



Occupation-centred Occupational Therapy

27th ENOTHE Annual Meeting 2023 - Oviedo, Spain

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Research Group for Occupational Science, User Perspectives and Community-based
Interventions, Department of Public Health

Eva Ejlersen Wæhrens

Main topics within research and teaching:

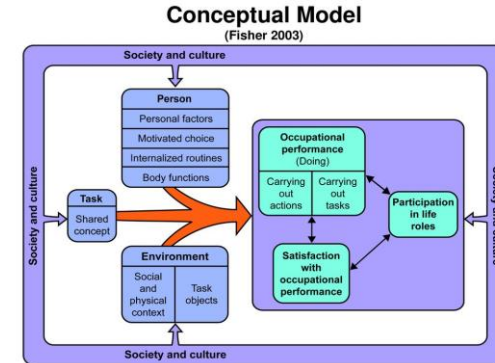
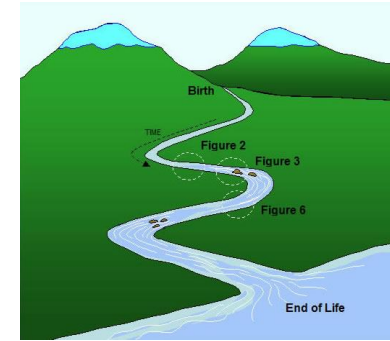
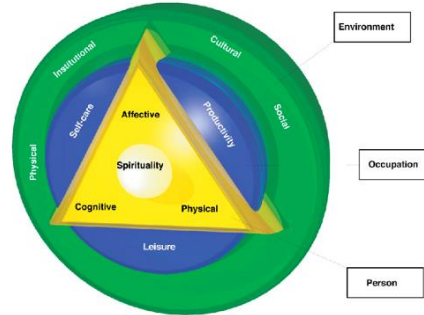
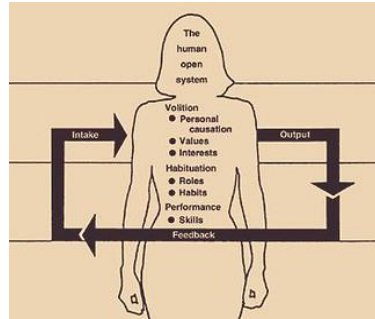
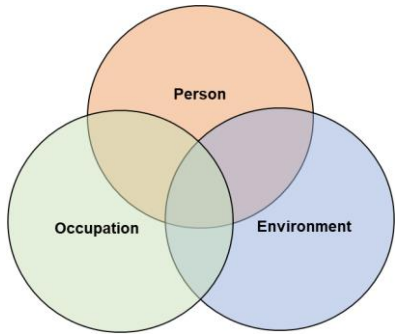
Occupation-centred Occupational Therapy

- Development and validation of Assessment Tools (psychometrics)
- Development, evaluation and implementation of occupational therapy interventions

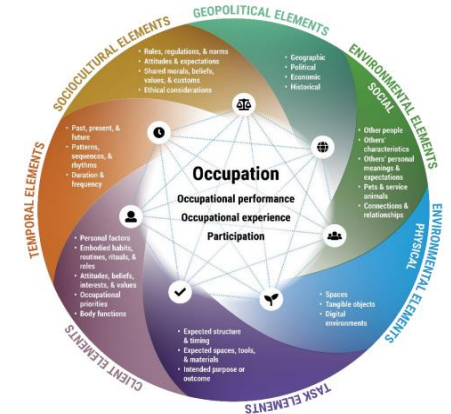
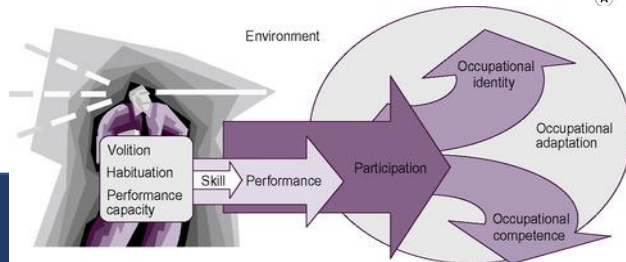
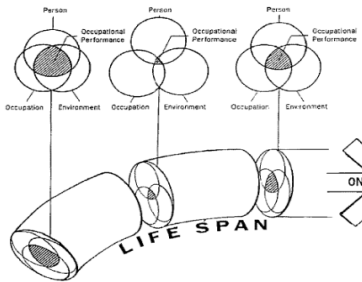
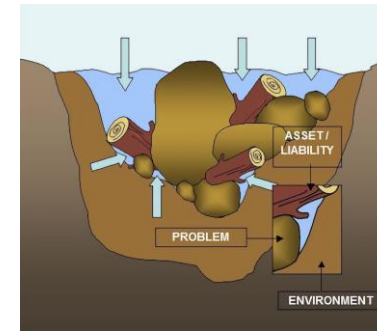
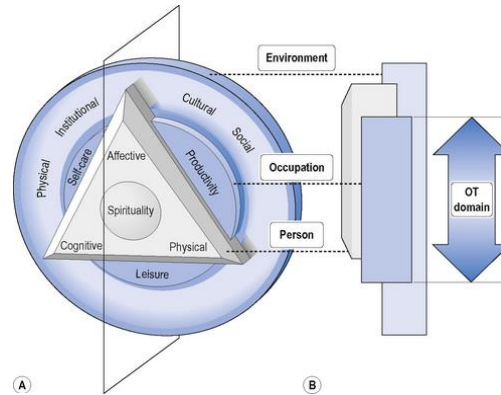
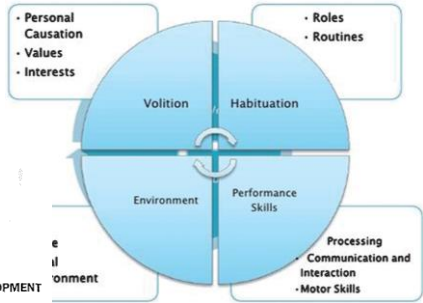
- Occupational Therapist 1987
- Clinician 1987-2007
- PhD studies 2007-2010
- Post doc 2010-2012
- Associate professor 2012-2021
- Professor (60%) at the Parker Institute
- Professor (40%) at University of Southern Denmark



Since the 1980'ies



Model of Human Occupation



Occupation

to be involved and engaged in meaningful and purposeful doing, as experienced by the person doing.



