

# AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

## **Occupational Therapy Service Outcome Measures for Certified Community Behavioral Health Centers (CCBHCs): Framework for occupational therapy service with rationale for outcome measures selection and listing of occupational therapy outcome measure tools.**

Sponsored by AOTA's Mental Health Special Interest Section (MHSIS)

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## Introduction

The Protecting Access to Medicare Act of 2014 (PAMA) established a demonstration program, funded through Medicaid, to improve community behavioral health services. Under PAMA, behavioral health clinics that participate in the program and meet the specific criteria required, are designated Certified Community Behavioral Health Clinics (CCBHCs). CCBHCs are required to provide coordinated, integrated, quality care that is person-centered and recovery-oriented, and that integrates physical and behavioral health care (Substance Abuse Mental Health Services Administration [SAMHSA], 2015). SAMHSA included “licensed occupational therapists” among the professions that states might require as part of CCBHC staff, in order to best meet the service and quality requirements of the demonstration program (SAMHSA, 2015, 1.b.2)

Occupational therapy practitioners can contribute significantly to the recovery process and the achievement of positive outcomes for individuals’ lives—the real purpose of the CCBHC demonstration program. Licensed occupational therapy practitioners are trained to understand mental health diagnoses, and their role within the interdisciplinary team is to assess specific functional challenges resulting from behavioral health disorders. Practitioners’ focus on helping individuals “do” what they need and want to do each day complements the work of clinical social workers, mental health counselors, psychologists, and marriage and family therapists.

Occupational therapy practitioners are distinctly trained to bridge the boundaries between physical and behavioral health, and they are especially well positioned to ensure that multidisciplinary teams within CCBHCs identify and address commonly overlooked barriers to individual wellness and recovery within new models of integrated health and behavioral health care. These barriers include cognitive impairments (affecting speech, memory, language, and day-to-day decision making); sensory needs (targeting sensory response patterns needed for everyday life activities); and difficulties with activities of daily living (affecting core issues such as medication adherence, wellness self-management, health promotion, and chronic disease management); and social interactions (impacting successful engagement with peers, family, and healthcare providers). Each of these performance areas impacts recovery pursuits for engaging in housing, employment, and education occupations for the purpose of enhancing community participation.

CCBHCs are required to provide comprehensive diagnostic and treatment planning evaluation(s) for all CCBHC consumers. As part of the evaluation team,

occupational therapists bring a unique perspective to ensure that the evaluation and resulting treatment plans provide a successful path to recovery. Factors to be considered in these evaluations to which occupational therapists can contribute include:

- “(2) a psychosocial evaluation including housing, vocational, and educational status, family/caregiver and social support
- (5) basic competency cognitive impairment screening
- (8) the consumer’s strengths, goals, and other factors to be considered in recovery planning, and
- (10) assessment of the need for other services required by the statute (i.e., peer and family/caregiver support services, targeted case management, psychiatric rehabilitation services)” (SAMHSA, 2015, 4.d.5).

Assessments used must be standardized and validated screening and assessment tools in addition to brief motivational interviewing techniques (SAMHSA, 2015, 4.d.7).

Because of the ability of occupational therapists to identify factors that may make achieving recovery goals more difficult, their greatest value may be to serve on the treatment planning teams. All CCBHCs must provide person-centered treatment planning based on consumer assessments that address the needs, strengths, abilities, preferences, and goals of the consumer. Such assessments must address all required services within the CCBHC mandate, which includes a provision for monitoring progress toward goals (SAMHSA, 2015, 4.e.1, 4.e.3, 4.e.4, 4.e.5). Ultimately, CCBHCs must report on clinical outcomes and demonstrate that consumers are provided with high quality services (SAMHSA, 2015). Occupational therapists have access to multiple outcome measures that can contribute to the initial assessment, inform treatment planning, and measure progress towards achieving goals.

