Occupational Therapists' experiences of using the Creative Participation Assessment in UK forensic settings: findings of an MSc study

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Introduction

Why?

Very little empirical data exists exploring use of VdTMoCA:CPA let alone O.Ts experiences of its use in forensic mental health settings. This is compounded by a lack of research investigating O.Ts experiences and practices of using assessment tools within the field or across mental health settings. Duncan et al (2003) found forensic O.T assessment practices to be a priority for research with O.Ts reporting the population as complex and tools lacking applicability.

With VdTMoCA widely used in forensic settings, it is essential that VdTMoCA:CPA use is explored to uncover O.Ts perspectives regarding it's contribution to assessment, treatment planning, clinical reasoning, outcome measurement and also the O.T role.

Research question:

'What are Occupational Therapists' experiences of utilising the VdTMoCA:CPA in forensic mental health settings in the U.K?'

With accuracy of assessments being vital to treatment planning, this study aimed to understand and explore experiences of O.Ts utilising the VdTMoCA:CPA within medium & low secure forensic mental health services in the U.K

Objectives:
- To seek perceptions of practical issues
- To explore strategies used to implement VdTMoCA:CPA in practice
- To explore how the forensic environment affects its use
- To seek O.T's perspectives on the benefits and challenges of using VdTMoCA:CPA
- To uncover knowledge to support its application in U.K forensic settings
- To contribute to the evidence-base of VdTMoCA and VdTMoCA:CPA

Methodology

This qualitative descriptive study is underpinned by the interpretivist/ constructivist paradigm and approach, to seek in-depth experiences of a specific phenomenon.
Purposive sampling enabled the recruitment of O.Ts using the VdTMoCA:CPA in forensic U.K settings.
Semi-structured web-based call interviews were used to collect data. GoToMeeting was used to conduct and audio-record interviews.
Interview schedule included open questions based on research question and themes from literature review (DiCicco-Bloom and Crabtree 2006), to yield rich and detailed data (Tod 2010).

Age (years):	25-34	35-44	45-54
	5	2	1

Years qualified as an O.T (years):	1-5	5-10	15+
	4	2	2

	<1	1-5	5-10
Length of employment in service (years):	2	4	2
Time using VdTMoCA (years):	4	2	2

	Low	Low & Medium	Medium
Level of workplace security:	2	4	2

Participants worked with male and female patients with diagnoses of mental illness, personality disorder, learning disabilities and head injuries; many of which had dual diagnosis including substance misuse. The sample typically worked with adults, aside from one participant who worked in forensic Child and Adolescent Mental Health Services (CAMHS).

Analysis

Researcher was immersed in data by transcribing interviews (James 2013, Braun & Clarke 2006)
Audio-recordings, interview notes and transcripts were cross-referenced for accuracy (Easton et al 2000)
Thematic analysis selected as appropriate for use with qualitative descriptive studies (Brikci and Green 2007), aligns with constructivist paradigm (Joffe 2012, Braun & Clarke 2006). It's considered well-placed in answering research questions focused on clarifying intellectualisations regarding a phenomenon made by a particular group of individuals (Joffe 2012)
Preliminary ideas of codes were developed (Clarke & Braun 2013)
Researcher triangulation conducted with a separate researcher to generate codes, draw a comparison and evoke discussion, leading to refinement of codes and themes (Clarke and Braun 2013). This strengthened the data analysis and offered objectivity (Polit & Beck 2014).
To aid construction and refinement of themes, thematic networks were used to highlight connections and relationships between themes, and ensure themes and sub-themes comprehensively portrayed the data (Clarke & Braun 2013, Attride-Stirling 2011).
A second researcher conducted peer scrutiny of the thematic networks and raw data extracts, listed under themes and sub-themes, to ensure themes were correctly elicited from the data. This minimised researcher bias (Cresswell 2007, as cited in Turner 2010).

