
Where from, Where to, Why, and How? The Daily Functional Journey as a Source of Meaning and Self-creation

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Abstract

Throughout my career, I have questioned the aspects unique to the occupational therapy profession that contribute most meaningfully to our clients. My research incorporated a focus on the small nuances of daily functioning, enabling me to better appreciate my clients' strengths and weakness and guide my efforts to improve their functional status and quality of life. Many of the participants in these studies experienced neurodevelopmental deficits referred to as "hidden disabilities." Interviews with clients revealed valuable information that led me to develop a series of standardized evaluation tools. Consequent to studies implementing these instruments, a model was developed comprised of conceptual elements that could be applied by occupational therapists to create personal, occupational, and functional profiles for their clients. This article describes the developed model, which focuses on occupation and concepts related to people's goals, their use of space, time, input, output, and self-perception. Excerpts from the interviews and research findings are included to illustrate the importance of the concepts in analyzing people's personal functional journeys. The model is designed to be applied to clients as part of the therapeutic process through a question-response format. The information supplied can be used to guide the adaptation and individualization of treatment goals by occupational therapists. This model can be an effective aid in improving our clients' functioning, self-perception, and quality of life through meaningful daily occupations.

Introduction

Where from?

The search for meaning is a uniquely human need (King, 2004) that promotes personal and professional growth. This article describes my personal journey in seeking meaning in the practice of my profession and subsequently to the development of a new occupational therapy model.

As stated by the novelist Thomas Berger, “*the art and science of asking questions is the source of all knowledge.*” More than once in my career as a professional occupational therapist (OT) I have questioned *what is really important and meaningful in our doing that is unique to our profession?*

My research over the past two decades has focused on investigating the daily functional characteristics of my clients as a guide to help them improve their daily experiences, life meaning, health, and wellbeing. The scope of my studies primarily focused on populations with neurodevelopmental disabilities (American Psychiatric Association, 2013), such as specific learning disabilities (SLD), developmental coordination disorders (DCD), and attention deficit hyperactive disorders (ADHD). These are “invisible” disabilities that are not readily apparent to others and represent conditions that are not adequately defined (Dewey, Kaplan, Crawford, & Wilson, 2002). People with invisible disabilities must cope with functional

limitations and although they are aware of their deficits, the diagnosis of their condition eludes them for years (for more details, see Josman & Rosenblum, 2011). Unfortunately, the literature describing their daily life struggles remains scarce (Rosenblum & Weintraub, 2007; Sharfi & Rosenblum, 2014).

Clinical interviews conducted with parents, children, adolescents, and adults with hidden disabilities have provided information that emphasizes the importance of recognizing the small nuances of daily functioning that impact on their emotional status. This led to a broader understanding of the daily challenges faced by children and adults with hidden disabilities. At that time, adequate and appropriate evaluation tools were lacking to fully investigate the issues and descriptions raised during the interviews.

For example, when a mother of a 7-year-old child with nonverbal learning disability (NVLD) was asked about the first behavioral signs of his condition, she described the following:

*From the moment we got home with him [from the hospital], I saw that he is . . . actually . . . his temperament was very **frenetic**, he was an un-calm baby, bouncy . . . he didn't sleep a lot. When I say didn't **sleep** a lot, I mean for days, he slept for about six to eight hours a day and that is nothing for a one- or two-month-old baby. . . . It was **awful**, I walked around **irritable***

*and of course I reflected this behavior on him. I was **hysterical** from anything he did or didn't do. . . . as for him not being calm, I think **I am kind of to blame** because I projected a **lack of calmness** and, without doubt, this affected him [emphasis added].*

This mother's responses during the interview process, similar to those of other clients of all ages, reveal that experiencing functional impairment is accompanied by a myriad of emotional manifestations. The mother's words highlight the interplay between functional deficits and feelings of helplessness, anxiety, and guilt. It is well known that these feelings have a substantial negative impact on self-efficacy and self-esteem.