## Conceptual Framework for CCBHC Resource Guide Addressing OT Outcome Measures

The goal of occupational therapy practitioners is to enable clients to engage in meaningful and purposeful activity that will empower them to achieve health, wellness, and participation in their daily lives. As stated in the *Occupational Therapy Practice Framework: Domain and Process, 3<sup>rd</sup> ed.* (American Occupational Therapy Association [AOTA], 2014), occupational

therapists are skilled in evaluating all the occupations within the domain of occupational therapy: activities of daily living (ADLs), instrumental ADLs (IADLs), rest and sleep, education, work, play, leisure, and social participation. Through the evaluation of individuals' occupational profiles, occupational therapists are able to create goals, treatments and interventions, and outcomes that are person-centered and that facilitate health and wellness. Brown (2012) stated that the recovery perspective as defined by SAMHSA is consistent with occupational therapy's client-centered, occupation-based approaches in supporting individuals in maximizing their potential and community participation. SAMHSA has defined the recovery model as, "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (SAMHSA, 2012, p. 3). As an occupational therapist contributing to SAMHSA's efforts, Swarbrick (2006) defined wellness as a "conscious, deliberate process that requires a person to become aware of and make choices for a more satisfying life and of adapting patterns of behavior that lead to improved health in the wellness dimensions" (p. 311). Wellness is seen as persons deliberately becoming aware of their desires and making choices to achieve more satisfying lifestyles (Swarbrick, 2012). Thus, Swarbrick has provided a wellness approach that can be used to guide occupational therapists' evaluation, process, and intervention when striving to enhance participation of those with a serious mental illness. Wellness is holistic and multi-dimensional, requiring individuals' acceptance, reflection, and identification of how to achieve it. Swarbrick developed eight dimensions of wellness with which occupational therapists are able to develop client-centered, occupation-focused, and effective plans of care that will allow individuals with serious mental illness to create wellness and health in their lives. SAMHSA has adapted Swarbrick's dimensions of wellness to provide guidance to those with mental health challenges:

**EMOTIONAL**—Coping effectively with life and creating satisfying relationships • Be aware of and listen to your feelings. • Express your feelings to people you trust.

**FINANCIAL**—Satisfaction with current and future financial situations • Be thoughtful and creative about your budgeting and spending. • As needed, meet with financial professionals who provide free or low-cost services for guidance.

**SOCIAL**—Developing a sense of connection, belonging, a well-developed support system • Make at least one social connection per day by calling, e-

mailing, or visiting someone. • Get active in a support group.

**SPIRITUAL**—Expanding our sense of purpose and meaning in life • Make time for practices that enhance your sense of connection to self, nature, and others. • Take time to discover what values, principles, and beliefs are most important to you.

**OCCUPATIONAL**—Personal satisfaction and enrichment derived through one's work • Work toward a career in a field you are passionate about or a volunteer activity that has meaning for you. • Communicate with your supervisor regularly and get support when needed.

**PHYSICAL**—Recognizing the need for physical activity, diet, sleep, and nutrition • Take the stairs instead of the elevator; replace driving with walking or bicycling when possible. • Get enough sleep—your body needs it to rejuvenate and stay well!

**INTELLECTUAL**—Recognizing creative abilities and finding ways to expand knowledge and skills • Research a topic that interests you, and share what you learned with others. • Find creative outlets that stimulate your mind and sense of curiosity.

**ENVIRONMENTAL**—Good health by occupying pleasant, stimulating environments that support well-being • Appreciate nature and the beauty that surrounds you. • Seek out music and other experiences that have a calming effect on your well-being.

(SAMHSA, 2016 as adapted from Swarbrick, 2006)

Because wellness is a conscious decision of individuals to choose a lifestyle of health and to adapt routines and roles to support this choice, wellness generates internal motivation and active participation in treatment (Swarbrick, 2006). With the assistance of occupational therapy practitioners, individuals can then learn strategies to manage difficulties that may arise and work to develop routines that will enable them to live healthy and meaningful lives. "Management of any illness involves choosing and committing to a daily routine of medication, exercise, adequate nutrition, sleep and wake cycles, and rest" (Swarbrick, 2006, p. 312). Given their detailed understanding of health and wellness, occupational therapy practitioners can enable individuals to fulfill meaningful and purposeful life roles only if the individuals focus on health and wellness in their everyday lives and become active participants in their recovery process (Brown, 2012; Krupa, 2014). This empowerment enables individuals with serious mental illnesses to have a sense of ownership in managing their

health and feel confident in achieving a balanced life. In a person-centered approach, individuals identified goals, preferences, interests, and strengths are the basis for all intervention plans. Thus, having a positive attitude rather than focusing on problems and issues can initiate internal motivation, enabling individuals to move forward in their lives (Swarbrick, 2006).

