

STUDY OF THE RELIABILITY AND VALIDATION OF THE OCCUPATIONAL PERFORMANCE HISTORY INTERVIEW¹

Benetton, M. J. & Lancman, S.²

Acknowledgments: Gary Kielhofner, Prof. Dr. Livia Magalhães, Prof. Dr. Sandra Galheigo, Prof. Joaquim Sena Maia, Solange Tedesco, Patricia Viotti, José Bacelar, Andrea Amparo, Renata Bertolozzi Varela, Beatriz Vogel, Regina Trivino Saldanha, occupational therapy students, FAPESP and CNPq.

Abstract: This study refers to the methodologies used to translate and to analyze the reliability and validation of the *Occupational Performance History Interview*, an instrument created by Kielhofner, Henry and Walens (1989). The translation reliability study resulted in a final version in Portuguese, which was accomplished with the use of several statistical measuring techniques. The statistical analysis techniques, the Kruskal-Wallis test, suggested the existence of problems concerning the formulation of the instrument. To complete this study a construct analysis was completed. Some issues should be further studied for a better comprehension of its significance as an occupational therapy evaluation instrument.

Keywords: occupational therapy, evaluation instrument, reliability, and validation

1. Introduction

Although the development is accelerated when it comes to creating, evaluating and adapting research tools in all the health fields, this is not the reality for Occupational Therapy in Brazil. Only one article was published, in a national journal, which consists of the results discussed in this same study (Benetton & Lancman; 1998). The selection was strongly motivated by the results of a bibliographic survey (Kielhofner; 1989-1998) demonstrating that the instrument developed by Kielhofner and collaborators (1989) is the

¹ Article extracted from the following research: BENETTON, M. J. & LANCMAN, S. Study of the reliability and validation of the "Occupational Performance History Interview". Sao Paulo, 1998. Research written report – subvention FAPESP(process 1997/3409-2)/CNPq (process 522239/95-1).

² Occupational Therapy professors at the Teaching and Research Center of Occupational Therapy from the Faculty of Medicine at the University of Sao Paulo. Mailing Address: Prof. Maria José Benetton / Prof. Selma Lancman. Centro de Docência e Pesquisa em Terapia Ocupacional da Faculdade de Medicina da Universidade de São Paulo. Rua Cipotânea, 51, 05360-00. São Paulo – S.P.

most commonly used throughout the world. This instrument can be applied to either physical or psychosocial patients.

The Occupational Performance History Interview – OPHI, was created at the American Occupational Therapy Association's request and proposed to be used as a standard evaluation for occupational therapist's clinical practice. In 1997, half way through this study, during our second meeting with Professor Kielhofner, we became aware that the OPHI was being revised and that OPHI II was already being developed. When the second version was released we decided to continue our study because the protocol's basic structure was maintained.

2. The Instrument

The Occupational Performance History Interview – OPHI, created by Kielhofner, Henry and Walens at 1989, was a request of the American Occupational Therapy Association's Committee on Standardized Assessment for an occupational therapy interview that could be used throughout many areas of practice.

As a historical interview, the OPHI seeks to gather information about a patient/client's past and present occupational performance. It is designed as a generic interview usable with a variety of patients/clients and is intended to be compatible with more than a single frame of reference. The OPHI comprises two parts. The first part is the interview which consist of a set of recommended questions that cover five content areas relevant to occupational performance. The therapist uses these questions (or his or her own modified version of them) to conduct the interview, making sure to cover all five content areas. In addition, the questions for each content area are accompanied by recommendations to be used to guide the therapist as to the type of information that should be collected for each content area. These suggestions should be used by the therapist to formulate any additional questions or probes that might be needed. This instrument was designed to look at use of the interview by therapists using two separate frames of reference, one for therapists using the interview with an eclectic frame of reference and one for therapists using the interview from the Model of Human Occupation (MOHO).

The second part consists of a standard form for reporting the results of the interview, called the OPHI Rating and Life History Narrative Form. It includes a rating scale that allows the therapist to quantify information collected during the interview. The rating scale consists of ten items – two items for each of the five content areas of the interview. After completing the rating form, the therapist identifies the respondent's life history pattern.