Further interviews with mothers of children with neurodevelopmental disabilities disclosed many nuances displayed by their children during daily functioning that reflected the differences between their children and other same-aged children. However, we lacked standardized tools sensitive enough to capture an overall picture of their daily struggles. The children's difficulties were often apparent from the moment they woke up in the morning and continued to plague them till the end of their day. These may include difficulties in their ability to pay attention, communicate with others, eat, tie their shoe laces, tell stories, draw or write, sleep, exert self-control, plan activities, play (alone or with others), and collaborate with friends in solving problems. To enable a more

accurate identification of these children's daily impairments, evaluation tools were developed and their psychometric properties were examined.

Young children (3-6 years old) suspected of having DCD were identified based on their daily performance characteristics through the use of the Children Activity Scale- parents and teachers reports (CHAS/P/T; Rosenblum, 2006) and the Do-Eat, activity of daily living performance test for children (Josman, Goffer, & Rosenblum, 2010; Rosenblum, Frisch, Deutsch-Castel, & Josman, 2015). The features of children's play can be reported via My Child's Play (MCP; Schneider & Rosenblum, 2014), and the leisure assessment for children (CLASS; Rosenblum, Sachs, & Schreuer, 2010) and pre-school children (CLASS-Pre; Rosenblum, Waissman, & Diamond, 2017) were developed to examine their participation in leisure activities. The Executive Functions Occupational Routine Scale assesses children's daily behavioral routine, focusing on the contribution of executive control (EFORTS; Frisch & Rosenblum, 2014). Additionally, deficits in children's ability to draw were identified by the Drawing Proficiency Questionnaire (DPSQ; Shooman & Rosenblum, 2014) and handwriting deficiencies could be assessed through the Handwriting Proficiency Screening Questionnaire (HPSQ; Rosenblum, 2008) as well as the child-report version (HPSQ-C; Rosenblum & Gafni-Lachter, 2015). Moreover, adults with DCD

can now be identified based on the Adult Developmental Co-ordination Disorder-Dyspraxia Checklist (ADC; Kirby, Edwards, Sugden, & Rosenblum, 2010), and their organizational abilities can be assessed through the Time Organization and Participation Scale (TOPS; Rosenblum, 2012). The computerized penmanship evaluation tool (CompPET; Rosenblum, Parush, & Weiss, 2003) collects objective temporal, spatial, and pressure measures of human performance in activities such as drawing and handwriting to identify the unique performance characteristics of varied populations with hidden disabilities (e.g., Rosenblum, Aassy Margieh, & Engel-Yeger, 2013; Rosenblum, Epsztein, & Josman, 2008). In addition, research with the CompPET revealed that motor performance could predict handwriting abilities and that handwriting process measures could predict performance and organizational abilities in various activities of daily living (Rosenblum, 2013, 2015; Rosenblum, Aloni, & Josman, 2010).

These tools represent sensitive measures of *human daily function* and enable a deeper understanding of the features that characterize a person's daily functioning (Rosenblum et al., 2015). The use of these tools combined with our growing understanding of the daily experiences of people with various disabilities can stimulate the development of uniquely focused and evidence-based interventions and individualized therapy

goals (e.g., Fogel, 2016; Frisch, 2016; Hen Herbst, 2016).

The findings of these studies led me to question the key concepts to be investigated to develop a deeper understanding of the individual's daily functioning. This knowledge could then be directed towards enabling the individual to create a strong foundational understanding of the essence of his/her identity. The focal point of this process was to develop a model to depict the inter-relationships between the individual's actual daily performance and his/her emotions, self-perception, and wellbeing. The concepts that populate the model's framework and suggested questions regarding each of its components can serve as a guide for tailoring intervention to suit a person's individual needs.

Occupation

Occupation is a biological necessity and an essential component of being human (Dickie, 2009). Therefore, as presented in Figure 1, occupation lies at the heart of this model. Hasselkus (2002) described occupation as a strong enabler for knowing one's self as she stated (2002, p. 17): "One way that I know myself is through occupation and one way that myself-expresses itself in the world is through occupation". Christiansen (1999) suggested that occupation is the principal means through which people *develop and express* their personal identities. Occupations structure our existence and are an integral part of the continuous

process of developing a unique sense of self and identity while lending meaning to our lives across the life span. In fact, occupations are a reflection of life itself (Christiansen, 1999; Hammell, 2004).



Figure 1. The functional daily journey.