Using the wellness approach to evaluate and treat individuals with serious mental health diagnoses allows occupational therapists to be true to their roots of client-centered, occupation-based care (Krupa, 2014, Swarbrick, 1997). It allows an all-encompassing approach that addresses all eight domains of occupational therapy practice in a comprehensive and holistic manner (AOTA, 2014). The wellness approach uses language that engages clients in their health management and promotes independence in living a balanced life.

## Outcome Measures

A key feature needed within occupational therapy services for the CCBHCs is the ability to determine clients' comprehensive functioning and the level of support needed for community living upon the initial assessment. As members of the treatment teams, occupational therapy practitioners offer distinct expertise on functional performance for community-based living. This is unique value offered by occupational therapy that complements the service provisions of other professions within the treatment teams. It is important to have a starting baseline of performance and be able to measure performance changes with the same assessment tool. The Performance Assessment of Self-Care Skills (PASS) has been identified as a tool that provides this type of initial assessment and reassessment of performance for community living (Chisholm, Toto, Raina, Holm, & Rogers, 2014). The PASS is recommended specifically because of its broad scope for assessing functional performance impacting community living and its capacity for reassessing functional performance change. Following the administration of a broad initial assessment tool, occupational therapists can then determine needs for specialized or in-depth assessments required to assist clients in performing their daily activities. Following the description of the PASS below, additional assessment resources are provided.

## Performance Assessment of Self-Care Skills

### Initial assessment and reassessment to identify occupational therapy service outcomes

The use of the PASS allows occupational therapists to assess an individual through a holistic lens and track change over time (Grimm et al., 2009). The PASS encompasses many daily living areas, thereby allowing for a wide view of a person's life over a long span of time. The benefit of using the PASS is that it assesses occupational performance of all physiological body systems, including psychological functions, cognitive processes, and physical body systems, such as hearing and vision (Rogers, Holm, Goldstein, McCue, & Nussbaum, 1994). The results of the PASS help the client's health care teams to identify the need for support and to develop specific intervention strategies to optimize the person's ability to participate in everyday life. This enables occupational therapists to influence individual outcomes focusing on wellness and engagement in daily activities.

The PASS has been used with multiple diagnoses, including neuropsychological disorders of dementia, depression, and schizophrenia, as well as physical disorders of arthritis and cerebral vascular accidents, to determine functional ability and change over time in an individual's performance of daily activities (Grimm et al., 2009). The tool has many benefits for clinical use including no cost to practitioners, occupational therapy-specific tasks, easy to acquire materials, and availability in six languages.

The PASS assesses change in functional status through observation of tasks, which are completed in a standardized manner to ensure reliability for test-retest of occupational therapy service outcomes (Chisholm et al., 2014). The PASS provides specific information to the occupational therapist regarding the person's ability to complete everyday tasks within the community. This tool evaluates the individual's independence, safety, and adequacy among 26 core tasks, including functional mobility, personal self-care, instrumental activities of daily living with cognitive emphasis, and instrumental activities of daily living with physical emphasis.

The PASS allows for task breakdown regarding the level of adequacy, independence, and safety and is scored from zero (dependent) to three (independent) (Chisholm et al., 2014). The PASS measures task performance of these three components for both the process of completion and the quality of the final product. The ratings of each task are criterion-referenced to typical performance, so each task can be assessed individually or in groups of tasks relevant to the specific individual's needs. During the assessment process, the occupational therapist can provide varying levels of

assistance and cues so the client can complete the task. The tool identifies the hierarchy of prompts to be given to allow for understanding the type of prompt and support to which the person responds (Chisholm et al., 2014). This enables the occupational therapist to understand the degree of support needed, as opposed to viewing performance as an “all or nothing” rating of community participation. The more assistance provided the lower the individual’s score (Chisholm et al., 2014). Because individuals must demonstrate performance within the PASS, the occupational therapist is not relying on the person’s self-report of their own abilities. Often clients are not able to verbally respond to questions of how they complete tasks, yet they are able to perform tasks partially or completely (C. Januszewski, personal communication, June 14, 2016).