Next, the therapist composes a description of the patient/client's life history on the Rating and Life History Narrative Form. Finally, the therapist indicates treatment goals for the patient/client derived from the information in the interview .

The purposes of this study are to :

- Demonstrate the strategies used for the translation of the OPHI.
- Demonstrate the methodology applied to study the reliability of OPHI translated to the Portuguese language.
- Present the results of the construct analysis.
- Discuss the results obtained.

3. Instrument translation

According to Vallerand (1989) "Although there are many studies to validate different psychological questionnaires from English to French, there are many different quality methodologies to achieve this goal. The translation of psychological instruments can not be a simple translation, for that does not assure the instrument's validity and reliability in another culture (Canadian – French). Therefore, it becomes extremely important to use an accurate methodology to accomplish the transcultural validation process". (pp. 662-663)

Two preliminary translations of the OPHI were done, based on what Vallerand (1989) called a traditional method. One was accomplished by occupational therapy students supervised by an English teacher (all at a proficiency level in the English language). The second translation was done by a bilingual occupational therapist. None of the translations had a previous knowledge of the material. The recommendation to the translators was to maintain fidelity to the text. Vallerand (1989) affirmed: "linguistic, psychological and comprehension bias can result in divergence between the original version and the French version. Using a committee text analysis technique can minimize this risk, where group discussions are held to review the context of the translation" (pp.665).

A committee formed by two researchers, two occupational therapists research collaborators and two occupational therapy undergraduate research assistants was established to avoid researcher bias. All the committee members possess basic knowledge of the English language.

Thus a group of specialists was incorporated from the occupational therapy field at different educational levels to assure objectivity and a precise comprehension of the questionnaire.

Brislin (1970) recommendations were used to analyze the translations - each sentence in the questionnaire was evaluated according to the following aspects:

1. the different meanings of each version;
2. similar meanings of each version;
3. the exact same meaning of both versions.

Our observations led to some discrepancy between the translations. A bilingual professional dedicated to the mental health field, gave advice in order to select the Portuguese translation which was closer to the English meaning.

3.1 Experimental version application

Initially, the experimental version should have been applied to psychiatric patients from the PIDA project. The PIDA – Integration Program of Professors in the Mental Health Assistance Field, is the result of a agreement between the University of Sao Paulo, the State Health Secretary and Psychosocial Attention Center (CAPS). Many psychosocial assessment and rehabilitation modalities have been developed for clients with severe mental illness (schizophrenia, chemical dependence, affective disorders, etc). According to the authors, the OPHI is directed to be used in generic interventions, for different types of clients/patients in occupational therapy. The instrument is described as being possible to evaluate different stages of the treatment, since a “turn point” is defined, as an initial parameter for evaluation of the evolution of the “occupational history”. This turn point is important since the instrument’s purpose is to evaluate the process and, therefore, trims the studied situations inside of an perspective of past – present, were are evaluated changes of the “ occupational performance”.

According to the methodology proposed by Vallerand (1989) and applied by Hachey et al. (1995) to validate the translation, the patient interviewed must have answered both the English and the Portuguese version of the instrument. Subjects with a good understanding of the English and Portuguese languages were selected for the study. A sample of occupational therapy students from the Faculty of Medicine at the University of Sao Paulo was chosen, considering the following criteria:

4. Reliability Study

For the reliability analysis of the translation, a homogeneity study was made, where the appraisers' opinions were analyzed in relation to each appraised in separate. We tried to verify if there were a homogeneity in the opinions of the five appraisers in the interpretation of the answers of each appraised in the two versions of the OPHI (English and Portuguese). The answers were pointed according to the concepts of SC (similar complete – for the answers considered similar), SI (similar incomplete – for answers considered similar, but incomplete) and DD (different – for answers considered different).

That for, Qui square tests were applied, crossing the appraisers with all the concepts of each appraised. All the tests revealed that the emission of the concepts SC, SI and DD was homogeneous for all appraised.

Table 1 – Number of answers of type SC, SI and DD attributed by the five appraisers (A, B, C, D and E) for the subject S1.

