

Occupational Therapy & Generic components within each Stage of the OT Process

Key: Occupational Therapy components, *Generic components*, Optional components*

The Occupational Therapist, using the client centred approach:

Referral acceptance & Information gathering

- 1 **C1. Decides** if the referral meets locally agreed referral criteria for the Occupational Therapy service and checks that the client has expressed occupational needs.
- 2 **C2. Decides** if the referral is appropriate for the service and communicates this to the referrer, client and colleagues in the wider team.
- 3 **C3b. Gathers** information from the client's case notes, carers, and members of teams (primary and/or secondary care) to include:
 - Need for engagement strategies that are inclusive and non-judgemental, in particular those whose past experiences may make them reluctant to have contact with services.
 - The client's preferences for venue, people present when meeting new staff and cultural/language specific.
 - Medical/psychiatric history.
 - Occupations and meaningful life roles
 - The client's current involvement with local services - consultants, care co-ordinators and other acute or community based staff.
 - Involvement with residential care staff or supported accommodation staff.
 - Other informal support networks and significant people (relatives, friends, neighbours).
 - History of risk and current risk assessment if available from team or colleagues (Mental Health Act 1983).
- 4 **C4. Observes** and converses with the client (if the therapist already knows the client) and through the conversation gathers subjective evidence to add to above information.

Initial and ongoing assessment

- 5 **C5. Initiates** contact – introduces self (via letter, phone or face to face contact) and explains purpose of the assessment.
- 6 **C6. Gains** verbal or written informed consent to begin intervention (client and/or carer).
- 7 **C7. Endeavours to build** rapport and trust with the client.
- 8 **C7a. Carries out** risk assessment.
- 9 **C8. Encourages** therapeutic engagement, e.g. making relevant links with people already trusted by the client and persisting with offering opportunities for contact.
- 10 **C10. Conducts** a functional/occupational performance assessment, i.e. assessment of the client's competency in performing their routine roles and occupations in daily life, including self-care, productivity and/or leisure.
- 11 **C11. Identifies** the following factors, which impact on the client's functional ability, occupational performance and health (using preferred model of practice)¹.
 - Physical, cognitive, intra-personal and interpersonal skill domains.
 - The client's abilities and strengths, developmental level, current needs and limitations.
 - The client's feelings, attitudes, volition, interests and goals, the client's perception of their personal history, past experiences, cultural practices, political and cultural heritage.
 - The client's occupational role history, habituation, housing status, education, current work and employment aspirations.
- 12 **C12. Analyses** the client's environments to provide information about the causes of problems, explanations for behaviour or ideas for therapeutic adaptations. This includes the following:
 - Objective observation and recording of who and what is there (content analysis).
 - Appraisal of the effects of the environment on the client and their perceptions, behaviours and participation in occupations and activities (demand analysis).
 - Identification of elements that need to be altered and the means by which this may be done (adaptive analysis).

- Tangible links being made between the client's occupational performance components (physical, mental, socio-cultural and spiritual), the environments in which they perform these tasks (physical, social, cultural) and how this impacts on ongoing purposeful activity and health outcomes.
- 13 C13. Selects**, carries out and records appropriate methods of Occupational Therapy assessment from the following:
- Interacting informally with the client.
 - Informal/formal interview with the client and carers.
 - Observing activity in the client's own living, working or social environments, or in the clinical setting.
 - Setting the client specific tasks and observing responses.
 - Standardised tests, e.g. AMPS, COPM, MOHO assessment tools.
 - Engaging the client in group activities and observing responses.
- 14 C14. Offers to share** with the client ownership of all assessment results and collaboratively decides whether the client would benefit from Occupational Therapy.
- 15 C16. Communicates** relevant results of the initial assessment to involved colleagues (with the client's consent), takes into account colleagues' findings.
- 16 C17. Respects** the client's right to refuse further Occupational Therapy assessment and to withhold consent for assessment results to be shared with others. Records and respects these decisions, unless current Mental Health Act legislation contraindicates withholding this information on risk assessment grounds.

Reason for intervention/needs identification

- 17 C19. Establishes** relationships with the client, carers and/or family to:
- Explore perceived barriers to occupational performance.
 - Establish desired and realistically achievable outcomes.
- 18 C20. Identifies** the client's barriers to competent performance of adequate:
- Occupational balance - balancing work, leisure and self care routines.
 - Occupational performance - developmental/social needs, social roles and environmental considerations.
 - Activity participation - variety of activities (both individual and group) and frequency of engagement.
 - Task performance, including the client's ability to accurately self assess skill levels and to adjust task demands to reflect this.
 - Skills and abilities in a wide range of social, intra-personal, domestic, work, leisure and self care areas.