Children, adolescents, and adults are continuously engaged in diverse occupations in various contexts throughout their day, week, month, and year. When environmental demands are met by individual's skills and abilities, optimal occupational performance can result. On the other hand, impairments in the individual's skills, abilities, environment, or occupation can interfere with his/her performance (Brown, 2009). Deficient performance may result in adverse environmental responses, negative emotional sequela and decreased self-efficacy.

Over time, the results of my research led me to postulate that the *goals, space, time, input, and output* may serve as key concepts to determine the person's limitations and inability to meet the demands imposed by their environment. By identifying these limitations and providing the means to adapt, discover strategies, or implement compensatory techniques tailored to the individual's specific needs could prevent the erosion of his/her *self-esteem* and *self-perception*. In doing so, we can assist our clients to improve their daily performance, participation, and quality of life.

Goals

Abraham Lincoln said, "The best way to predict the future is to create it." People are the arbiters of the choices they make regarding their personal goals and daily actions. According to Victor Frenkl, the ability to choose is a resource that contributes to the development of meaning in our lives, our occupations and in attaining loving relationships (Frankl, 1997; Rowles, 2008). However, selecting goals, identifying priorities within one's inner chaos, and adapting daily actions to achieve goals are quite difficult processes for people with disabilities. For example, children with ADHD tend to forget (or are unaware of) the need to focus their morning activities towards the goal of preparing for the day ahead in a timely fashion. The mother of a 5-year-old describes the challenge of focusing her son towards this goal each morning:

I feel that he needs focusing in the morning. He's distracted and I'm in a rush to get to work . . . so I need to call him and raise my voice because that's how he listens to me. It focuses him to complete the tasks because he is distracted, and I tell him that he can play only when he finishes his tasks in the kitchen. But he forgets all the time. . . . Me too, because there are other things going on, and then he drifts away and I don't notice that he has gone off to his imaginary world. (Inbar, 2016)

In light of the central importance of identifying personal goals in directing our daily efforts, the therapist may pose some of the following questions:

1. Does the person have specific goals? Are they short- or long-term goals? Is the person able to choose his or her own goals (e.g., a child in therapy) or do others choose their goals for them (e.g., parents, teachers, or friends)? In previous studies, we found that parents' and teachers' perspectives of the goals to address to improve children's functioning differ substantially from those of the children themselves. Whereas parents appear to be more concerned with the children's abilities to meet academic demands, children prefer to focus on improving activities of daily living skills (e.g., Frisch, 2016; Hillel-Miller, Josman, & Rosenblum, 2005).
2. Are the goals people select a true reflection of their inner desires or are they strongly influenced by environmental expectations or previous failures? For example, a child may actually desire to become more popular among his/her peers. Yet, when asked by a therapist, the child may state that his/her goal is to improve his/her handwriting so as to satisfy the wishes of his/ her parent or teacher.
3. Does the person have the required abilities to advance towards his/her goal - such as the ability to self-regulate and ignore irrelevant environmental distractions that may prevent the person from achieving it?
4. Does the individual understand the relationships between a long-term goal and the activities and occupations expected or needed for short term performance?
5. Does a correlation exist between the person's needs and abilities and the environmental expectations and support required to achieve his or her inner goal(s)? People who have experienced failures during their functional journey can be asked about their dreams instead of their goals. For example, "E" is 10 years old and his behavior at school is challenging. He is disrespectful to his teachers, bothers other children, and is called to the headmaster's room twice a week. When asked about his dreams, he said:

I would be a magician who can do

whatever he wants but still has the same feelings and passion. . . . I would study at school- but in my way. Nobody would force me into doing anything. I would listen to my teachers of my own free will. . . . I would be an engineer and I would build lots of machines, robots (for example, a kitchen robot with lots of knives), a microwave, tons of actions that the robot performs alone... (Such machines) would be especially great for old people who have difficulty cooking, and a cleaning robot whose feet are made of a broom and a mop.

E's description clearly reflects that he has specific goals. However, at this point in his life, he must concentrate on directing his efforts to comply with the goals set by his school. This represents a significant barrier that prevents him from pursuing his inner personal goals.