There are two versions of the PASS, the PASS-Clinic and the PASS-Home. Rogers et al. (1994) noted that “performance levels on functional assessments done in the hospital may or may not be comparable to those found in independent living settings after hospitalization” (p. 914). Thus, the two versions of the PASS offer transferability of information to highlight areas of deficit in both settings. In addition, the multiple versions reduce the amount of variability that may come with different types of assessments done in the clinic and at home. Rogers et al. (1994) noted that the PASS has mid-90% interrater reliability.

In conclusion, the PASS can provide occupational therapists with task-specific insight, allowing them to tailor intervention for adequate goal discussion and planning. As a result, individuals may be equipped with the skills, tools, and support they need to integrate successfully back into the community.

### Performance Assessment of Self Care Skills (PASS)

Rogers, J. C., & Holm, M., B. (1989a). *Performance Assessment of Self Care Skills (PASS Home)*. Unpublished test, University of Pittsburgh, PA.

Rogers, J. C., & Holm, M., B. (1989b). *Performance Assessment of Self Care Skills (PASS Clinic)*. Unpublished test, University of Pittsburgh, PA.

**Overview:** An observation-based assessment about daily living skill performance consisting of 26 tasks: 5 functional mobility tasks, 3 personal self-care ADLs, and 18 IADLs (14 cognitive and 4 physical). Each task is scored by level of assistance needed to complete, adequacy of completion of task, and safety. Select items or the entirety of the assessment may be administered to the client because each task is criterion referenced.

**Uses:** The PASS is used to establish a baseline functional status, provide focus of treatment, measure changes, and help identify the amount of assistance for successful performance when planning discharge.

**Cost:** Available for use at no cost upon request from authors.

**Where to purchase:** Email [mbholm@pitt.edu](mailto:mbholm@pitt.edu). Include postal address, which version of PASS you are requesting (clinic or home), and how you intend to use the assessment.

### In-Depth Assessments for Further Data Collection

After occupational therapists have completed a global assessment of an individual’s occupational performance for functioning in the community, there may be a need for follow-up specialized or in-depth assessments, either during the initial evaluation or later during the intervention process. The following assessment tools have been organized based on the *Occupational Therapy Practice Framework: Domain and Process, 3<sup>rd</sup> ed.* (AOTA, 2014) to align with the evaluation process, which begins with creating an occupational profile through interviews and other informal methods and continues with an analysis of performance (Asher & Jaffe, 2014). Additional categories of assessments for the analysis of performance are based on the occupational therapy domains: occupations, performance skills, performance patterns, client factors, and contexts and environments. Some of the suggested assessment tools are standardized with criteria for determining occupational performance and provide the option of reassessment to measure occupational therapy outcomes. Other assessments provide data through nonstandardized or subjective methods that do not allow for test-retest measures. These tools provide critical data to understand the interests and desires of the individual, in order to facilitate client-centered services.

These suggested assessments are not intended to be a comprehensive listing but rather a representative sample of tools in various categories. There are many more occupational therapy assessment tools available to therapists. Occupational therapists are encouraged to investigate all available assessment tools to determine which ones meet the needs of their clients during the intervention planning process. The prime source for the assessment descriptions is *Asher’s Occupational Therapy Assessment Tools: An Annotated Index* (Asher, 2014). When other sources are used to describe assessment tools, the reference for the information is given.

## ASSESSMENTS TO GENERATE THE OCCUPATIONAL PROFILE

In CCBHCs, occupational therapists will gain an understanding of clients' occupational history and experiences, interests, values, patterns of daily living, and needs, which may affect participation and independence in their communities. These assessments collect data in a client-centered, subjective manner in order for information to guide and provide meaningful interventions to increase clients' engagement, independence, and participation in their communities (AOTA, 2014). The following assessment tools are suggested for gathering occupational profile data.

### Canadian Occupational Performance Measure (COPM), 5<sup>th</sup> edition

Law, M., Baptiste, S., Carswell, A., McColl, M. A., Polatajko, H., & Pollock, N. (2014). *Canadian Occupational Performance Measure* (5th ed.). Ottawa, ON: Canadian Association of Occupational Therapy.