Goal setting

- 19 C21. Endeavours to facilitate** the client and/or carer's active participation in negotiating goal/action plans.
- 20 C22. Collaboratively expresses** the goals of intervention/s in terms of desired outcomes concerning occupational performance changes. These may be recorded as any of the following:
- Occupational targets to be met.
 - Occupational aims to be achieved.
 - Problems with occupation to be resolved.
 - Occupational needs to be met.
 - Adaptations to be made.
 - Occupational or vocational plans to be completed.
 - Maximising or maintenance of skills, abilities or potential.
 - Coming to terms with deteriorating or restricted functioning.
- 21 C23. Specifies** the direction of change as any of the following:
- Improvement in functional performance.
 - Maintenance of function.
 - Adaptation to level of disability or discomfort.
 - Development/maturation of skills.
 - Recovery of function.
- 22 C25* Collaboratively identifies** with the clients when initial goals are unnecessary, unrealistic or cannot be entirely resolved.
- 23 C26. Collaboratively adjusts and prioritises** occupational goals according to any of the following:

- To suit the client's needs and capacities at this particular point in time
- Addressing the most basic or underlying problem.
- What issues the client perceives to be most important.
- Issues family or care staff see as overshadowing all other aspects of the client's occupational performance.
- Time and physical resources available to enable goal achievement.
- Addressing smaller goals on the way to achieving longer term goals (graded activity program).
- Deal with most readily achievable goals first to build client trust and confidence.

24 C27. Collaboratively decides what occupational goals to begin working on with the client. These initial goal/action plans may include:

- The client's tentative expression of what they want to happen.
- The therapists' synthesized perception of the client's abilities and needs.
- The therapist enabling the client to become more aware of his or her needs, to learn how to express these needs and wants and to make appropriate decisions.
- Strategies to facilitate ongoing engagement of the client with the intervention process.

25 C28. Records the goals that have been negotiated and agreed, including identification of the resources needed to carry out the intervention.

26 C29* Records goals that have not been collaboratively agreed to and outlines reasons for inability to address these goals, e.g. risk issues (Mental Health Act, 1983), professional knowledge or ethics constraints and lack of resources.

Action planning

27 C31. Endeavours to facilitate the client and/or carer's active participation in goal/action planning and encourages the client to select or agree the way in which the intervention is to be delivered.

28 C32. Collaboratively devises a goal/action plan that is as follows:

- An intervention programme that is highly individualised and occupationally focused in response to all the information gathered and assessments completed.
- Outlines the approach to be utilised to achieve the goals, environments, resources needed (as feasible), adaptations possible and the timelines available for completion/review of goals (activities, environmental adaptation, employed carers etc.).
- Includes interventions that may meet more than one goal or develop more than a single set of skills for the client.

29 C33. Discusses the goal/action plan with the treatment team as necessary and in accordance with client confidentiality.

30 C34. Collaboratively selects activities (individual and/or group) that have the therapeutic potential

- To enable the client to achieve goals and complete action plans. Goals may include changes in the client's skills, awareness and environmental response (see goal setting).
- To be graded, adapted, sequenced or synthesized to meet changes in client's occupational competency and performance needs over time.
- To lead to the client accessing information about, and engagement with, mainstream community resources.

31 C36. Conducts an activity analysis, i.e. break down of an activity into its basic parts prior to grading and adapting activities to suit the client's occupational performance needs and skill development.

32 C39* Plans environmental adaptations, where possible, with an understanding of the dynamics of the setting (time pressures, changing circumstances, flexibility required) and how environments for intervention/s are perceived culturally.

33 C40* Provides assistive equipment and environmental modifications as required to facilitate functional skill development and graded occupational performance success for the client.

34 C42. Records the action plan stating the wishes of the client and/or carer, as well as the therapist's aims, plans and actions.

35 C43. Records any risks in decisions made and actions taken and the justification for each risk.

36 C44. Works collaboratively with the client (and if appropriate the carer) in order to negotiate and share the control of the intervention process.

Action

37 C45. Works collaboratively with members of the treatment team in order to complete client centred interventions and achieve goals.