Space

Everyday life is a process that incorporates the pursuit of personal goals that are continuously being created and developed in time and space (Orban, Edberg, & Erlandsson, 2012). The strategies used to attain personal goals within their spatial environments may provide important information about a person's daily function patterns. The type of information that can be attained is exemplified in the remarks made by a mother of a 5-year-old child with suspected NVLD:

At birthday parties, he would cling to me. Do nothing. Cling to me and eat

candy. . . . He didn't even understand the idea, the purpose was not clear to him at all [see Rosenblum, Piran, Meyer, and Sachs (in press)]. . . . For example, I would send him to get me something from the kitchen and he would return and forget what I asked and then ask me, "What did you ask me to do?"

To better understand one's clients, a therapist must learn how they behave, feel and function in their typical environments. The following are some general questions that can be asked to generate this kind of information:

1. How does the person behave in different spaces (home, school, grandparents' home, friend's home, work, etc.)? Does a person exhibit different behaviors in the various spaces in which they reside?
2. In which space does the person like to be? And in which do they prefer not to be?
3. In which space does the person perform best? Where is the person most successful?
4. Does the person know how to take advantage of the potential benefits derived from being in these spaces?
5. What are the environmental demands on the person in each place? Is the person able to address them?
6. What types of feedback does the person experience when in these different

spaces?

7. How does a person cope with changes in his/her spaces (i.e., switch classes in school, move to a different home? Change his/her place of work)?

Questions that can be posed to obtain more concrete information may include:

8. Is the person able to estimate distances and get organized in varied spaces?
9. What does the person experience when transitioning between spaces?
10. Does the person have his or her own place or space?
11. Does the person tend to avoid places or seek to move to other spaces?

The following are examples of remarks made by clients when interviewed about their ‘spaces’. Their responses reflect the importance of spatial factors on daily functioning. “I don’t organize myself well at home. . . . How do I clean? I don’t know where to begin. I can sit and stare and wait to understand where to begin. . . . I start an hour later.” (said by a 23-year-old woman diagnosed with LD). The spatially-related difficulties experienced by “D” in his work as a cook are expressed in the following remarks:

And then I start to linger and wonder and I find a can of juice that I need . . . and then I find an open can because I had already gone to the apple juice and not finished it earlier because the refrigerator door was

open . . . because I needed to put the pie in the refrigerator, the oven, the freezer, I don’t know . . . somewhere. Ah . . . where was I?

The responses of individuals with spatially-related deficits reveal how individuals with such dysfunctions perceive their experiences when attempting to meet their daily occupational demands. To wit, a 30-year-old-adult with LD described as follows: “It’s as if my mind sails away, like a spider web that is here and the next minute it is there, instead of being focused, as if I touch everything.” When describing his experiences at school, “G,” an 8-year-old child with ADHD symptoms commented:

I don’t like going to school. The kids distract me and make noise. I like being in the schoolyard and helping the caretaker clean the yard. I like sitting with him at the entrance and talking to him. . . . The kids are mean. I don’t like the teachers. Sometimes they yell at us and treat us badly.

Previous research has demonstrated that participation within everyday environments may be limited due to motor, cognitive, sensory, or emotional deficits. For example, previous studies have found that participation in leisure activities can be predicted by a person’s physical abilities. This finding was emphasized in a study of 6- 10-year old children with DCD that focused on their participation in gross motor activities (Engel-Yeger, Hanna-Kassis, & Rosenblum, 2012). In a study

performed on children with celiac disease, it was found that those who were more involved in leisure activities outside of their home environment reported a higher health-related quality of life than children whose activity occurred primarily in their home environment (Meyer & Rosenblum, 2016). Spatial deficits may also include, among other things, problems with organization. In fact, several studies have indicated that motor organizational ability among children and adults with DCD and dysgraphia could predict their ability to organize routine functional activities (Rosenblum, 2015), including those that involved writing (Rosenblum et al., 2010;) Rosenblum & Livneh Zirinski, 2014).

The above discussion supports the importance of analyzing clients' functional characteristics in relation to their varied daily environments and spaces, as well as the nature of the feedback they receive from these environments. Such analyses may enhance our ability to provide interventions that focus on meeting people's specific needs.