	A	B	C	D	E
Similar C	16	14	14	14	17
Similar I	10	14	11	10	6
Different	9	8	10	12	11

($X^2 = 4.69$ e $P = 0.80$, therefore the data are homogeneous)

Table 2 – Number of answers of type SC, SI and DD attributed by the five appraisers (A, B, C, D and E) for the subject S2.

	A	B	C	D	E
Similar C	17	16	17	19	22
Similar I	9	11	9	6	7
Different	10	9	10	11	7

($X^2 = 4.04$ P = 0.85. The data are also homogeneous.)

Table 3 – Number of answers of type SC, SI and DD attributed by the five appraisers (A, B, C, D and E) for the subject S3.

	A	B	C	D	E
Similar C	14	16	17	17	18
Similar I	9	9	5	5	6
Different	13	11	14	14	12

($X^2 = 3.56$ P = 0.89. The data are also homogeneous.)

Table 4 – Number of answers of type SC, SI and DD attributed by the five appraisers (A, B, C, D and E) for the subject S4.

5. Construct Analysis

According to Almeida and collaborators (1996) "the validity of an instrument can be defined as the capacity to actually measure what it is proposed to measure" (p.50). As a

	A	B	C	D	E
Similar C	7	6	6	9	7
Similar I	14	11	13	6	14
Different	15	19	17	21	15

($X^2 = 6.32$ P = 0.61 The data are also homogeneous.)

Table 5 – Number of answers of type SC, SI and DD attributed by the five appraisers (A, B, C, D and E) for the subject S5.

	A	B	C	D	E
Similar C	14	15	11	16	16
Similar I	7	9	10	6	5
Different	11	8	11	9	10

($X^2 = 4,17$, P = 0.84. The data are also homogeneous.)

We tried also to verify if the concepts of similarity SC, SI and DD altered for each of the appraised or if they had an uniform distribution. The purpose was to detect if there existed some significant concentration in one or more concepts for any appraised. So we established under the hypothesis Ho that the concepts SC, SI and DD would have expected frequencies equal to 1/3 of the total of the observations. As we already previously verified that the five appraisers had made similar judgements and therefore these data were homogeneous, we reunited for each appraised the 180 information that we disposed (36 questions multiplied by 5 appraisers). That for, Qui square tests were applied, to verify the adhesion to the hypothesis Ho.

As result we verified that all appraised present a concentration of answers in some criterions. For the appraised S1, S2, S3 and S5 this concentration was given in item SC and the lower frequency of answers occurred in item DD. For the appraised S4 the opposite occurred, predominating the concept DD in his answers.

Table 6 – observed frequencies of appraised S1 reuniting the homogeneous concepts of the five appraisers.

	SC	SI	DD
Observed	76	51	50
Expected	59	59	59

$X^2 = 7.35$ P < 0.05

Table 7 – observed frequencies of appraised S2 reuniting the homogeneous concepts of the five appraisers.

	SC	SI	DD
Observed	91	42	47
Expected	60	60	60

$X^2 = 24,23$ P < 0.05

Table 8 – observed frequencies of appraised S3 reuniting the homogeneous concepts of the five appraisers.

	SC	SI	DD
Observed	82	34	64
Expected	60	60	60

$X^2 = 19,6$ $P < 0.05$

Table 9 – observed frequencies of appraised S4 reuniting the homogeneous concepts of the five appraisers.

	SC	SI	DD
Observed	35	58	87
Expected	60	60	60

$X^2 = 22,63$ $P < 0.05$

Table 10 – observed frequencies of appraised S5 reuniting the homogeneous concepts of the five appraisers.

	SC	SI	DD
Observed	72	37	49
Expected	52.7	52.6	52.7

$X^2 = 11,96$ $P < 0.05$

The next step was to verify separately for each concept SC, SI and DD if the five appraised subjects differed between them.

Initially we analyzed the concept SC. The data were valued through the analysis of variance, two criteria of classification, and were previously transformed in $y = \arcsin(\sqrt{\%})$. The differences found between the appraised subjects were significant ($F=35.53$; $P < 0.05$) occurring the opposite between the appraisers ($F=2.72$; $P > 0.05$), which was previously detected by the X^2 Homogeneity test.