38 C46. Engages the client, where feasible, in planned activities (group or individual) that have been analysed, selected, adapted, graded or sequenced to achieve therapeutic goals concerning functional change.

39 C47. Encourages the client to initiate as many required task actions as possible, with actions by others only when necessary.

- 40 **C48a* Carries out** activities together with the client, if necessary, to achieve client's expressed occupational and/or functional goals.
- 41 **C48b* Facilitates groups** of various types (recreational, activity based, educational, developmental) in various group structures (closed, open, formal, informal) and appropriate to the client's expressed needs.
- 42 **C49* Engages** the client in planning activities that the client will carry out, independent of the therapist's and/or others support, as part of a graded action plan.
- 43 **C50* Discusses** with the client how her or his thinking, feeling and behavioural responses may be influenced by their engagement in a selected occupational or functional activity (individual and/or group).
- 44 **C51* Reviews** with the client how thinking, feeling and behavioural responses to activity engagement influence future motivation to participate in that occupational/functional activity.
- 45 **C52* Facilitates** competency in problem solving skills related to occupation.
- 46 **C53* Assists** the client to develop strategies to manage psychotic symptoms during activities within her or his usual environments; and/or utilize activity as a strategy to alleviate or prevent symptoms.
- 47 **C54* Collaboratively modifies or adapts** the environment to incrementally increase or reduce the social, emotional, cognitive, perceptual or physical demands placed on the client. This can include working with the client's family.
- 48 **C55* Grades** and sequences activities to increase incrementally the skill demands placed on the client so that she/he continues to develop skill competency whilst overcoming previous occupational performance barriers.
- 49 **C56* Adapts** activities (individual and/or group) by changing the demands of an activity for a specific therapeutic purpose. Changes may be made to:
- Tools, position of equipment, materials.
 - Speed of performance, repetition, specific movements, strength and resistance.
 - Sequence of tasks, simplicity or complexity, degree of choice.
 - Instructions, context, location, number of participants.
 - Time provided to complete given activities.
- 50 **C59* Teaches** the client specific skills by demonstration and explanation, as required.
- 51 **C60. Provides** the client with feedback on their occupational or functional performance, validating and rewarding achievements and reviewing the client's realistic self-appraisal abilities.
- 52 **C61* Delegates** components of action plan delivery to other people (support workers, assistants, carers). Ensures that direct teaching and supervision is provided to others, so that their efforts are focused on achieving client's chosen occupational goals or graded activity program objectives.
- 53 **C62. Uses** self as a therapeutic tool as necessary, role modelling behaviours and occupations.
- 54 **C62a. Maintains a therapeutic relationship** to establish trust and build therapeutic alliance, through non-judgemental listening, trustworthy and consistent behaviour, confidentiality, respect, sharing information and holding boundaries.
- 55 **C63. Explores** with the client what the activity means to her/him. The therapist needs to be aware that they may ascribe different values and meanings to given activities that the client performs, based on cultural perceptions/biases.
- 56 **C64* Refers** client to, or consults with, other service providers when additional knowledge, expertise or input regarding the client is required (includes home support workers).
- 57 **C64a. Responds to crises and risks**, acting to maintain safety and involving services as needed.
- 58 **C65. Respects** the client's right to refuse treatment.
- 59 **C66. Records** the process and results of the intervention, using the notes to ensure that the action plan is moving towards its goals.
- 60 **C67. Records** risks involved in respecting the client's choices and the justification for decisions made.

Evaluation and revision of action

- 61 **C68. Evaluates** the client's progress towards previously agreed goals to make sure what is done is effective. This is done via:
- Observing changes in occupational performance, at intervals, in comparison with baseline performance.
 - Asking the client if she/he feels progress has occurred.
 - Measuring goal attainment.
 - Specific assessments using standardised measures.

- Assessing the impact of the physical and social environments in which the client lives and works.
- Evaluating her/his own involvement with the client.

62 **C69. Modifies** or changes interventions in collaboration with the client in response to the evaluation of assessment findings.

63 **C70. Adapts** Occupational Therapy programmes being carried out by other people as necessary.

64 **C71. Records** assessment results, outcomes, further action required and unmet needs of the client.

65 **C72. Gives** timely feedback to the treatment team where possible, regarding the interventions provided to date.

Outcome measurement

66 **C73. Collaboratively agrees** with the client realistic, desired outcomes, expressed as goals or indicators of desired changes. Outcomes should relate closely to the client's social, psychological, emotional and cultural needs and expected occupational performance targets.