**Overview:** A semi-structured interview and rating scale that identifies change in clients' self-perception and satisfaction of their occupational performance (self-care, productivity, and leisure) over time. The occupational therapist and the client work in collaboration to design the intervention, based on results of the assessment. The data yielded from the COPM reflects the subjective view of the person's occupational performance challenges, which can be measured for change through retest. This tool does not provide for objective outcome measures. The subjective views of clients are important for client-centered interventions.

**Uses:** The COPM is used to guide treatment, detect change over time, and assist with discharge planning.

**Cost:** \$49 (AOTA member price); \$69.50 (nonmember price)

**Where to purchase:** <http://www.aota.org>

### Occupational Circumstances Assessment Interview Rating Scale (OCAIRS), Version 4

Forsyth, K., Deshpande, S., Kielhofner, G., Henriksson, C., Haglund, L., Olson, L., ...Kulkarni, S. (2005) *Occupational Circumstances Assessment Interview Rating Scale (OCAIRS), version 4*. Chicago: Model of Human Occupation Clearinghouse.

**Overview:** A semi-structured interview and rating scale based on the Model of Human Occupation to understand the extent and nature of a client's occupational adaptation, including data on clients' past and current experiences, interests and values, goals, and readiness for change. This assessment provides guided intervention questions with criterion-based ratings and includes a mental health version and a forensic mental health version.

**Uses:** The OCAIRS is used to guide treatment, assist with discharge planning and community adjustment of individuals.

**Cost:** \$40

**Where to purchase:**

<http://www.cade.uic.edu/moho/resources/findTheAssessment/home.aspx>

### Occupational Performance History Interview II (OPHI-II), Version 2.1

Kielhofner, G., Mallison, T., Crawford, C., Nowa, M., Rigby, M., Henry, A., & Walens, D. (2005). *Occupational Performance History Interview II (OPHI-II), version 2.1*. Chicago: Model of Human Occupation Clearinghouse.

**Overview:** Based on the Model of Human Occupation, this assessment includes a semi-structured interview, rating scale, and life history narrative to develop an occupational profile. The semi-structured interview addresses occupation roles, daily routines, occupational behavioral settings, activity/occupational choice, and critical life events. The rating scale addresses occupational identity, occupational competence, and impact of clients' occupational behavioral settings on their environment, using a 4-point rating. The results identify clients' strengths and weaknesses and life history to guide intervention.

**Uses:** The OPHI-II is used to identify strengths, weaknesses, and life history of clients to guide treatment.

**Cost:** \$40

**Where to purchase:**

<http://www.cade.uic.edu/moho/resources/findTheAssessment/home.aspx>

## ASSESSMENTS OF OCCUPATIONAL PERFORMANCE

Occupational therapists can evaluate and observe clients' performance of daily living skills to identify problem areas and potential safety risks that may hinder clients' ability to live to as independently as possible in their community. At CCBHCs, occupational therapists can provide targeted intervention to increase occupational performance and independent living skills (AOTA, 2014).

### ADLS/IADLS:

#### **Kohlman Evaluation of Living Skills (KELS), 4th Edition**

Thomson, L. K., & Robnett, R. (2016). *Kohlman Evaluation of Living Skills* (4th. ed.). Bethesda, MD: American Occupational Therapy Association.

**Overview:** An evaluation of a client's ability to perform essential living skills through observation, interview questions, and completion of tasks in five categories: self-care; safety and health; money management; transportation and telephone; and work and leisure. Each task is scored as "independent" or "needs assistance." This assessment was recently updated to reflect numerous changes in living tasks since publication of the third edition.

**Uses:** The KELS is used as an initial assessment and assists in recommending appropriate living situations to maximize independence.

**Cost:** \$99 (AOTA member price); \$140 (nonmember price)

**Where to purchase:** <http://www.aota.org>

#### **Test of Grocery Shopping Skills (TOGSS)**

Brown, C., Rempfer, M., & Hamera, E. (2009). *The Test of Grocery Shopping Skills (TOGSS)*. Bethesda, MD: American Occupational Therapy Association.