The Tukey test was also applied for averages (at level of 1%) forming two overlapped groups of appraised: one first formed by the subjects S1, S2, S3 and S5 and a second formed by the subject S4. Within the first group, the averages are statistically the same.

The analysis of variance revealed that in relation to the criteria SI the differences between the appraised are significant ($F=3.31$; $P < 0.05$) and not significant between the appraisers ($F=2.84$; $P > 0.05$). With these results and after the application of the Tukey test, it was possible to form two overlapped groups, the first formed by the appraised S3, S5, S2 and S1 and the second by the appraised S5, S2, S1 and S4, as within these two groups the averages doesn't differ significantly between them.

As to the DD concept, the analysis of variance and the Tukey test allowed the formation of three groups: the first formed by S2, S1 and S5 which doesn't differ in relation to the received DD. The second, formed by S1, S5 and S3 also doesn't differ between

them and the third group formed by S4 which differs from all the other subjects and has the highest level of received concepts DD.

With these presented data it is possible to conclude that the relation between the appraised and appraisers is not occasional and the difference found is statistically significant. This indicates that the differences of valuation from appraised to appraised did not occur by chance and that a concentration of certain criteria depending of the subject happened for all the appraisers.

It was also our objective to verify if the variations of SC/SI/DD were due to what occurred between the subjects or between the appraisers. With the analysis of variance for the concepts SC, SI, and DD we could verify that the cause of significant variance occurred between the appraised and not between the appraisers, therefore the appraisers are not the cause of significance of the observed variations.

We had one last issue which was to analyze the existence or not of differences between the questions themselves, considering the obtained valuations SC/SI/DD for the group of data. It was our goal to observe if some answers had more similar-complete answers than others.

Considering that if a question obtains a high score of answers for one certain concept SC for example, it will necessarily have a low score for another concept and vice-versa, the Kruskal-Wallis test seemed the most indicated, as it is a non parametric model where the rank is sequentially attributed from the first to the last data of all the treatments reunited as if they were one single.

Due to the homogeneity test realized before we could reunite the data of the five appraisers in one same totality of data. So, each one of the questions had 25 answers (5 appraised x 5 appraisers). For each one of these questions we computed from tables the numbers of answers of type SC (similar-complete), SI (similar-incomplete) and DD (different). The Kruskal-Wallis test gave a result $H=231.51$ with 35 degrees of liberty, and 875 analyzed observations. This value is highly significant and $P=4.48 \text{ E-}07$. Or $P=0.000000448$.

When multiple comparisons are applied for the set of answers we can verify that the questions 26, 36, 10, 27, 13 and 34 divergent statistically from the others.

technique that analyses the conceptual apparatus, refers to the judgement of the investigator, about the capacity that a certain instrument measures what it purposed to.

To study an abstract concept, the object of study (in our case Occupational Performance) was analyzed based on the construct analysis, which is a theory based on a clinic-experimental model.

According to Vallerand (1989), to analyze a concept it is necessary to raise questions about the object of the study, about the conceptual coherence between the theory being used and its applicability in the instrument and in the definition of the terms used. Based on this methodology, we tried to formulate questions about the existence, and the basic theoretical concepts or the theory of the technique, ranging from the most general model (Human Occupation) to the most particular (Occupational Performance).

1. Can the "Human Occupation" be historically considered scientific in Occupational Therapy?

To answer this question, initially we searched for written material by the protocol's authors. Although they have discussed models and human occupation many times, Kielhofner, Mallinson and Mahathey (1989) consider that there exists little empirical evidence of the structure and content of these concepts in occupational therapy.

As for the term occupation, since the XVIII century, the term "work" was used in reference to occupational therapy, but only a few authors refer to the term "occupation".

Although the name of the profession is occupational therapy, since 1957, WFOT uses the term "activity" rather than occupation. And as for the qualification of the term occupation as a human activity we have not found in our study any reason or justification for using it. Based on this information we can consider that Human Occupation is not a traditional nor a consensual concept in Occupational Therapy.

