

disorder dementia along with 25 raters found inter-rater reliability to be  $r=0.63$  for stage 1 and (0.46) for stage 2; however, excellent agreement was found for test reliability for both stages at  $r=0.94$  and  $0.90$ , respectively (Steultjens, Voigt-Radloff, Leonhart, & Graff, 2012).

## Advantages

The PRPP evaluation is distinct from other assessments in its use of a conceptual model that behaves more like a flow chart that, for the clinician, relies heavily on the visual presentation of the model where unique synergies takes place. The PRPP also measures both task and information processing performance over time as well as the context in which it occurs, affording the clinician a mechanism to measure intervention outcomes at both the level of body structure and function and at the level of activity and participation (Nott & Chapparo, 2012).

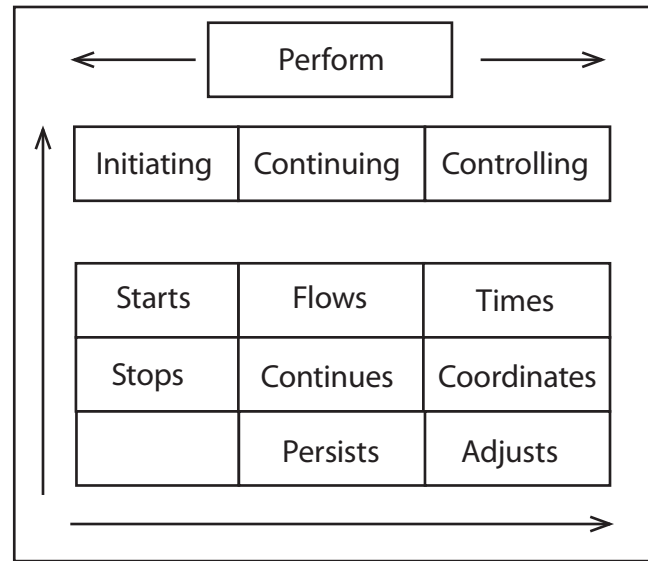
## Disadvantages

Several studies have noted only moderate ICC values for various properties of the assessment where values of 0.70 and higher are usually considered acceptable; however, other studies investigating inter-rater reliability suggest that ICC values of 0.80 or more should be obtained in order to recommend a tool for use in confounding situations or for specific interventions (Donohue, 2006; Slagle, Weinger, Dinh, Brumer, & Williams, 2002) Aubin et al. (2009) argue that these limitations should be taken into account for future studies and in clinical settings.

## Administration

During the assessment the clinician chooses an activity for the client to perform where their abilities are then rated relative to the four quadrants of the model where close attention is paid to the interplay between them as it is that relationship that determines a person's level of performance. A total of 34 behavioral descriptors of performance can then be used individually or cumulatively to identify client processing strengths or deficits within each of the four overlapping quadrants representing the PRPP and are featured on the outer rings of the conceptual model (Aubin et al., 2009). The 34 descriptors are typically those observable behaviors, such as maintains and monitors in the perceive quadrant; contextualizes to duration and recalls steps in the recall quadrant; and may be targeted as rehabilitation

goals or may contribute to the focus of intervention and refining the decision-making process at the clinical level (Fry & O'Brien, 2002; Aubin et al., 2009).



**Figure 55-2.** An example of the relationship of the 11 descriptors for perform quadrant. (Adapted from Aubin, G., Chapparo, C. I., Stip, E., & Rainville, C. (2009). Use of the Perceive, Recall, Plan, and Perform System of Task Analysis for persons with schizophrenia: A preliminary study. *Australian Occupational Therapy Journal*, 56, 191.)

## Permissions

The PRPP is free to use in clinical practice and can be downloaded from several sites as well as being wholly contained in several studies. Use in research or publication can be obtained by contacting its creators or where published. More information can be found in the following publications:

- Chapparo, C., & Ranka, J. (2005). *The PRPP System of Task Analysis: User's training manual*. Lidcombe, New South Wales, Australia: University of Sydney.
- Nott, M., & Chapparo, C. (2012) Exploring the validity of the Perceive, Recall, Plan and Perform System of Task Analysis: Cognitive strategy use in adults with brain injury. *British Journal of Occupational Therapy*, 75(6), 256-263.