THE RELEVANCE OF THE UFS MODEL – PERCEPTIONS OF STUDENTS AND PRACTITIONERS

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ORIENTATION TO SESSION

• The UFS model
• Overview of study
• Findings of study
Has anyone heard of the UFS model?

The model of the ontogenesis and dynamics of occupational function and dysfunction
(Pretorius, 1997;61)
The UFS Model of the Ontogenesis and Dynamics of Occupational Function and Dysfunction (Developed By Jeanne Pretorius) (Pretorius, 1997: 47)
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**The environment**
- Physical
- Geographical
- Cultural
- Socio-economic
- Social
- Genetic and biological
- Political

**The person and basic abilities**
- Sensory
- Motor
- Cognitive
- Conative
- Affective

**Occupations and occupational behaviour**
- Play
- Recreation
- Schooling
- Work
- Personal maintenance

**Personality**
- Temperament and traits
- Self-concept
- Identity, including sexual identity
- Personality balance
- Perceivable characteristics
- Response to change
- Locus of control
- Values and morality
- Need for achievement
- Intellect
- Sexuality
- Emotional maturity
- Inner peace and happiness
- Coping with solitude

**Life skills**
- Child rearing
- Value clarification
- Communications skills
- Assertiveness
- Management of conflict and criticism
- Time management
- Stress management
- Crisis management
- Lifestyle management
- Problem solving
- Decision making
- Engineering
- Study methods
- Management of strong emotions

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Life roles and life tasks
Mother to 3 children – currently not experiencing role fulfilment
Daughter (mother lives with them)
Role of provider – forced into role after death of husband. Unable to handle at present
Widow – no acceptance

Environment
Home: Low socio-economic area, poor access to basic services, 2 room house with 5 occupants
Receiving social grant for 3 children
Small pension payout from late husband

Person and basic abilities
Cognitive: Poor emotional insight
Affect: Depression (acute phase), feeling overwhelmed, lack of interest in daily tasks
Motivation: Poor drive, lack of internal motivation
Motor: Intact Sensory: Intact

Normal development
Adult female, 35 years old
Normal childhood
Widowed

Life skills
Poor stress management
Poor budgeting

Occupation and occupational behaviour
Work: Unemployed, no formal work training
School: Completed Gr. 12
Recreation: No constructive activities, lack of opportunity and knowledge
Personal maintenance: Poor grooming

Personality
Pre-morbid: Good-natured, carer, will do anything for her children
At present: Poor self-concept, inability to accept change, not taking responsibility
REASONS FOR STUDY

• UFS – curriculum
• Model has not been formally revised
• Applied in practice (Vermaak & Nel, 2016)

THE STUDY

• Qualitative
• Nominal group technique
  – 1 group of students
  – 2 groups of clinicians
  – 1 group of academic staff
• Inclusion criteria
  – Knowledge and/or experience
Participants reported that the UFS model is:

- Comprehensive
- Holistic
- Dynamic

- OT process
  - Assessment
  - Treatment
  - Discharge planning
  - Clinical reasoning
FINDINGS (cont.)

The UFS model is:

- Diverse w.r.t.
  - Specialist areas
  - Age groups
  - Cultures

- Easy to explain to and discuss with:
  - Client
  - Family, caregivers
  - Multi-professional team
FINDINGS (cont.)

The UFS model is:

- Proudly South African (developed in the global South)

  The environment
  - Physical
  - Geographical
  - Cultural
  - **Socio-economic**
    - Social
    - Genetic and biological
    - Political
**FINDINGS (cont.)**

- **Contradictory perceptions**

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- **Other concerns**
  - Lack of research
  - Missing components – spirituality, community based practice
CONCLUSION

REFERENCES


With special thanks and appreciation to Vivyan Alers

Thank You