ORIGINAL ARTICLE

Occupation-centred, occupation-based, occupation-focused: Same, same or different?

ANNE G. FISHER

Division of Occupational Therapy, Department of Community Medicine and Rehabilitation, Umeå University, Umeå, Sweden and Affiliate Professor, Department of Occupational Therapy, College of Applied Human Sciences, Colorado State University, Fort Collins, Colorado, USA

Abstract

Background: Since the beginning of the occupational therapy profession, engagement in occupation has been valued as the primary therapeutic agent as well as the goal of intervention. While there are few today who would not support this idea, occupational therapists continue to struggle with implementing their beliefs through “what we do” and “how we do it”. Contributing to this problem is their failure to use terminology in a manner that clearly defines what and how occupational therapists do what they do in occupational therapy research, education, and practice. *Methods:* The author will, therefore, first discuss some key occupational therapy terms and propose that they represent an occupation-related taxonomy that can be used to more clearly define and describe for occupational therapists and others what they do and how they do what they do as occupational therapists. Then, with a goal of fostering critical self-reflection among occupational scientists and occupational therapy researchers, educators, and practitioners, the author will go through the stages of the occupational therapy process outlined in the Occupational Therapy Intervention Process Model (OTIPM) and demonstrate how a more precise use of this occupation-related taxonomy can facilitate maximizing the power of occupation in practice.

Key words: *evaluation, intervention, occupational science, occupational therapy, occupational therapy theory, professional reasoning*

Occupation-centred Occupational Therapy

Occupation-centred:
Reasoning based on professional paradigme

Occupation-focused:
Occupation as the **proximal focus** of the therapist throughout the process

Occupation-based:
Occupation as both **means and end**



Paradigms

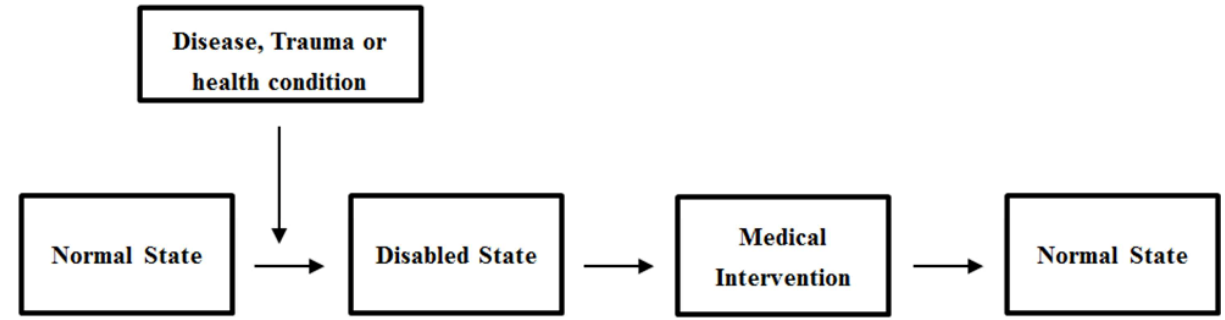
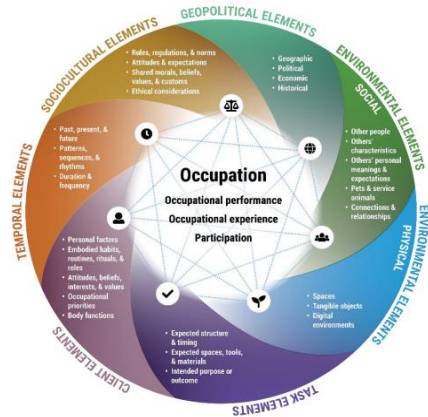
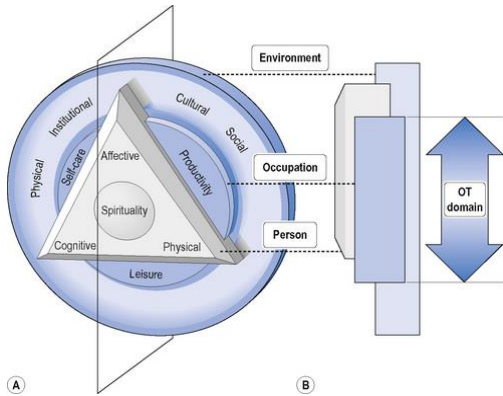
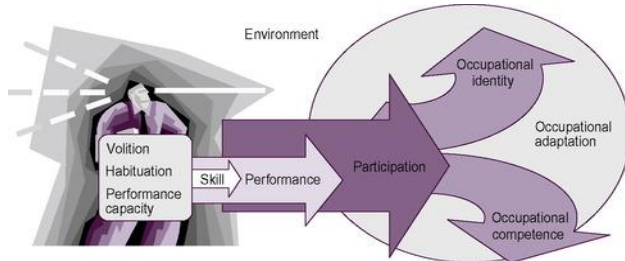
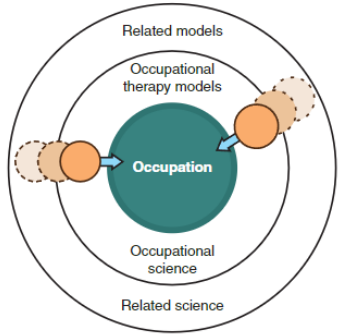
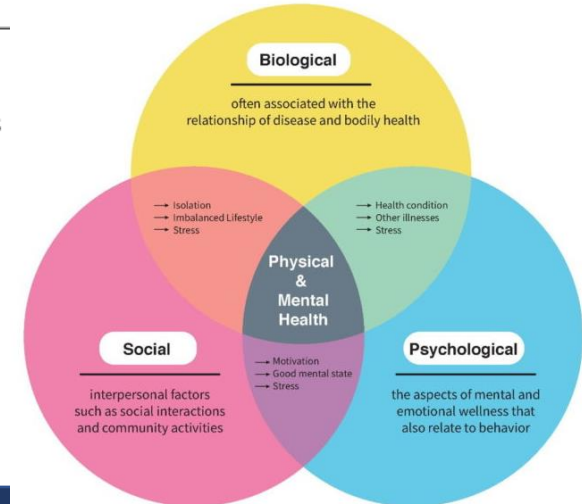
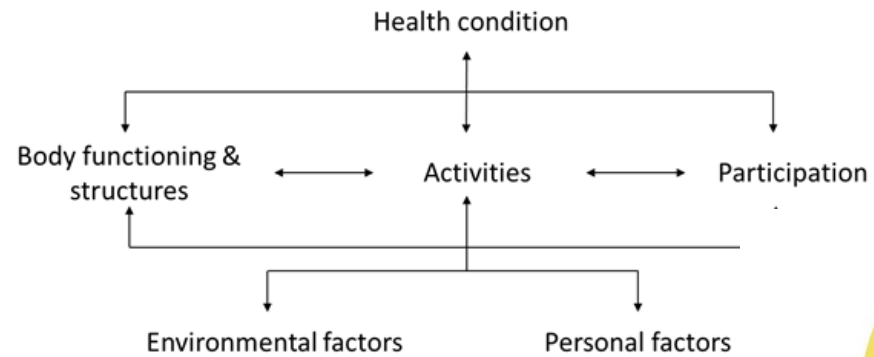


