombly 1995, Baum and Law 1997, Fortune 2000, Molineux 2004). Nevertheless, there is a strong case to be made for maintaining concurrently a focus on performance components. This case is based on a review of relevant literature, which yielded three ways in which performance component functioning could be used to enhance a person's experience of occupational therapy. It is concluded that there is a sound rationale for maintaining a dual focus on occupational performance and performance components in occupational therapy practice.

The Importance of Maintaining a Focus on Performance Components in Occupational Therapy Practice

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Introduction

A review of a purposive sample of the occupational therapy literature demonstrates a range of perspectives regarding the place of performance components in occupational therapy practice. Trombly (1995) argued that it was necessary for occupational therapists to assess at the level of performance components only when the cause of a person's occupational performance deficit was unknown: assessment at that level was then needed to determine how to intervene. A further case against a focus on performance components was made by Molineux (2004, p6), who discussed 'the futility of therapy which prioritises performance components over occupation' and argued that such practice lay outside the traditional role of the occupational therapist and could be considered 'paradigm independent practice'. Furthermore, Molineux (2004, p10) stated:

> Given that the focus [of occupational therapy] is on occupational performance, it could be suggested that the precise pathology which has resulted in dysfunction is of little relevance to occupational therapists.

In contrast, Rogers (2004) discerned the importance of knowledge of performance component functioning in the development of a problem formulation or occupational therapy diagnosis. Similarly, the relevance of knowledge of performance components was identified by Golledge (2004) in her assessment of the factors limiting the occupational performance of a person with stroke. Both these authors demonstrated how the application of knowledge about performance components could enable occupational therapists to define clearly the problem(s) underlying a person's occupational performance difficulties and thereby identify appropriate therapeutic strategies (Golledge 2004, Rogers 2004).

The sequencing of assessment components has also featured in this debate. It has been recommended that (physical) performance component assessment should be undertaken, in order to determine the cause of occupational performance difficulties, only after the assessment of occupational performance has been completed (Mathiowetz 1993). Similarly, Laver Fawcett (2002) discussed the need to prioritise areas of focus whilst explicating the value of focusing on performance components. Laver Fawcett (2002) suggested that therapists needed to decide, at the outset of their involvement, between top-down assessment at the level of societal limitation and disability and bottom-up assessment at the level of performance components. Although the value of performance component functioning is clearly recognised by these authors, guidance to address either occupational performance or performance components suggests that, at least initially, a focus on one of these levels needs to be made at the expense of the other (Mathiovetz 1993, Laver Fawcett 2002).

This sample from the literature reveals two tensions. First, there is a tension between the desire to refocus occupational therapists on occupational performance and the recognition of the value of integrating knowledge of performance components in order to explain and justify

decisions made in occupational therapy practice. The second tension exists between placing sufficient value on either performance components or occupational performance and the possibility of attending concurrently to both of these elements.

This opinion piece argues that the focus on occupational performance and hence on occupational therapy services need not be diluted and can be enhanced by reasserting the value of performance components in 'paradigm dependent' occupational therapy practice (as designated by Fortune 2000). To this end, three potential benefits from focusing on performance component functioning during occupational therapy practice are discussed:

1. Promotion of holistic knowing
2. Enhancement of person-therapist interactions
3. Development of effective intervention strategies.

Additionally, this opinion piece indicates the value of maintaining a dual focus on performance component functioning and occupational performance in occupational therapy practice. The relevance of the dynamic interrelationship between the person, the environment and occupation to this discussion is acknowledged, but unfortunately lies beyond the scope of this article (Law et al 1996).

Promotion of holistic knowing

The way in which each person expresses the range of performance components is representative of his or her unique blend of performance component capacities. Therefore, it can be argued that the way in which people demonstrate performance components contributes to the expression of their unique personhood. Hence it is not easy to separate perceptions of how a person does something, as a consequence of his or her performance component capacities, from who that person is. For example, a person who is beginning to develop cognitive skill component difficulties might experience periods of uncertainty during daily activities and may come to be known by others as absent minded. This is, of course, not the only way in which the person is defined, but it is one aspect of the way in which he or she experiences his or her life and may be known.

It might, therefore, be argued that when therapists assess performance component functioning, rather than taking a reductionist perspective, they are gathering detailed information that will contribute to the development of a more comprehensive or whole way of knowing a person. This way of knowing describes not only whether someone can perform a task or undertake a role, but also more precise details about the nature or quality of the task or role performance and hence the nature of the person. It might be termed 'performance component knowing'.

The relevance of performance component knowing can, perhaps, be demonstrated by considering the needs of people who have difficulty in communicating intentionally, through speech, non-verbal communication, actions or behaviours. For some people, the nature of their performance component difficulties is such that they cannot communicate the details of their functional situation (their functional capacity considered in terms of the context of their discharge environment). Here the assessment of performance component functioning, using a variety of data collection methods, can enable the therapist to understand a person's functional situation (Wilby 2005). Where a person is able to communicate intentionally, performance component knowing will supplement the information the person gives about his or her situation, including his or her phenomenological perspective (Mattingly 1994).