**Overview:** This assessment addresses clients' performance and executive functioning through a community living task of grocery shopping. Clients perform specific grocery shopping tasks in a natural context. It provides a client pre-evaluation estimation of grocery shopping skills and a self-evaluation questionnaire of anxiety level prior to the grocery shopping experience. The assessment has specific instructions for completion of the task, with a rating form for each item within the task. Alternative grocery lists are available for pre- and post-testing of interventions.

**Uses:** The TOGSS is used as an initial assessment of performance and efficiency and an outcome measure for effectiveness of interventions.

**Cost:** \$69 (AOTA member price); \$98 (nonmember price)

**Where to purchase:** <http://www.aota.org>

### Work

#### **Worker Role Interview (WRI), version 10.0**

Braveman, B., Robson, M., Velozo, C., Kielhofner, G., Fisher, G., Forsyth, K., & Kerschbaum, J. (2005). *Worker Role Interview (WRI), version 10.0*. Chicago: Model of Human Occupation Clearinghouse.

**Overview:** This assessment addresses psychosocial and environmental elements that impact clients' ability to enter into the worker role or return to work. This tool provides three formats to address: (1) the initial entry into work, (2) extended illness with limited work experience or extended gaps in work experience, and (3) the presence of any work-related concerns (when used with OCAIRS). A rating form with suggested questions on 16 items is scored with specific rating criteria.

**Uses:** The WRI is used to determine if clients desire and are ready for work participation.

**Cost:** \$40

**Where to purchase:** <http://www.cade.uic.edu/moho/resources/findTheAssessment/home.aspx>

### Leisure:

#### **Modified Interest Checklist**

Kielhofner, G., & Neville, A. (1983). *Modified Interest Checklist*. Chicago: Model of Human Occupation Clearinghouse.

**Reference for information on this tool:** Brown, C., & Stoffel, V. C., 2011.

**Overview:** This is a self-report assessment, containing 68 activities for which clients rate their past, current, and future level of their interest. The therapist and client then discuss the responses to determine the strength of the client's interest and engagement in these 68 activities. The focus of this tool addresses leisure interests that influence activity choices. The checklist can be used by adolescents or adults.

**Uses:** The Modified Interest Checklist is especially useful for appreciating the impact of disability on participating in pleasure activities or attraction to pleasure activities, which can be used in treatment planning.

**Cost:** Available free for download

**Where to purchase:**

<http://www.cade.uic.edu/moho/resources/findTheAssessment/home.aspx>

## ASSESSMENTS OF PERFORMANCE SKILLS

At CCBHCs, occupational therapists can understand and identify components of client performance that affect functional outcomes. With this information, occupation-based interventions can be designed to focus on performance skills to increase clients' functional outcomes and independent living skills (AOTA, 2014).

### Sensory

#### Adolescent/Adult Sensory Profile

Brown, C., & Dunn, W. (2002). *Adolescent/Adult Sensory Profile*. San Antonio, TX: NCS Pearson.

**Overview:** This assessment may be completed by therapist observation or self-report questionnaires, using a rating scale to measure sensory processing patterns facilitating or inhibiting everyday functioning. The adolescent/adult version requires clients to identify their own behavioral responses to sensory experiences. Data identify clients' responses across four sensory systems to indicate which ones may be limiting daily performance.

**Uses:** The data from the *Adolescent/Adult Sensory Profile* enables clients to view their sensory response patterns and determine strategies for effective functioning in daily life.

**Cost:** \$143.95; includes the User's Manual and 25 Self-Questionnaire/Summary Reports

**Where to purchase:**

<http://www.pearsonclinical.com>

### Cognition

#### Executive Function Performance Test

Baum, C. M. (2008). *Executive Function Performance Test (EFPT)*. St. Louis, MO: Washington University.

**Overview:** This is a performance-based assessment that evaluates executive cognitive skill functioning

through occupational tasks and determines the level of assistance needed to complete four independent living tasks. The executive functioning skills evaluated include initiation of task, organization, sequencing, safety and judgment, and completion. Self-awareness is measured by asking clients to estimate their ability to complete tasks prior to actually doing them.

**Uses:** The data from the Executive Function Performance Test are used to help family members and caregivers understand the amount and type of cognitive assistance clients need for daily tasks.