Figure 1. The Biomedical Model.



Case

- 75 year old female
- Fall in the home
- Humerus fracture
- Referred for occupational Therapy



Case

- 75 year old female
- Fall in the home
- Shoulder fracture
- Referred for occupational Therapy

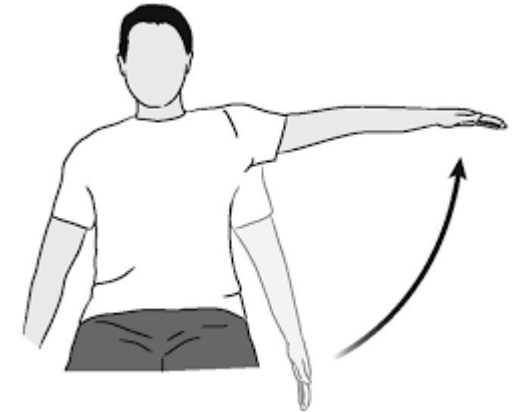
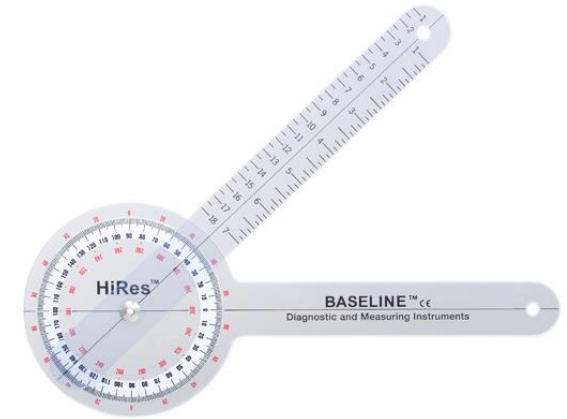
Bio-medical paradigm

Assessment: range of motion, pain, muscle strenght

Goal: improve/ normalize body functions to – maybe – later result in restored occupation

Intervention: exercise

Outcomes: restored/improved body functions



Case

- 75 year old female
- Fall in the home
- Shoulder fracture
- Referred for occupational Therapy

Mix

Assessment: Self-reported occupational performance problems, range of motion, pain, muscle strength

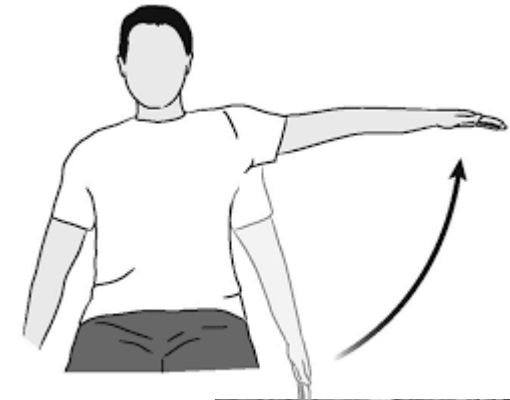
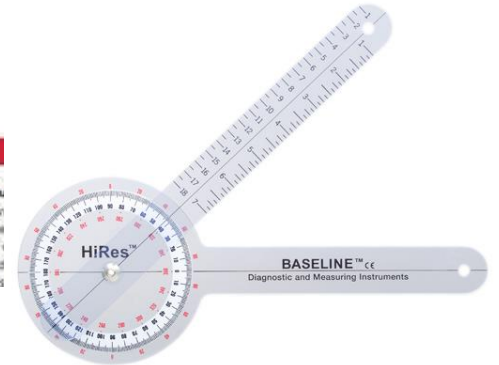
Goal: improve/ normalize body functions to enable occupation

Intervention: exercise, and/or restoring body function through (sometimes simulated) occupation

Outcomes: restored/improved body functions to enable occupation

COPM
Canadian Occupational
Performance Measure

The Canadian Occupational Performance Measure is a client-centred and activity-based process of high-level self-reported occupational performance problems, range of motion, pain, muscle strength, and other factors that may affect occupational performance. COPM is a self-reporting instrument that provides a baseline for occupational performance and is used to track progress over time.