Performance component knowing, therefore, provides an opportunity to 'know' a person at a more detailed and sometimes deeper level than can be achieved by only gaining information about a person's lived experience of his or her situation. Gaining knowledge about performance component functioning using mixed data collection methods can, therefore, facilitate greater understanding of the quality and dimensions of a person's functional capacities. Although the difficulty of analysing and synthesising such different knowledge types cannot be overlooked (Mattingly 1994, James 1999, Hasselkus 2002), the synthesis of this knowledge could lead to new insights into a person's functional situation or 'aspect dawning'. To paraphrase Hasselkus (2002) who used the term 'aspect dawning', developed by Wittgenstein (1968, cited by McGinn 1997): these new perceptions might cause the therapist to view the person's situation in a different way, that is, beyond the understanding that could be gleaned from information gained from only one source.

Enhancement of person-therapist interactions

Issues related to the quality of person-therapist interactions have been raised by Rosa and Hasselkus (2005), who suggested that knowledge of performance component functioning might contribute to the meaningfulness of relationships with people using occupational therapy services. The designation 'person-therapist' is used purposefully with reference to Buber's concept of 'I-Thou' (1955, as translated by Smith 1958) in order to highlight the relational nature of these interactions. The work of the therapist in achieving this level of interpersonal engagement appears to be similar in character to that described by Buber as 'a category of being, readiness', which requires 'effort' (Smith 1958, p43).

In the process of developing a detailed and particular knowledge and understanding about a person's component performance functioning, a deep level of therapeutic connectedness can develop (Peloquin 1994, Titchen 2001). A therapist's ability to interpret subtle features of a person's performance component functioning is likely to

depend on his or her ability to maintain a high level of attentiveness towards the person (Eisner 1985, Beeston and Higgs 2001, Tickle-Degnen and Gavett 2003). This process of maintained attention has itself been shown to contribute to positive therapeutic relationships (Tickle-Degnen and Gavett 2003). Additionally, equipped with more holistic knowledge about the person, the therapist is in a better position to respond empathically to the person's unspoken needs during the process of the interaction (Rogers 1980, Peloquin 1994).

There is, therefore, a convincing argument that performance component knowing can enable the therapist to respond to the person 'where he or she is' in terms of his or her functioning, rather than implicitly requiring the person to respond to the therapist in a dialogue-driven interaction that might present too great a challenge. Furthermore, it is asserted that using performance component knowledge it is possible to achieve a cooperative relationship where two participants are active in the communication process, with neither party taking a predominant role (Zemke and Clark 1996). This reduces the risk that during therapy the person will be exposed to the damaging effects of an inadvertent mismatch between socioenvironmental demands and the person's capacities (Kitwood 1997). It also increases the likelihood that the therapist's interactions with the person will lead to positive therapeutic outcomes (Titchen 2001, Tickle-Degnen and Gavett 2003).

Development and implementation of effective intervention strategies

Knowledge of performance component functioning is fundamental to understanding the reasons that a person has difficulty in performing a given task(s) and to discerning appropriate intervention strategies (Mathiovetz 1993, Trombly 1995, James 1999, Reed and Nelson Sanderson 1999, Golledge 2004, Rogers 2004, Bernhardt and Hill 2005). Additionally, understanding the nature of a person's capacity to learn assists the therapist in setting realistic goals and developing rehabilitation programmes that are appropriately graded and/or adapted for the client's current unique interplay of capacities (Robertson and Murre 1999). With this knowledge, the therapist is well placed to provide just the right levels of support and scaffolding to promote optimal levels of performance (Winnicott 1971, Wood 1998).

Regarding Trombly's (1995) assertion that assessment of performance components is necessary only when the cause of a functional difficulty is unknown, there is concern that this approach could lead to confusion about the factors that are actually limiting functional capacity. For example, a new presenting condition may be taken as the cause of a person's new functional difficulty, when a pre-existing functional limitation is actually preventing the person from coping with the new condition. Such a mistake is easily made where people present with longstanding difficulties that are subtle in presentation and have not been diagnosed previously. This kind of presentation can, for example, be seen in the case of people who present with executive functioning difficulties (Royall et al 1998), which are not always easily identified (Sbordone 2000, Crawford and Henry 2005). In such cases, there is a risk that therapists who have been deterred from focusing on performance components might accept that the factor precipitating a new admission is the cause of the new functional limitation.

The potential risk associated with misinterpreting the reason for an inability to cope with daily activities is that the most significant limiting factor(s) are not addressed and the likelihood of further episodes of functional incapacity is precipitated. In real terms the cost of such a failure in assessment reliability is borne by the person, his or her family and health and/or social care providers (James 1999). Therapists may also be aware of a sense of failure following these encounters.

Maintaining a dual focus on occupational performance and performance components

A focus on performance components is compatible with an occupation-based assessment (Hocking 2001). Moreover, there are convincing reasons why a focus on performance components is beneficial to people accessing occupational therapy services. Importantly, the maintenance of a dual focus on occupational performance and performance components is required because the benefits of focusing on performance components are realised throughout the course of therapeutic interactions.

Four challenges are discernible for therapists who practise with this dual focus:

1. To develop the knowledge and skills required to work with these two levels of functioning
2. To practise in a way that is clearly identifiable as paradigm dependent
3. To integrate this duality of focus in a coherent and fluent manner for the person using occupational therapy services
4. To develop and/or maintain the metacognitive awareness required to integrate and sustain a focus at these two levels.

Conclusion

The benefits of maintaining a dual focus on performance components and occupational performance are clearly supported on theoretical grounds in terms of the potential for enhancement of both therapeutic processes and therapeutic outcomes. The achievement of these potential benefits is dependent upon therapists' development and maintenance of a range of prerequisite levels of knowledge and skills.

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