Results

1. Developing an understanding of the patient

Information Gathering
- Effective for consolidating various types of information regarding patients
- Versatile, unique, easy and quick to use

Timing of VdTMoCA:CPA use
- Fits forensic practice and timescales well
- Typically completed within first 2 weeks of admission
- Used to measure effectiveness of specific treatment groups
- VdTMoCA:CPA useful for assessing performance within single task assessment or across multiple observation assessments

2. Assessing the patient

Forensic Patient Group
- Complex personalities & dynamics, institutionalised, lengthy admissions
- Portrayal of selves as 'capable'
- Low and variable levels of motivation

Features of forensic environment
- Highly structured routines
- Level of containment and consistent influence
- Environmental restrictions and personalised risk assessment

Importance of unfamiliar tasks
- Unfamiliar tasks ensure accurate picture of patients' abilities
- Require imagination and awareness of familiarity and complexity of tasks

3. Importance of seeing the patient engaged in activity

Identification of abilities and treatment needs
- Enables a granular assessment, leading to occupation-focused intervention
- Accurate, sensitive and robust tool for use with forensic patients
- Useful for analysing skills and deficits to identify which have greatest impact on performance

Enabling Clinical Reasoning
- VdTMoCA:CPA use crucial to O.Ts VdTMoCA-based clinical reasoning
- Helps O.T's to justify skills they assess and aim to develop with patient
- Aided O.T's prioritisation of interventions esp. with those with personality disorder

4. Making sense of the VdTMoCA:CPA outcomes

Treatment Planning
- VdTMoCA:CPA enables patients to be supported in environments and situations they struggle with
- Identifies which patients require 1:1 support, support in groups, or able to integrate into groups
- Useful in predicting readiness for freedoms

Clear definition and delivery of O.T role
- VdTMoCA:CPA deemed to have strong occupational focus and thus promote role
- Enables careful grading of occupations, meaning even high risk patients able to engage
- Encouraged consistent service delivery
- O.Ts felt more proficient in explaining rationale for interventions and measuring effectiveness

5. Communication

Communication between O.Ts
- Structured, consistent VdTMoCA assessments = organised, boundaried, O.T treatment with effective communication
- Visually communicates patients' strengths and needs

Communication with the MDT
- Enables O.Ts to communicate patients' abilities or deficits underpinning problematic behaviours
- Ensures realistic expectations to prevent setbacks

Communication with the patient
- VdTMoCA 'complicated' – goals/skills of levels easy to explain
- May show patients' progress but they may feel 'low' in levels
- APOM complimentary to VdTMoCA:CPA

6. Learning VdTMoCA & VdTMoCA:CPA within the current healthcare climate

Developing familiarity with the tool
- VdTMoCA understanding vital and ring-fenced time essential
- Regular tool use beneficial
- Insurmountable value placed on VdTMoCA, VdTMoCA:CPA & APOM Vs. MoHO and it's tools

Terminology of the VdTMoCA:CPA
- VdTMoCA terminology – Concepts need clearer definition
- Disparities between VdTMoCA:CPA, and handling principles & treatment aims booklet meaning VdTMoCA:CPA difficult/effortful to use

Structure of the VdTMoCA:CPA
- Difficult to distinguish phases plus lack of space for contextualisation
- Small amendments may render it user-friendly

Pressures impacting on use of the model
- VdTMoCA not taught nationally - High staff turnover affects implementation
- Slow journey to embed - networking essential

Discussion

Theme 1: VdTMoCA:CPA was found to be applicable to forensic O.T practice, enabling various forms of information to be considered. It was judged as effective despite patients' poor motivation, cognition, motivation or cooperation.
VdTMoCAF (UK) (2016) clarify it as 'a tool for recording and analysing assessment findings', with patients who cannot comply with strict assessment conditions (Casteleijn and de Vos 2007).
O.Ts typically use non-standardised assessments, primarily observations of occupational performance, mostly just within initial assessment phase (Rouleau et al 2015, Smith and Mairs 2014, Wikeby et al 2006).
VdTMoCA:CPA makes observational assessments more robust and standardised, meaning it is used regularly to measure change in performance, therefore contributing towards evidence-based practice (Unsworth 2011).