**Cost:** Available to download for free. Users are asked to email Carolyn Baum after each download at [baumc@wustl.edu](mailto:baumc@wustl.edu)

**Where to purchase:**

<https://www.ot.wustl.edu/about/resources/executive-function-performance-test-efpt-308>

### **Dynamic Lowenstein Occupational Therapy Cognitive Assessment (DLOTCA)**

Katz, N., Livni, L., Erez, A. B-H., & Averbuch, S. (2011). *Dynamic Lowenstein Occupational Therapy Cognitive Assessment (DLOTCA)*. Pequannock, NJ: Maddak.

**Overview:** This assessment is a battery of tasks with rating scales to evaluate cognitive functioning. Tasks consist of 7 cognitive areas with 28 subtests contained within the battery kit. Raw scores for each test are combined to yield a score in each cognitive area.

**Uses:** The DLOTCA yields data on client performance on tasks to generate estimates of potential to learn, ability to follow cues, and awareness of limited functioning. Data on client strengths and weaknesses are also generated.

**Cost:** \$321.05

**Where to purchase:** <http://www.maddak.com>

### Social Interaction Skills

#### Assessment of Communication and Interaction Skills (ACIS)

Forsyth, K., Salamy, M., Simon, S., & Kielhofner, G. (1998). *Assessment of Communication and Interaction Skills, Version 4.0 (ACIS)*. Chicago: Model of Human Occupation Clearinghouse.

**Overview:** This assessment is designed to gather data using a structured observation rating scale of

clients' communication and interaction skills in tasks or activities in group settings in four social situations. It profiles clients' social skills—both their competencies and deficiencies.

**Uses:** The results from the ACIS are used to help develop interventions to increase independence in community living.

**Cost:** \$40

**Where to purchase:**

<http://www.cade.uic.edu/moho/resources/findTheAssessment/home.aspx>

## ASSESSMENTS OF PERFORMANCE PATTERNS

### Role Checklist (RC)

Oakley, F. M. (2006). *The Role Checklist (RC)*. Chicago: Model of Human Occupation Clearinghouse.

**Overview:** This assessment contains a questionnaire and rating form that can be self-administered and is available in multiple foreign languages. It elicits data on clients' perceptions of their own roles in the past, present, and future. Clients rate 10 identified roles for interest and engagement, along with any others that are stated.

**Uses:** The RC enables clients to identify significant roles and motivation to perform tasks for these roles as well as the changes in perception regarding identified roles.

**Cost:** Available free to download

**Where to purchase:**

<http://www.cade.uic.edu/moho/resources/findTheAssessment/home.aspx>

## ASSESSMENT OF CLIENT FACTORS

### Volitional Questionnaire

De Las Heras, C. G., Geist, R., Kielhofner, G., & Li, Y. (2007) *The Volitional Questionnaire (VQ) Version 4*. Chicago: Model of Human Occupation Clearinghouse.

**Overview:** This assessment is based on observing a client engaged in activity in a natural setting or during an occupational therapy treatment session. The data from the observation are structured by indicating whether the client is passive, hesitant, involved, or spontaneous over 14 observational items of behavior when engaging in an occupation. The assessment can be given over a variety of settings and occupational tasks to understand a client's inner motivation and volition in relation to context and environment.

**Uses:** The data from the Volitional Questionnaire is used to guide treatment by understanding a client's motivation and volition.

**Cost:** \$40

**Where to purchase:**

<http://www.cade.uic.edu/moho/resources/findTheAssessment/home.aspx>

## ASSESSMENT OF CONTEXT AND ENVIRONMENT

### Work Environment Impact Scale

Moore-Corner, R. A., Kielhofner, G., & Olson, L. (1998). *Work Environment Impact Scale (WEIS) Version 2.0*. Chicago: Model of Human Occupation Clearinghouse.

**Overview:** This assessment contains a semi-structured interview with a rating scale. A web-based version is available, as are translations for multiple foreign languages. This tool examines and rates 17 factors of the work environment that facilitate or inhibit work performance, satisfaction, and well-being.

**Uses:** The Work Environment Impact Scale yields both qualitative and quantitative data to make accommodations in the workplace.

**Cost:** \$40

**Where to purchase:**

<http://www.cade.uic.edu/moho/resources/findTheAssessment/home.aspx>

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