Time

We depend upon the spatial and temporal aspects of daily functions that enable us to "be" and to "do". In fact, time has been recognized as an important organizational framework. (Christiansen, 1996; De Boef & Keele, 2008; Hall, 1983). A mother of a 6-year-old child with symptoms of ADHD described the difficulties her child demonstrates that limit his ability to manage his morning routine efficiently:

"It takes a long time to leave the house, to move from stage to stage, from the bathroom to the bedroom, get dressed, what to put on. . . . He goes up to the clouds in the middle of an activity" (Inbar, 2016).

Although time is a concept often considered during treatment, the consideration of time should also be included in assessing and understanding the person's occupational abilities. Questioning individuals with hidden disabilities as to when they received their diagnosis is highly relevant to understanding their overall functional status. This was underlined in a recent study in which we analyzed the questions posted by parents of children who were suspected or diagnosed with ADHD on two large web search engines—Yahoo and Bing— (Rosenblum & Yom-Tov, 2017). We found that 20% percent of the parents suspected their child had ADHD at the age of 2, and 25% suspected it when the child was 4. Yet, only 5% of the parents' reported that their child was diagnosed at the age at which they first became aware that their child might have a problem. Rather, the majority of these children were only formally diagnosed when they were 7 or 8, after they had started going to school. Results of other studies indicate that a delay in obtaining the diagnosis of ADHD by 3 to 5 years may have a significant influence on a child's and his/her parents' functional and emotional status as well as on the nature of their parent-child interactions (Frisch, 2016; Inbar, 2016). The negative experiences of young children with

ADHD who do not receive treatment or professional support prior to school age are likely to substantially influence the children's attitudes regarding school. Experiencing failures and other adverse experiences can place them at a much greater disadvantage than children who had received timely intervention.

Time management ability is another factor that often has a significant impact on function and occupational performance. Time management refers to the organization of daily occupational routines and how well people allocate their time between their different valued occupations (Orban et al., 2012). The therapist can lead a discussion with a client on time management by posing the following questions:

1. How does the person deal with daily routines? (Frisch & Rosenblum, 2014)
2. How much time does the person devote to each occupation?
3. Is the allocated time appropriate to what is expected from the environment or similar to that of typically developed children or adolescents without functional deficiencies? (For example, children with DCD aged 3-6 years played for less time than their typically developing peers, Rosenblum et al., 2017).
4. Are the activity demands related to the time invested into its performance?

This latter question has relevance for many

children. For example, most children leave the classroom at recess to play together, but a child with handwriting difficulties may need to remain in the class to complete copying from the blackboard.

A mother of a 4-year-old with ADHD symptoms described, "I felt a very, very tense atmosphere during bath time and then I started to understand that it's the timing and maybe the entire process should begin earlier" (Frisch, 2016). Thus, this mother's analysis led her to create a more relaxed atmosphere and more positive mother-child interactions during bath time.

Our studies showed that experimental participants (children and adults) with DCD and/or dysgraphia require significantly more time to perform daily functional tasks than the typical controls (Grinblat & Rosenblum, 2016; Rosenblum, 2013, 2015; Rosenblum & Livneh-Zirinski, 2008, 2014). Furthermore, our findings indicated that the appropriate use of medications among children with ADHD decreased the delay in time between their execution of sequential written strokes (Rosenblum et al., 2008). A student with LD and ADHD described:

At times, I forget what I need to do, I fail in planning my time. Sometimes I do more than is required or sometimes I don't understand the instruction and need to do the same thing again, or I don't realize how long it will take me to finish certain things. It makes me sad, frustrated, and causes lack of

confidence.

This student's response and those of many others demonstrate that deficits in one's ability to perform in a manner that matches environmental demands can be a source of stress, anxiety, fear, negative parent-child interactions, and low levels of self-efficacy (e.g., Inbar, 2016; Rosenblum et al., 2017).