2. The protocol states clearly what it wants to measure?

The Model of Human Occupation (Kielhofner, 1985) is based on Mary Reilly's (1970) writings. She considered man as a totality. For Kielhofner (1985) the social needs of occupation for human beings is contained within three areas characterized as: work, daily life tasks and play.

Occupational behavior is defined as the activities engaged by people during most of the time waking, this includes: play, rest and productive activities of: work and daily life. These activities are shaped by beliefs, preferences, experiences obtained throughout time in one's environment and personal values of conduct.

In the research protocol of "The Occupational Performance History Interview - OPHI" (Kielhofner, Henry, Walens, 1989) the object of study is the occupational

performance, in the past and in the future. This evaluation ranges from patients with physical incapacity to those with a psychosocial disorder. The protocol's "occupational performance", based on the Model of Human Occupation, is measured according to five categories: "a) Organization of daily living routines; b) Life roles; c) Interests, Values and Goals; d) Perceptions of Control and Ability; and e) Environmental Influences" (p.7-8). These categories are measured according to the criterion of adaptation in everyday occupational performance.

Comparing the categories in the Model of Human Occupation and those in the Occupational Performance, this last one has the same categories that the Occupation Conduct has, but it is subdivided in five indicators. In this way categorized concepts are established but they are not defined conceptually. For example, the Model of Human Occupation is considered a method; occupational conduct is considered an intervention object for occupational therapy; and the occupational performance is considered an indicator to measure the occupational conduct.

In Kielhofner, Mallinson and Mahaffey (1998) the occupation concept is updated according to Nelson (1997; in Kielhofner, 1993), in an article not yet published therefore kindly ceded, "... an occupation is defined as the relation between an occupational form and an occupational performance. Occupational performance refers to what is done. Occupational form refers to the object, or the method of doing something." p.12. In this case occupational performance is defined as doing something, still without any conceptual definition. Throughout current studies of the Model of Human Occupation, two other terms are discussed: "occupational function" and occupational adaptation", considered as different expressions for the same thing referred to above. Hence, in the Model of Human Occupation, we did not find conceptual definitions associated with these terms. We did find empirical categories established to define the content of these terms.

The third question is a consequence of the previous two questions.

3. What theoretical hypothesis sustains the existence of measurements or the OPHI instrument's form of measurement?

Apparently, the hypothesis is not theoretical but empirical based only on 3 or 5 of the referred fields, empirically observed throughout clinical experiences. For this reason a fourth question was proposed:

4. The indicators, 3 or 5 categorized fields, poses sufficient validity to respond to the presence, the severity or even diagnose the occupational condition of a subject?

First we observed that the categories proposed by OPHI are not sufficiently robust with respect to different cultures, i.e., cultural differences are not properly accounted for.

Our attention was drawn to the fact that apparently by simply using OPHI measurements is considered sufficient and universal to evaluate the adaptation of a subject to its environment.

Finally a last question remains:

5. Is it possible that using the study of a subject's occupational performance, the needs for an occupational therapy intervention will be detected?

For clinicians this is an issue of fundamental importance. Most of our physical or mental patients' first request usually involves the impossibility of doing something specific, or even the impossibility of doing anything.

Obviously severe disorders or disabilities immensely affects the ability to do professional, educational, social and leisure activities. Being a consequence not the cause of the problem. Therefore, despite the "occupational" (to use the term of the model under study) demand it does not seem to us that the solutions to be sought in occupational therapy should be based only on "occupational performance".

We believe that the authors could be biased and compartmentalize the targets of an intervention because they do not take into account affective/emotional factors and social factors (prejudice, marginality, social exclusion).

6. Discussion

Transcultural multicentric studies encourage the translation and adaptation of several instruments for evaluations in all the health professions. Moreover, there is not a worldwide tradition for the creation of these instruments in the occupational therapy profession. We believe that this explains partially the current utilization of the evaluation protocol proposed by Kielhofner and collaborators, and a large number of instruments were created by this group of collaborators, and the questionnaire (OPHI) proposed has been subjected to enough studies, it is appropriate to translate the evaluation in different cultures.