Theme 2: O.Ts have time to complete repeated assessments and interventions as admissions lengthy (Martin 2003), yet forensic populations and environments are complex.
VdTMoCA:CPA was deemed effective at uncovering actual abilities of personality-disordered patients with unfamiliar tasks proving key.
Unfamiliar tasks were viewed as crucial yet problematic, with O.Ts struggling to identify permissible, unusual, meaningful unfamiliar tasks. However Craik et al (2009) highlight forensic patients as craving novel activities.
VdTMoCA:CPA highlights how patients' strengths can be considered vulnerabilities within forensic environments, with rules and restrictions leading to occupational deprivation (Craik et al 2009, Stewart and Craik 2007, Martin 2003, Whiteford 2000).

Theme 3: Observing patients engaging in activity prior to VdTMoCA:CPA completion is essential.
VdTMoCA:CPA deemed robust and sensitive for detecting even slightest change. This qualitatively validates previous studies examining reliability and reliability of VdTMoCA:CPA (Casteleijn 2014, Samsonraj et al 2012, Casteleijn and Smit 2002).
VdTMoCA:CPA valued for enabling analysis of patients' occupational performance to ascertain which skills and deficits had the greatest impact, and required intervention (VdTMOCAF (UK) 2016).
VdTMoCA:CPA led to refined clinical reasoning with O.Ts feeling more able to justify interventions and their priorities, and judge patients readiness for extra freedoms (Casteleijn and de Vos 2007).

Theme 4: VdTMoCA handling principles and treatment aims greatly appreciated as unique benefit of model, which provide clinical utility across diagnostic groups, rendering occupational engagement achievable (Turnbull et al 2002, Jansen and Casteleijn 2009).
APOM deemed a complementary tool, with multiple VdTMoCA:CPAs useful as evidence towards APOM completion.
VdTMoCA:CPA's strong focus on occupation enables O.Ts to clearly define and deliver O.T role to service. Therefore corroborating with other studies examining assessment use (Wook Lee et al 2012, Forsyth et al 2011, Bonsaksen et al 2011, Wikeby et al 2006).

Theme 5: VdTMoCA:CPA felt to improve communication between O.T, MDT and patients, along with consistency of care across OT provision.
VdTMoCA:CPA and APOM aid O.T's demonstration of service effectiveness with changes in patients' occupational performance more readily recognised by others.
O.Ts reported being cautious when showing patients their VdTMoCA:CPA due to fear of demoralising them if they seem 'low' in levels; this is supported by other studies (Bonsaksen et al 2011).
Lack of space for contextual information was deemed a criticism of VdTMoCA:CPA. VdTMoCAF (UK) (2016) acknowledge this.
O.Ts felt VdTMoCA:CPA highlighted strengths and weaknesses which seemed to be underpinning particular behaviours on wards, leading to a more sympathetic and less critical approach from others.

Theme 6: Understanding of VdTMoCA consolidated through regular task assessments and routine use of VdTMoCA:CPA, with this initially being time consuming but reducing as expertise develops (Forsyth et al 2011).
Conflicting opinions about terminology uncovered; easily understood versus complicated and subjective with few concepts clearly defined and researched (Casteleijn and de Vos 2007, de Witt 2003).
Few universities teach VdTMoCA meaning services' use of model is compromised by staffing shortages and high turnovers, indicating need for universities to address this (Alotaibi et al 2009).
VdTMoCA implementation challenged by O.Ts preference for MoHO and ill-perceived view of VdTMoCA lacking an evidence base. This highlights the need to ensure all VdTMoCA-based studies are published.
Pro-VdTMoCA leaders hold pivotal role by safeguarding time, implementing key standards, ensuring regular use of VdTMoCA, VdTMoCA:CPA and APOM, and use of VdTMoCA informed CPA report structures.
Importantly VdTMoCA, VdTMoCA:CPA and APOM were reportedly used regularly due to their sensitivity and clinical applicability to forensic care.

Limitations
- Participants not recruited from researcher's workplace due to concerns of influence – no high secure O.Ts involved
- Findings preliminary - first exploratory study of VdTMoCA:CPA use in forensic settings. Sample of 8.
- Responder bias – O.Ts keen on model involved in study

Acknowledgments

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