Further studies should be conducted to achieve a better understanding of timing and time management in populations with disabilities and its effect on their daily functioning (e.g., Rosenblum & Regev, 2013). A recent study conducted among students with LD revealed significant relationships between time perception and time-organization abilities. *Time perception* deficits were demonstrated by the difference between the amount of time students estimated was necessary to prepare a cup of coffee and the actual time they needed to perform the task. Deficits in working memory, ability to evaluate time and to inhibit irrelevant behaviors were all factors that could predict the duration of their performance and daily organizational abilities (Grinblat & Rosenblum, 2016). This study highlights the importance of considering time-related abilities among the human performance factors assessed in occupational therapy evaluations.

Additional inquiries relating to a person's use of time may include:

5. Does the person leave time to fulfill one's dreams? In other words, does the person set aside time to do what he/

she wishes to do and not just what he/she must do? Does the person's routine reflect occupational balance?

6. Are there moments during the day when the person experiences "flow" (Csikszentmihalyi, 1996) (i.e., a lack of awareness of the passage of time during the performance of engaging and enjoyable activities).

Another time-related issue is the individual's reflective journey between past, present, and future experiences and the ability to use perspective to deal with current daily challenges. The following excerpt is presented to clarify this idea.

A mother of a five-year-old child with LD and DCD expressed the following:

Whenever adults, such as my parents' friends or relatives, say to me, "What more can you want. Look how cute and adorable he is and look how he talks and communicates and how sociable he is . . . Thank goodness for my husband. He balances me out and keeps telling me that at 16 he will speak like them and do everything like them and everything will be OK.

This mother's comments reflect the importance of helping clients find perspective by viewing challenging situations as temporary and that often resolve over time. By changing their perspective in terms of time, clients may find it easier to cope with daily confrontations and as such, serve to decrease their feelings of uncertainty and

level of stress. This example demonstrates how exploring the temporal dimension of clients' functional status during occupational therapy evaluation and intervention may glean important pieces of information that may better capture his or her unique needs.

Input

Daily demands often incur varied temporal and spatial constraints. *Input* is an important concept that relates to the efforts expended by a person to perform daily tasks. The following are excerpts from client interviews expressing the various degrees of effort they need to apply to accomplish tasks that may seem trivial and effortless to other people:

“I had stomachache during sports’ classes at school and sat on the side.”

“At school, it was tough; my mother sat with me for hours doing work, spelling, and studies. It was on account of my older and younger sisters.”

“He has difficulty controlling himself. He invests a lot more energy to sit and listen than regular kids do. He has to be very focused to control it.”

“Eating with a fork was always difficult for him. We checked it out with the occupational therapist. He has the ability but chooses not to use it. It’s difficult for him; it’s an effort.”

“It is very difficult getting organized in the morning.”

“I took hundreds of driving lessons.”

“The day ends, and I pass out on the bed.”

These statements from clients reflect the energy that people with hidden disabilities must harness to perform routine daily tasks. They also reveal the many challenges faced by individuals with various ‘invisible’ functional deficits. Their difficulties often go unrecognized by other people unless they are prompted to speak of them. In short, these statements provide an indication of the effort and exertion that people with disabilities need to perform everyday tasks within the various spaces they occupy.

A study that examined the degree of energy expended by children with and without DCD during handwriting performance revealed that the variable that distinguishes most between them was the number of letters they must rewrite (Rosenblum & Livneh-Zirinski, 2008). Another study involving children with ADHD indicated that they received good scores on the Do-Eat tasks. However, their sensory-motor and executive control abilities were significantly lower than those of the control group subjects (Rosenblum et al., 2014). Further studies are warranted to investigate the levels of effort people with disabilities must exert to perform their daily tasks. This data is crucial to the understanding of their overall ability to perform daily functions, since human

energy resources are not without limits. Consequently, excessive efforts to perform one task may limit the energy available to accomplish others. Moreover, the amount of effort invested in performing a task may not result in the expected environmental response. This sometimes results in feelings of frustration and despair that can lead to behaviors that are unacceptable.

A mother of an 8-year-old child with ADHD described it well:

She has trouble concentrating for a length of time, understanding homework instructions. . . anything related to school is extremely difficult for her. This year, she began disrupting class. She looks for attention all the time and in any possible way. She decided that negative attention and being the center of the problem is rewarding. She is disruptive in science class, sports, and even with her class teacher.