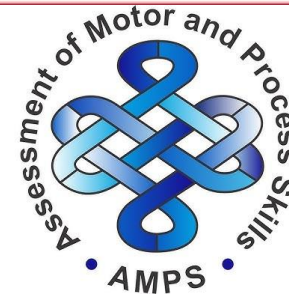
Case

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- Referred for occupational Therapy



COPM
Canadian Occupational
Performance Measure

The Canadian Occupational Performance Measure
Klientcentreret og
isærret måleredskab
opfattelse af sin ad-
færdighed, og d-
derfor grundlag



Occupation-centred paradigm

Assessment: self-reported/
observed occupational
performance problems

Goal: to enable occupation

Intervention: re-acquiring skills
through occupation, adaptive
occupation to compensate for
decreased skills.

Outcomes: improved occupational
performance and/or engagement



Perhaps it is because they [the therapists] lack a clear understanding of our unique and powerful role in enabling our clients through occupation.

... if we embrace our core focus on occupation as means as well as ends, then perhaps we can, step by step, bring occupation back into our evaluations and our interventions, change what we do, and teach others who we really are — *occupational therapists*”.



Occupation as the proximal focus

Of our teaching

- Lectures
- Literature (textbooks, research)
- Cases/examples
- Exams

Of our research

- Research questions / topics
- Research publications
- Conferences (abstracts, themes)
- Communication to stakeholders (citizens, colleagues, other professionals ..)



Occupation as the proximal focus of **teaching**

- How can I make sure that occupation is the proximal focus of the literature to be used for preparation and journal clubs?
- How may existing profession-specific theoretical models and frameworks help me in my planning and execution?
- How can occupation be the starting point of my lecture?
- How can I ensure that occupation is the proximal focus throughout my lecture?
- How can I frame group discussions facilitating dialogues based on occupation-centred reasoning?
-



Complex occupation-based interventions

- 10 ECTS course in Masters program in Occupational Therapy
- 3. term
- Lectures
- Group discussions
- Workshops
- Peer feedback
- Journal clubs



Complex occupation-based interventions

Exam

- Written report
- Describing the phases of developing, piloting, evaluating and implementing a new, relevant, occupation-based occupational therapy intervention
- Employing theoretical models and existing research within
 - occupational therapy
 - Intervention development



Complex occupation-based interventions

How can I make sure that occupation is the proximal focus of the literature to be used for preparation and journal clubs?



KOMPLEKSE INTERVENTIONER
Udvikling, test, evaluering og implementering

Kirsten Schultz Petersen,
Helie Terkildsen Malmild,
Loni Leddever og
Charlotte Veergaard

ÅLBORG UNIVERSITETSBIBLIOTEK

RESEARCH METHODS AND REPORTING

OPEN ACCESS
Check for updates

A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance

Kathryn Skivington,¹ Lynsay Matthews,¹ Sharon Anne Simpson,¹ Peter Craig,¹ Janis Baird,² Jane M Blazeby,³ Kathleen Anne Boyd,⁴ Neil Craig,⁵ David P French,⁶ Emma McIntosh,⁷ Mark Petticrew,⁸ Jo Rycroft-Malone,⁹ Martin White,¹⁰ Laurence Moore¹

Complex interventions research can take an efficacy, effectiveness, and/or systems perspective, the choice of which is based on what already and what further evidence would add most to knowledge. Complex intervention research goes beyond asking whether an intervention works in the sense of achieving its intended outcome—to asking questions (eg, identifying what other impact it has, assessing if the research is required to deliver it, theorising how it works, and how it interacts with the context in which it is implemented, how systems change, and how the evidence can be used to support decision-making).

The UK Medical Research Council's widely used guidance for developing and evaluating complex interventions has been replaced by a new framework, commissioned jointly by the Medical Research Council and the National Institute for Health Research, takes account of recent developments in theory and methods and maximises the efficiency, utility and impact of research.

Complex interventions are commonly used in the health and social care services, public health practice, and other areas of social and economic policy that have consequences for health. Such interventions are delivered and evaluated at different levels, from individual to societal levels. Examples include a new surgical procedure, the redesign of a healthcare programme, and a change in welfare policy. The

SUMMARY POINTS

Complex intervention research can take an efficacy, effectiveness, and/or systems perspective, the choice of which is based on what already and what further evidence would add most to knowledge. Complex intervention research goes beyond asking whether an intervention works in the sense of achieving its intended outcome—to asking questions (eg, identifying what other impact it has, assessing if the research is required to deliver it, theorising how it works, and how it interacts with the context in which it is implemented, how systems change, and how the evidence can be used to support decision-making).

A trade-off exists between precise unbiased answers to narrow to more sensitive answers to broader, more complex questions, and the answer to the questions that are most useful to decision makers and that can be answered with greater certainty.

Complex intervention research can be considered in terms of three phases: are not necessarily sequential: development or selection of the intervention, assessment of feasibility of the intervention and evaluation of the intervention, and impact/implementation. In each phase, six core elements should be considered to answer questions:

- How does the intervention interact with its context?
- What is the underlying programme theory?
- How can diverse stakeholder perspectives be included in the design?
- What are the key uncertainties?
- How can the intervention be refined?
- What are the comparative resource and outcome consequences?

The answers to these questions should be used to decide whether should proceed to the next phase, return to a previous phase, or stop.

