USING THE DECISION-MAKING PROCESS FOR A PERSON

Let’s use an example to consider how this decision-making process is implemented in occupational therapy practice. Mrs. Talbot recently had a stroke, affecting the left side of her body. She was in the hospital for 10 days and is now returning home. While she is able to move around her house using a cane and can dress and feed herself, she and her family are concerned about her ability to look after herself on a day-to-day basis.

I. Identification of Occupational Performance Issues by the Person

The occupational therapist uses the Canadian Occupational Performance Measure (COPM) (Law et al., 1998) to enable Mrs. Talbot to identify the occupational performance issues most important to her as she returned home. Through this assessment, she identifies making meals, housework, taking the bus to the grocery store, grocery shopping, and working in her garden as the five most important issues to her. Doing the COPM with Mrs. Talbot took about 40 minutes. By the end of that time, both the therapist and Mrs. Talbot knew what the focus of occupational therapy intervention will be.

II. Identification of Occupational Performance Issues for This Person by Another Individual or Group

The occupational therapist, with Mrs. Talbot’s permission, contacts her son and daughter-in-law after the first visit in order to ask them about their concerns for their mother. In this instance, the concerns of the son are very similar to those of Mrs. Talbot.

III. Further Assessment of Specific Occupational Performance Areas

Mrs. Talbot wants to focus on household activities initially. The therapist uses the Performance Assessment of Self-Care Skills (PASS) (Rogers, Holm, Goldstein, McCue & Nussbaum., 1994) to assess her performance in the activities of meal preparation, finances, use of the telephone, shopping, and housekeeping. The results of this assessment indicate that performance is decreased in the area of meal preparation and shopping.

IV. Assessment of Environmental Conditions and Performance Components

Mrs. Talbot indicates that making meals is the first task she wants to focus on in occupational therapy intervention. Using the Kitchen Task Assessment (KTA) (Baum & Edwards, 1993), the occupational therapist assesses Mrs. Talbot’s cognitive abilities to plan and carry out a cooking task. Through observation during this assessment, the therapist is also able to identify any limitations in performance caused by movement difficulties. The results of this assessment indicate that Mrs. Talbot can plan and organize a cooking task without difficulty. She does, however, have problems in carrying out tasks requiring the use of both hands together. It is also difficult for her to move around the kitchen to obtain cooking utensils. Using this information, the therapist and Mrs. Talbot develop an intervention plan that includes making changes to the organization of her kitchen and the use of some adaptive strategies for two-handed activities.

V. Selection of Outcome Measures

As we have seen in Stages II, III, and IV of this example, the occupational therapist chooses specific assessment tools to use with Mrs. Talbot. The decision to use the specific assessments is based on the therapist’s theoretical model of practice and her knowledge of the psychometric properties of different assessments. This occupational therapist uses a client-centered approach to occupational therapy assessment and intervention. The use of the COPM fits with this perspective as it enables a client to identify the occupational performance issues that are most important to him or her at a particular time. The therapist, through reading the COPM manual, knows that the COPM has good to excellent test-retest reliability and excellent validity in detecting change over time.

This therapist uses a person-environment-occupation approach to practice that focuses on the assessment of client-identified tasks within his or her own environment. Both PASS and KTA assessments enabled the therapist and Mrs. Talbot to determine the reasons for difficulties in performance. For example, in meal preparation, the primary difficulties relate to the environmental layout of her kitchen and performance of two-handed activities.

VI. Carry Out the Assessment

In this example, performing the assessments in a contextually appropriate location is easy since Mrs. Talbot is seen in her home. Prior to using the assessments cited in this example, the occupational therapist has ensured that she received appropriate training in assessment administration. In the case of the COPM, she worked with a colleague and used the COPM training video to learn how to do the measure. For the other assessments, she and her colleagues had practiced together before using them with a client.