In this study, care was taken to guarantee a good quality translation. All the procedures used during the translation process described in this work (multiple translation, committee of specialists) demonstrated the need to evaluate the protocol's internal coherence. During the linguistic or literal translation and the cultural translation, in several occasions, it was needed to explain the meaning of a word rather than a simple substitution by a synonym without considering its use in the context and cultural significance.

The statistical analysis confirmed differences among the subjects' answers and not among the evaluators'. That is, considering the SC (similar/complete) and SI (similar/incomplete) criteria's similarities between the versions (English and Portuguese); and considering that only the DD (different) concept indicates a big discrepancy between answers, we can conclude that a quality translation was achieved and that the differences found in subject 4 are a result of lower level of proficiency in English.

Six questions were statistically discrepant with respect to the others, suggesting some specific problems in their formulation. Because of all the care taken in the translation process, it was possible to conclude that the problems these question have regarding clarity, meaning and comprehension stems from the original version.

In the reliability study, the statistical differences between the questions explicated the lack of conceptual formulation, based on an apparent lack of consistency in the composition of the protocol's items.

Once we established face validity, we expected to find or clearly discriminate theoretical or even technical concepts, with the intention of orientating occupational therapists not only to apply the protocol but to analyze the results. Our difficulties analyzing the contents began once OPHI was presented as eclectic and suitable for any therapist affiliated to multiple theories. According to Kielhofner (1989) and collaborators, the definition of the protocol's "structure" as "eclectic" is based on their definition for this concept. For these authors an eclectic therapist is one that "uses concepts without any single set of theoretical concepts serving as the primary structure for clinical reasoning" (p. 23).

Theoretically eclecticism can be considered a structured method, where the combination of diverse theses constitutes a superior, new and creative unity. Its empirical character requires choices and forms of conduct, promoting the best intervention possible without maintaining a rigid line of thinking. A clinical practice can and should be a response to a personal request. A practice must not be only a methodological or technical response, but its adaptation to the individual in need. For that reason, eclecticism, in clinical practice, can exist even for professionals that utilize only one theoretical structure.

Occupational therapy eclecticism can be the subject of a long and profound study, because our profession's treatment methods are influenced from medical, psychological, sociological, anthropological and educational concepts. This influence, nevertheless, that is considered a part of the occupational therapy culture, must not supplant theoretical-technical fundamentals specific to occupational therapy.

Benetton (1994, 1995) considers the object of study and research of occupational therapy, the occupational therapy itself. "Activities", (term always used in plural), are defined technically as the instrument of occupational therapy. Activities, is the third term of an relationship composed of the therapist and an individual who is there to do occupational therapy. The instrument "activities" is in this conceptual definition, definitively structured inside of the occupational therapy. He can be studied, researched and analyzed, since the other two terms of the relationship are considered. The methods and techniques used to analyze and research this concept should consider the triadic relation. So, otherwise as the OPHI authors, we understand that it is not the occupational behavior, or even the occupational performance, as a human condition, that is the instrument or object of occupational therapy study. The object of study in the condition of a intervention and care technique is occupational therapy itself.

Concepts sufficiently delimited and defined will permit that occupational therapy per se be considered historically a scientific object. Other ambiguities and imprecisions in this study caused the raising of other questions.

The OPHI scale was proposed originally to be utilized for patients with a wide range of problems (psychosocial, physical and geriatric). In Brazil the main focus of the occupational therapy intervention in the psychiatric field is centered with clients with severe mental illness, while the authors seem to utilize the instrument mainly on patients with depression, dependence, bipolar disorder, or anxiety disorders.

Despite epidemiological studies that discuss the direct application of the protocol to patients with psychosis, we decided to use the OPHI with PIDA clients even though they are considered severe cases. They are at the last stage of their rehabilitation process and it is hoped that the application of the protocol would make it possible to refer this population to other professionals.

7. Conclusion

Due to what was said about conceptual difficulties, inherent difficulties for the population of psychosocial patients and the cultural differences, it became difficult to establish criteria with which to adapt and apply the OPHI.

The complexity of the discussion of eclecticism and occupational fundamentals makes it impossible to accept as hegemonic the definition of the eclectic structure proposed by the authors for research or clinic application purposes.