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Process evaluation of complex interventions

UK Medical Research Council (MRC) guidance

Prepared on behalf of the MRC Population Health Science Research Network by:

Graham Moore^{1,2}, Suzanne Audrey^{1,3}, Mary Barker⁴, Lyndal Bond⁵, Chris Bonell⁶, Wendy Hardeman⁷, Laurence Moore⁸, Alicia O'Cathain⁹, Tannaze Tinati⁴, Danny Wight⁸, Janis Baird³

1 Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement (DECIPHer), 2 Cardiff School of Social Sciences, Cardiff University. 3 School of Social and Community Medicine, University of Bristol. 4 MRC Lifecourse Epidemiology Unit (LEU), University of Southampton. 5 Centre of Excellence in Intervention and Prevention Science, Melbourne. 6 Institute of Education, University of London. 7 Primary Care Unit, University of Cambridge. 8 MRC/CSO Social & Public Health Sciences Unit (SPHSU), University of Glasgow. 9 School of Health and Related Research (SchARR), University of Sheffield.

ORIGINAL REPORT

IMPROVING ACTIVITIES OF DAILY LIVING ABILITY IN WOMEN WITH FIBROMYALGIA: AN EXPLORATORY, QUASI-RANDOMIZED, PHASE-TWO STUDY, IMPROVE TRIAL

Cecile von Bülow, MSc, OT, PhD^{1,2}, Kristina Ambye, MD, Elisabeth Bandak, MSc, PT, PhD-Student¹, Birte Danneskiold-Samsøe, PhD, DMSc, and Eva Ejlersen Waehrens, MSc, OT, PhD³ from the Parker Institute, Copenhagen University Hospital, Bispebjerg Hospital, The Research Initiative for Activity Studies and Occupational Therapy, General Practice, Department of Public Health, University of Southern Denmark, Odense and North Denmark University College, Copenhagen, Denmark

Objective: To explore and compare the outcomes of adaptation and physical activity programmes regarding activities of daily living (ADL) ability following interdisciplinary rehabilitation in women with fibromyalgia.

Methods: Participants (n=85) were quasi-randomized to 16-week adaptation (ADAPT) or physical activity (ACTIVE) programmes following 2-week interdisciplinary rehabilitation. Primary outcomes were ADL motor and ADL process ability, measured with the Assessment of Motor and Process Skills (AMPS) at 4-week follow-up. Data were analysed per protocol.

Results: Participants (ADAPT, n=21; ACTIVE, n=27) did not differ from withdrawals (n=37). Improvements in ADL ability in the ADAPT (ADL motor mean change = 0.43 logits, 95% confidence interval (95% CI) = 0.33–0.56); ADL process mean change = 0.34 logits (95% CI = 0.17–0.52)) and ACTIVE (ADL motor mean change = 0.33 logits (95% CI = 0.22–0.43); ADL process mean change = 0.25 logits (95% CI = 0.12–0.38)) groups were statistically significant, with no difference between groups. Regression analyses revealed that 63% of all participants obtained clinically relevant improvements in ADL motor ability and 49% in ADL process ability. **Conclusion:** Although limited by a large drop-out, this exploratory study showed that both adaptation and physical activity programmes following interdisciplinary rehabilitation improved ADL ability in the majority of participants. ADL ability outcomes were independent of group allocation (ADAPT vs ACTIVE), supporting efficacy of both programmes.

Key words: occupational therapy, physiotherapy, Assessment of Motor and Process Skills (AMPS), intervention, rehabilitation

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J Rehabil Med 2017; 49: 241–250

Correspondence address: Cecile von Bülow, The Parker Institute, Bispebjerg Hospital, Artillerivej 5, DK-2200 North Denmark, Denmark. E-mail: Cecile.von.Bulow@region.dk

Improved functioning is a main goal of rehabilitation (1, 2). Essential to functioning is the ability to perform activities of daily living (ADL), such as self-care and household tasks (1, 2). ADL ability in women with fibromyalgia encountered in tertiary care has been

shown to be significantly reduced, and the extent of ADL task performance problems to need assistance (3). Multidisciplinary attention is recommended (4). Best improvements in ADL in women with fibromyalgia disability and large impacts on functional status (6). It is that clinical effectiveness versus programme cost and specifically designed.

Exercise (e.g. aerobic, strength) and physical activity, sports and brisk in the management of fibromyalgia, including ADL, also report problems related to high drop-out rates; persons seem to gain less benefit from exercise/pilates than other types of activity.

Interventions focusing helping persons to adapt environment, rather than body functions and aim includes the use of state-of-the-art performance devices, and social environments (12) with assistive devices, and to social environments (12) with assistive devices, and to social environments (12) with assistive devices, and to social environments (12) with assistive devices.

Methods: The study was conducted in a Danish municipality, using a two-armed parallel randomized controlled design, planning a recruitment strategy including 20 persons living with one/more chronic conditions and experiencing problems performing ADL. The following criteria were used to determine if a future full-scale randomized controlled trial was feasible: (i) recruitment (50% met the eligibility criteria and retention (80%); (ii) randomization (80% accepted randomization, procedure was executed as planned); (iii) adherence to program (100% followed the treatment protocol); (iv) outcome measurements (80% of the participants delivered reliability and fully answered questionnaires); and (v) usual occupational therapy (instruction of needed information was successful).

Results: Due to the COVID-19 pandemic, the study was truncated resulting in limited but sufficient data to answer most of the study questions. (i) Eighteen of 37 eligible persons (48.6%) were recruited; of those treated (n = 6), all remained (100%); (ii) 18 accepted randomization (100%) and procedure was effective; (iii) ADL was delivered with adherence (100%); (iv) 92.3–100% of the participants gave relevant and complete answers in two of three questionnaires; and (v) needed information on usual occupational therapy was extractable in seven of nine aspects.