This quote clearly illustrates how the inability to address functional daily demands may lead to undesirable behaviors, which in turn may promote adverse environmental outcomes. Focusing on identifying a person's deficits and providing appropriate intervention may prevent this negative cyclical pattern from developing.

Output

A 25-year-old student recently diagnosed with DCD commented:

I never managed to ride a bike without training wheels because

I was scared. . . I am scared of drowning, I am scared of being hit by a ball (I was hit by a ball when I was 8) and I am scared of falls.

Discussions relating to the effort invested in performing various daily tasks may be encouraged by asking questions such as:

1. Was the energy invested worthwhile?
2. Did the person experience the results he/she had expected or hoped for?
3. Did the person's performance reflect the result that the person's meaningful-others expect of him or her?
4. How did this impact on the person's feeling of capability, self-perception, self-efficacy, and self-image?

Such questions may lead the person to reflect on the type and nature of the tasks he/she should undertake; preferably resulting in the selection of tasks that require less input (effort) and result in increased output (self-confidence). Intervention through occupational therapy could include having the person prioritize his/her daily tasks and recommendations by the therapist regarding strategies or compensatory techniques that could aid their performance.

Unsatisfactory results that follow effortful input may lead to negative emotional reactions and erode the person's feelings of self-efficacy. This is supported by the results of our previously described

study on adults with LD (Sharfi & Rosenblum, 2016). These findings revealed that difficulties in temporal organization (TOPS) significantly correlate with negative emotions such as frustration, anger, and sadness. Furthermore, task initiation, emotional regulation (BRIEF-A), and their emotional reactions towards their ability/inability to organize their time was found to contribute 39% of the predicted variance of their perceived quality of life (Sharfi & Rosenblum, 2016). A remark made by a 30-year-old student with dyslexia, reflects the influence that his lack of organizational ability has on his emotional status.

I can tell you that if I look back and think about it retrospectively, the lack of ability to express what's going on in your head . . . in writing or orally, sometimes it could be . . . In fact, I can tell myself that I used to be much more introverted than I am today.

To complement our inquiry as to the negative emotional sequela resulting from our clients' experiences of poor performance, they were also interviewed regarding the factors that supported their self-confidence and facilitated feelings of positive self-efficacy. The following is the response of a 35-year-old doctoral student:

Well-done to the school for seeing my potential and for not throwing me out of school because of absences and low grades in half of the subjects. . . The second reason is related to my parents. Although it was very difficult for them and

they were busy trying to survive themselves, they gave me endless love, accepted me for who I am, and always made me feel that for them I am a king. They were proud of me just for going to school, for a friend inviting me over, for singing a beautiful song, for eating a meal, for my mere existence. And I knew how to appreciate it. It gave me the strength to survive despite everything. For them, I wanted them to be proud of me.

This response and similar responses to this question suggest that our challenge as occupational therapists is to promote confidence and provide understanding and acceptance of our clients as they are (as well as for their parents, families and caregivers) to offset the influence of the negative feedback they get from the environment. Attempting to undo the effects of environmental challenges to perceived self-efficacy and self-esteem is an arduous and complex process. Thus, a more effective approach could be to prevent the antecedent factors through early intervention for children with disabilities, or to address the consequent destructive behaviors that may further aggravate the harmful effects of negative environmental feedback on the person's self-efficacy and self-image.

Self-perception

The relationship between people's experience of disability and its detrimental effect on their emotional status and self-

construct are supported by the information they provide during clinical interviews, as reflected by the following excerpts. The responses of a parent during an interview included: "Sometimes he came home with his head down and feeling terribly, it was awful for us." Responses from student participants included: "I wasn't a normal student," "I can tell you full heartedly that since first grade. . . since then, I think I simply felt less clever than other people. Just like that"; "One of the worst things is practicing reading, writing, a nightmare. I'm unsuccessful at school, arrive home at last, and your mother says you're not managing with writing so let's practice reading and writing"; "You do something that you are the worst at and are reminded all the time that you are the worst at it"; "It builds extremely low self-esteem."