67 **C75. Collaboratively** with the client, measures change over time by:

- Establishing a baseline from which to measure change, e.g. occupational performance changes, skill development.
- Implementing Occupational Therapy for an agreed time period and repeating assessments at intervals throughout intervention period.
- Comparing assessment results before and after intervention.

68 **C76. Collaboratively reviews** with the client the goals and if appropriate, revises desired functional or occupational outcomes.

69 **C77. Records** the achievement of outcomes, inability to achieve outcomes and rationale for both.

End of intervention or discharge

70 **C78. Collaboratively plans** discharge from Occupational Therapy services with the client and liaises with the team or other services regarding the client's future community needs.

71 **C79. Assesses**, prior to discharge from Occupational Therapy, the client's current level of daily and community living skills, leisure or work and attends to strategies for maintaining or improving those skills for the client. This may include liaison with colleagues, family members, vocational support services or transfer of care to another Occupational Therapist in another sector of health and social care services.

72 **C80. Clarifies** the reason for discharge from Occupational Therapy, i.e. for someone in their own home environment, recognises that the client has achieved her/his goals and is able to maintain her/himself within their home, workplace and/or wider community environments.

- Maintenance of client's community living may be achieved via other agencies' support.
- Recognition of a client's inability or lack of appropriate service resources available to achieve desired goals may also be necessary.

73 **C81. Via discussions** tries to reach an agreement with the team, the client and carer on the optimal time for discharge.

74 **C82. Writes** a short report on discharge for client's notes (or detailed report if required).

Service Review

75 **C84. Reviews** and evaluates the Occupational Therapy service to safeguard good standards of practice and future service development initiatives.

76 **C85. Carries out** self-appraisal and reflection.

77 **C86. Undertakes** supervision and peer review.

78 **C87. Elicits** client feedback via discussion, evaluation forms or a consumer questionnaire.

79 **C88. Participates** as required in clinical audits (in line with national and organisational standards for delivery of care).

OT approach and models.

The intervention of Occupational Therapy is delivered using the client centred Occupational Therapy approach.

This is based on client centred practice with a focus on how clients can perform their chosen occupations within physical and social environments (see the definition below from Sumsion 2000). Once client centred practice has been established, the OT may select a particular model in order to deliver interventions that suit the individual client. The OT is not limited to only one model of practice and this allows for flexibility in addressing clients' needs.

"Client centred Occupational Therapy is a partnership between the client and the therapist that empowers the client to engage in functional performance and fulfil his or her occupational roles in a variety of environments. The client participates actively in negotiating goals which are given priority and are at the centre of assessment, intervention and evaluation. Throughout the process the therapist listens to and respects the client's values, adapts the interventions to meet the client's needs and enables the client to make informed decisions" (Sumsion 2000 p 308).

Sumsion T. (2000) A Revised Occupational Therapy Definition of Client-Centred Practice: British Journal of Occupational Therapy, 63(7): 304-309

Length of intervention

The intervention is delivered for up to 12 months with a minimum period of 3 months. This has been suggested from an analysis of case records and the estimates given by the expert panel of Occupational Therapists.

Notes

The intervention schedule was developed in the following stages:

1. Mel Birrell and Sarah Cook (OT researchers) wrote statements on what an Occupational Therapist does, using text from 'Occupational Therapy defined as a complex intervention' by Jennifer Creek (2003), published by the College of Occupational Therapists, London.
2. An expert panel of twenty Occupational Therapists was consulted using the Delphi type of consensus research methods. They rated each component and commented on the wording. It was then decided which components were specific to Occupational Therapy and which were generic to mental health work.
3. The section on 'action' was discussed with Occupational Therapists attending a seminar during the annual conference of the Association of Occupational Therapists and Mental Health. Consensus was gained using a modified form of the Nominal Group Technique.
4. Three senior Occupational Therapists and their clinical supervisor were recruited to pilot the schedule in a randomised controlled trial for a period of 18 months.
5. The researchers consulted the Occupational Therapists to select which components were obligatory for all clients and which were optional depending on the client's needs and environment.
6. The pilot schedule was modified following the trial period, an audit of the clients' notes and feedback from the therapists on the schedule's feasibility.

During this process some of the original components were rejected or subsumed into other components.

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Intervention schedule, occupational therapy for people with psychotic conditions in community settings.

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