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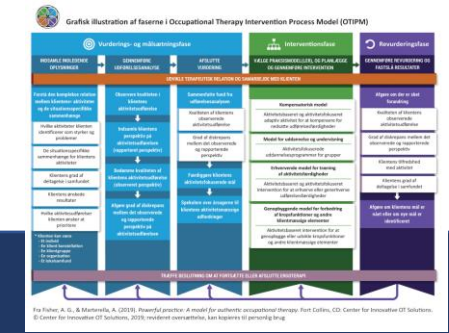
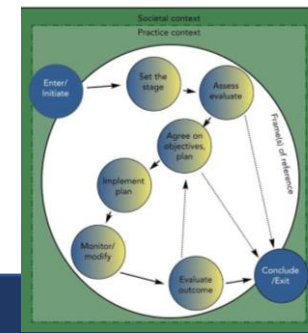
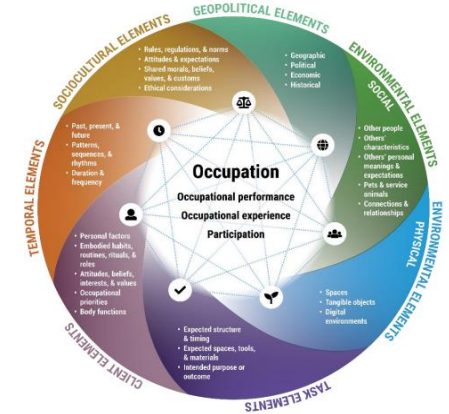
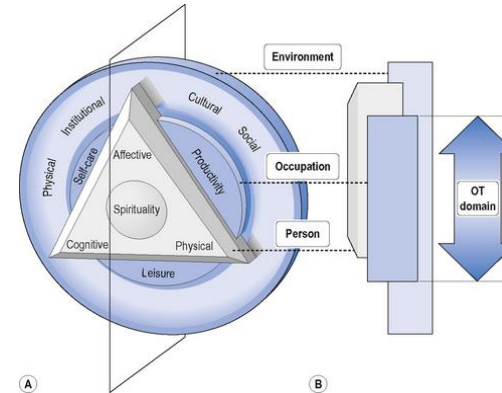
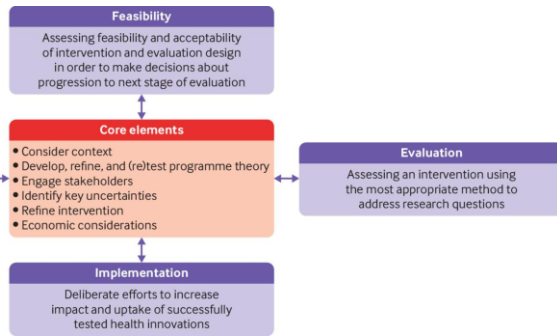
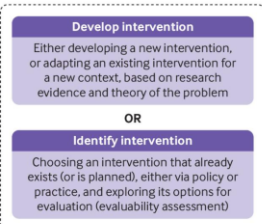
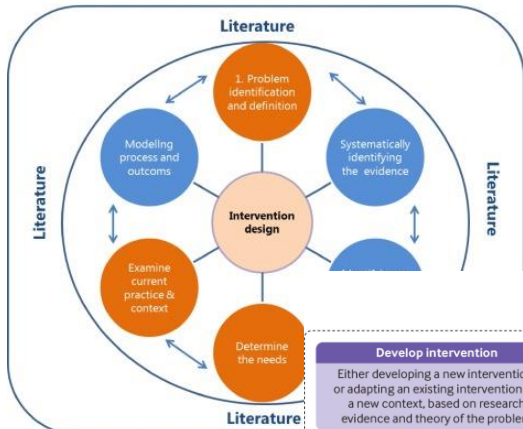
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Complex occupation-based interventions

How may existing profession-specific theoretical models and frameworks help me in my planning and execution?

Development Phase



By Fisher, A. G., & Mansfield, A. (2015). *Research practice: A model for evidence-based occupational therapy*. Fort Collins, CO: Center for Innovative OT Solutions. © Center for Innovative OT Solutions, 2015. www.innovativeot.com. Last updated 01/20/2016.

Complex occupation-based interventions

How can occupation be the starting point and the proximal focus throughout my lecture?

Scandinavian Journal of Occupational Therapy. 2013; 20: 162–173

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ORIGINAL ARTICLE

Occupation-centred, occupation-based, occupation-focused: Same, same or different?

ANNE G. FISHER

Division of Occupational Therapy, Department of Community Medicine and Rehabilitation, Umeå University, Umeå, Sweden and Affiliate Professor, Department of Occupational Therapy, College of Applied Human Sciences, Colorado State University, Fort Collins, Colorado, USA

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Background: Since the beginning of the occupational therapy profession, engagement in occupation has been valued as the primary therapeutic agent as well as the goal of intervention. While there are few today who would not support this idea, occupational therapists continue to struggle with implementing their beliefs through “what we do” and “how we do it”. Contributing to this problem is their failure to use terminology in a manner that clearly defines what and how occupational therapists do what they do in occupational therapy research, education, and practice. *Methods:* The author will, therefore, first discuss some key occupational therapy terms and propose that they represent an occupation-related taxonomy that can be used to more clearly define and describe for occupational therapists and others what they do and how they do what they do as occupational therapists. Then, with a goal of fostering critical self-reflection among occupational scientists and occupational therapy researchers, educators, and practitioners, the author will go through the stages of the occupational therapy process outlined in the Occupational Therapy Intervention Process Model (OTIPM) and demonstrate how a more precise use of this occupation-related taxonomy can facilitate maximizing the power of occupation in practice.