Moreover, similar findings have been reported in the literature. Specifically, the self-reports of school-aged children with dysgraphia indicated that their inefficient writing speed and poor legibility in writing tasks significantly related to their level of self-efficacy and degree of participation in leisure activities (Engel-Yeger, Nagauker-Yanuv, & Rosenblum, 2009). This was clearly expressed by a student with learning disabilities undergoing intervention. The student was asked what he would most like to say to a therapist based on his experiences in therapy. In response to the question, he said: "If the client leaves the therapy session with less self-confidence than when he arrived, it's a waste of time."

In our studies, the people we

interviewed about their own or their child's daily performance tended to remember the more negative experiences, although they surely had had positive experiences as well.

What is Your Story? OT Sees Me

In the current era of striding towards "personal medicine" with its emphasis on the patient's functional disturbances (Peabody, 2015), occupational therapists are endowed with the knowledge and tools needed to assist clients in creating a daily functional story and finding meaning in their day to day lives. The model described in this paper is implemented by posing questions related to its central concepts to help identify and decode our clients' personal functional journey. This process entails the use of standardized evaluation tools that capture daily function characteristics to develop our awareness and recognition of the daily needs of the clients who seek our help. A deeper understanding of the daily functional stories described by those we serve may assist in fostering changes in public policy to address their specific needs. By implementing the model described, the occupational therapy practitioner and the client engage in a mutual journey towards the '*functional me*' in which assessment is integrated within intervention by providing strategies, adaptations, and compensatory methods for improved performance and coping skills. The importance of achieving these outcomes cannot be overstated: it is our duty as occupational therapists to provide each client and his/her family with

the means to cope with the challenges they face and develop or improve their understanding, perspective, humor, and ability to communicate effectively (Roffman, 2000).

This model encourages both the person and the therapist to participate in a process of identification-understanding-acceptance-development of a plan for action and positive daily meaning (Gerber, Reiff, & Ginsberg, 1996). This process is echoed by the following words of an interviewee: "The moment I came to peace with my disability and I understood that the society around me cannot understand my disability and I need to explain it to everyone. . . it was a very significant point of light". Moreover, the reflection and insight enabled by such interviews was demonstrated in the comments made by a 35-year-old student with LD and ADHD: "Leave me alone with my weaknesses. I will strengthen my strengths and they will pull me upwards, dealing with what we see will have the fastest results."

When occupational therapists demonstrate their recognition of their clients' needs (as well as those of their families) it can lead to feelings of validation and improved self-control, as evinced by the following remarks from people we interviewed: (Inbar, 2016):

The most important thing is the occupational therapist's encouragement and support along the way. . . . It gave me a tremendous push. He managed

to lead us to success in a professional and gentle way; he helped willingly with every dilemma and question with a smile. (Yair's parents)

We feel that we understand our daughter better and know how to approach her and we are more patient with her. (Rivka's mother)

The child is calmer; probably because of his behavior following the guidance. He plays more on his own . . . has no outbursts and doesn't throw things and clothes in the air in a nonrestrained way. The level of violence has extremely decreased. (Ido)

Given that self-control is paramount to success in life (Baumeister, Vohs, & Tice, 2007), support through occupational therapy may help clients attain a better understanding of themselves, decrease their negative emotional reactions, and improve their ability to self-regulate. It is very likely that once they achieve better control over their own responses to their environment, they will be rewarded with more positive responses from the environment. Furthermore, a supportive therapist can assist their clients develop a solid foundation of positive self-esteem and self-perception.

In fact, the model may also serve to analyze our own professional journey as occupational therapists. The questions posed heretofore and the relationships between our goals, space, time, the activities we engage in, and the energy we

invest into our practice are all factors that can impact on our professional efficacy. Hence, following the framework of the model and reflecting on its constructs can be used as a guide both for an occupational therapist's personal journey through life as well as his/her professional journey towards meaningful and rewarding doing. As asserted by Frederick Herzberg, among the most powerful motivators in our professional lives is not so much the monetary reward, but the opportunity to learn, grow, contribute to others, and be recognized for achievements.

In summary, when asked "how will you measure your life?" (Christensen, 2010), our response can be that our most precious reward comes from helping people towards attaining a better quality of life. We, as a profession, have the knowledge and tools to accomplish this by focusing on peoples' occupations, their actual doing, and the beneficial responses they may reap from their physical and social environments. So let's do it!

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