In continuity to this study, Benetton orientates dissertations of mastership in related study for the instrument: "Self Assessment of Occupational Functioning" of Baron; Curtin (1990). Other two orientated of Benetton research American and Canadian instruments from authors of different models than the "Model of Human Occupation", with the purpose to evaluate if there exists any further possibility of an cultural validation for Brazil. Moreover, three researches are in process, to survey national indicators for evaluation of the clinical practice of occupational therapy trough the methodology of "focus group".

8. Bibliography

- Almeida, O.P.; Baxter, L.; Laranjeira, R. (1996) Psychiatric Manual. Ed. Guanabara. Rio de Janeiro. (In Portuguese)
- Benetton, M.J. (1994) Occupational Therapy as an instrument for mental health interventions. Doctors Degree Theses, Psychiatric and Medical Psychology Department, UNICAMP. (In Portuguese)
- Benetton, M.J. (1995) A Case Study Applying a Psychodynamic Approach to Occupational Therapy. Occupational Therapy International, v.2, p. 202-208, Whurr Publishers Ltd.
- Benetton, M.J. e Lancman S. (1998) Definition of Evaluation Instruments in Occupational Therapy, Research written report, FAPSP, (mimeo). (In Portuguese)
- Benetton, MJ e Lancman, S. (1998) Reliability Study and Validation of the "Occupational Performance History Interview", Occupational Therapy Journal, USP, V 9/3, p. 94-104. (In Portuguese)
- Brislin, R. W. (1970) "Back Translation for cross-cultural research". Journal of cross-cultural psychology 1: (3), 185-216.
- Brislin, R.W. (1986) "The wording and translation of research instruments". In: W. Lonner & J. Berry (Eds.), Field methods in cross-cultural research. (pp137-164). Bervely Hills, CA: Sage.
- Brislin, R.W. Lonner, W.J. & Thorndike, R.M. (1973) Cross-cultural research methods. New York: John Wiley & Sons.
- Bruscato, W.L. (1998) Translation, validation and reliability of evaluation inventory for relações objetais. Master Degree Theses. Federal University of Sao Paulo- Paulista School of Medicine. Sao Paulo. (In Portuguese)
- Cubie, S. abd Kaplan, K. (1982) "A case analysis method for the model of human occupation". American Journal of Occupational Therapy, 36, 645-656.

- Garyfallos, G.; Karastergion, A.; Adamoprouli A.; Moutzoukis, C.; Alagiouzidou, E.; Mala, D.; Garyfallos A. (1991) "Greek Version of the General Questionnaire Accuracy of Translation and Validity". *Acta Psychiatry Scand*, 84: 371-378.
- Hachey, R.; Jumoorly, J; Mercier, C. (1995) "Methodology for validating the translation of test measurements applied to occupational therapy". *Occupational Therapy International*, 2, 190-203.
- Kielhofner, G. (1983) *Health through Occupational: Theory and Practice in Occupational Therapy*. Philadelphia. Pa., F.A. David.
- Kielhofner, G. (1985) *The Model of Human Occupation*. Baltimore, Md., Williams and Wilkins.
- Kielhofner, G. and Henry, A.D. and Walens, D. (1989) *A User's Guide to the Occupational Performance History Interview*. The American Occupational Therapy Association. Inc.
- Lancman S.; Benetton, M.J. (1999) *Evaluation Instrument Definition for Occupational Therapy*, Research written report, Cnpq. (In Portuguese)
- Lane, S. (1980) *Manual for Post Graduation Course in Social Psychology*, PUCSP. (In Portuguese)
- Mallinson, T.; Mahaffey L.; Kielhofner, G. (1998) *The Occupational Performance History: Evidence for Three Underlying Constructs of Occupational Adaptation*. (printing-press).
- Mitchell, R. (1966) *The problems and possibilities of measuring social attitudes in African Social Surveys*. Communication presented at the 9 Yearly Conference of the Association for the Africans Studies, Bloomington, Indiana.
- Vallerand, R.J., (1989) "For a Trans-Cultural Validation Methodology of Questionnaires: Implications for the Research in French Language", *Canadian Psychology, Psychologie Canadienne*, 30:4- 662- 680.