Key words: *evaluation, intervention, occupational science, occupational therapy, occupational therapy theory, professional reasoning*



Complex occupation-based interventions

How can I frame group discussions facilitating dialogues based on occupation-centred reasoning?

“Which assessment tool will support the therapist in occupation-centred reasoning during the assessment phase of the intervention?”

“Is this type of intervention occupation-focused or occupation-based?”

Scandinavian Journal of Occupational Therapy. 2013; 20: 162–173

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healthcare

ORIGINAL ARTICLE

Occupation-centred, occupation-based, occupation-focused: Same, same or different?

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Division of Occupational Therapy, Department of Community Medicine and Rehabilitation, Umeå University, Umeå, Sweden and Affiliate Professor, Department of Occupational Therapy, College of Applied Human Sciences, Colorado State University, Fort Collins, Colorado, USA

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Occupation as the proximal focus of **research**

Is occupation the proximal focus

- of my research questions/topics?
- in my research publications?
 - Profession-specific
 - Interdisciplinary



Occupation as the proximal focus of **research**

Is occupation the proximal focus

- of my research questions/topics?
- in my research publications?
 - Profession-specific
 - Interdisciplinary
- of my conference abstracts?
- when communicating my research to stakeholders?



Embrace our core focus on occupation as means as well as ends (Fisher, 2003)

Bring occupation back into our

- evaluations
- interventions
- documentation and
- outcomes



Occupation-focused evaluation

OUTSIDER'S PERSPECTIVE

Others

- Relatives
- Professionals

Observation



INSIDER'S PERSPECTIVE

The person/client

Self-report

- Questionnaire
- Interview

Self-report versus observation

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Scandinavian Journal of Occupational Therapy. 2014; Early Online, 1–11

ORIGINAL

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Scand J Rheumatol 2021;00:1–9

Agreement between self-reported and observed functioning in patients with rheumatoid arthritis, osteoarthritis, and fibromyalgia, and the influence

ORIGINAL ARTICLE

K Amris^{1,2}, E Ba

¹The Parker Instit
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³Occupational Sci
University of Sou

Everyday activities when living at home with advanced cancer: A cross-sectional study

Eva Ejlersen Wæhrens^{1,2} | Åse Brandt^{1,3} | Hanne Peoples¹ | Karen la Cour¹

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healthcare

OTIPM Model (OTIPM)



European Journal of Cancer Care

WILEY



Occupation-focused evaluation

Measuring self-reported quality of ADL task performance

- 31 PADL tasks
- 16 IADL tasks
- Effort
- Efficiency
- Safety
- Independence

ADL-I Scoringsskema

Sådan bruges skemaet
Sæt kryds ved de svar (ét eller flere) der bedst beskriver, hvordan du har klaret hver opgave i dag. Hvis opgaven ikke er udført i dag, så tag udgangspunkt i sidste du udførte opgaven- dog max. indenfor 1 uge

Daglige opgaver 1	Jeg udfører opgaven selvstændigt...					Jeg behøver hjælp til at udføre opgaven	
	Uden brug af ekstra tid og kræfter og uden risiko.	Men anvender hjælpemidler.	Men det tager ekstra tid.	Men anvender ekstra kræfter/udtrættes.	Men med risiko for at komme til skade. Fx at falde.	Jeg behøver verbal/fysisk hjælp, men deltager.	Jeg kan ikke udføre opgaven. Den udføres af andre for mig.
Spise og drikke tage mad og drikke på bordet, at spise og drikke.							
indtager føde, det vil sige fører madden til munden og spiser.	X						
drikker, det vil sige fører væsken til munden og drikker.	X						
forsyner sig med fast føde og væske og finder madden.	X						
Forflytning målbevidst forflytning af kroppen fra et sted til et andet.							
forflytter sig i sengen, det vil sige ændrer stilling, eksempelvis vender sig, sætter sig op.			X				
forflytter sig fra seng til stol eller mellem stole.		Rollator					
forflytter sig fra et rum til et andet (på samme etage).		X					
forflytter sig fra en etage til en anden via elevator eller trappe.			X	X			
forflytter sig ud af og ind i huset.		X	X	X		X	
forflytter sig i udendørs nærmiljø.		X	X	X			
Toiletbesøg komme til/fra badeværelset/toiletet, samt udføre nødvendig intimhygiejne og af/påklædning.							
tømmer viljemæssigt/kontrolleret tarm og blære.	X						
forflytter sig til og fra toiletsædet, samt udfører intimhygiejne.	X						
sætter tøjet og placerer eventuelle hjælpemidler såsom bind og bleer, og vasker hænder.	X						
forflytter sig til og fra badeværelset/toiletet (rummet).		X					



Scandinavian Journal of Occupational Therapy. 2014; Early Online, 1–8

Disability

Rehabilitation
An international journal

Scandinavian Journal of Occupational Therapy. 2014; Early Online, 1–11

Research

ORIGINAL ARTICLE

Rehabilitation

Occupational

Anneta

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¹Occupational Health, U

¹The Health of Social Medicine, Denmark, a Southern D

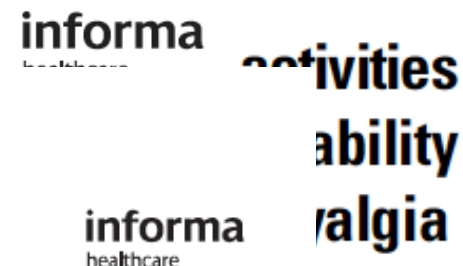
Anneta

Eva Ejlersen

Eva Ejlersen

⁷The Parker Insti

<http://informahealthcare.com/dre>



WILEY European Journal of Cancer Care

The Association between ADL Ability and Quality of Life among People with Advanced Cancer

ORIGINAL ARTICLE
Nielsen et al. *Pilot and Feasibility Studies* (2021) 7:52
<https://doi.org/10.1186/s40814-021-00790-7>

European Journal of Cancer Care WILEY

Pilot and Feasibility Studies

Everyday
A cross-

RESEARCH Open Access

Eva Ejlersen

⁷The Parker Insti

Feasibility of ABLE 1.0—a program aiming at enhancing the ability to perform activities of daily living in persons with chronic conditions



Kristina Tomra Nielsen^{1,2,3*}, Susanne Guidetti⁴, Cecilie von Bülow^{2,3}, Louise Klokke⁵ and Eva Ejlersen Wæhrens^{2,3}





Wæhrens et al. Health Qual Life Outcomes (2021) 19:243
https://doi.org/10.1186/s12955-021-01880-z

Health and Quality of Life Outcomes

RESEARCH

Open Access

Measuring self-reported ability to perform activities of daily living: a Rasch analysis

Eva Ejlersen Wæhrens^{1,2*}, Anders Kottorp³ and Kristina Tomra Nielsen^{1,4}



Forside » UNDERSØGELSE » METODER » Selvrapportering » ADL-I

ADL-I

ADL Interview

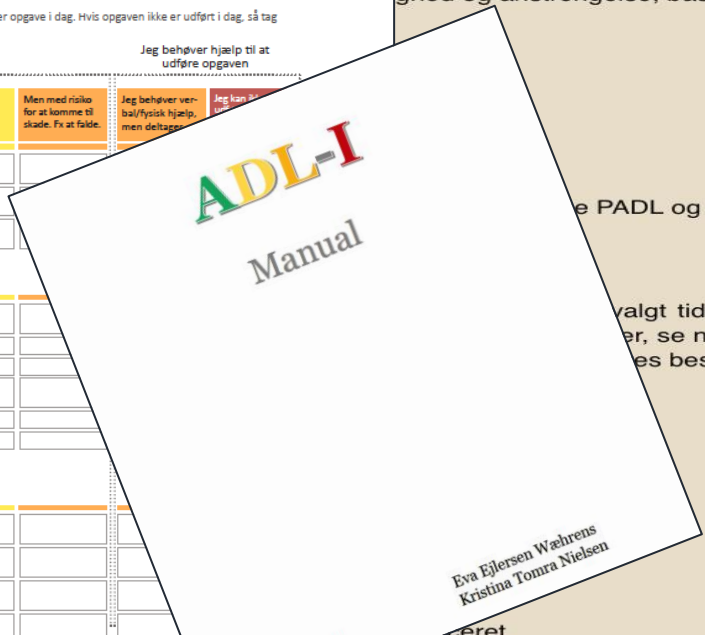
ADL-Interview (ADL-I)

ADL-Interview (ADL-I) er et nyere undersøgelsesredskab, udviklet med det formål at beskrive og måle klientens oplevelse af egen ADL-evne indenfor såvel PADL (personlig ADL), som IADL (instrumentel ADL). Mere specifikt fokuserer ADL-I på kvaliteten i en persons færdigheder og anstrengelse, baseret på personens egen rapportering.

ADL-I Scoringsskema

Sådan bruges skemaet
Sæt kryds ved de svar (ét eller flere) der bedst beskriver, hvordan du har klarat hver opgave i dag. Hvis opgaven ikke er udført i dag, så tag udgangspunkt i sidst du udførte opgaven - dog max. indenfor 1 uge

Daglige opgaver 1	Jeg udfører opgaven selvstændigt...					Jeg behøver hjælp til at udføre opgaven	
	Uden brug af ekstra tid og kræfter og uden risiko.	Men anvender hjælpemidler.	Men det tager ekstra tid.	Men anvender ekstra kræfter/udrættes.	Men med risiko for at komme til skade. Fx at falde.	Jeg behøver verbal/fysisk hjælp, men deltager.	Jeg kan ikke udføre opgaven.
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drikker, det vil sige fører væsken til munden og drikker							
forbereder sig med fast føde og væske og finder maden							
Forflytning målbekvidt forflytning af kroppen fra et sted til et andet							
forflytter sig i sengen, det vil sige ændrer stilling, eksempelvis vender sig, sætter sig op							
forflytter sig fra seng til stol eller mellem stole							
forflytter sig fra et rum til et andet (på samme etage)							
forflytter sig fra en etage til en anden via elevator eller trappe							
forflytter sig ud af og ind i huset							
forflytter sig i udendørs nærmiljø							
Toiletbesøg komme til/fra badeværelset/toiletet, samt udføre nødvendig intimhygiejne og afklædning							
opfører viljemesagtil/kontrolleret tarm og blære (inkl. at bledere inkontinens/hjælpemidler)							
forflytter sig til og fra toiletsædet, samt udfører intimhygiejne							
sætter tøj og placerer eventuelle hjælpemidler så som bind og bleer, og vasker hænder							
forflytter sig til og fra badeværelset/toiletet							



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ARTICLE

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Lessons learned about occupation-focused and occupation-based interventions: A synthesis using group concept mapping methodology

KT Nielsen^{a,b,c}, K. I. Cour^{a,d}, JR Christensen^{a,e}, MS Pilegaard^f, C. von Bülow^{a,b}, AA Brandt^{a,f}, H Peoples^{a,g}, H Jonsson^h and EE Wæhrens^{a,b}

^aThe Research Initiative for Activity Studies and Occupational Therapy, General Practice, Department of Public Health, University of Southern Denmark, Odense, Denmark; ^bThe ADL unit, The Parker Institute, Copenhagen University Hospital Bispebjerg-Frederiksberg, Copenhagen, Denmark; ^cDepartment of Occupational Therapy, University College of Northern Denmark, Aalborg, Denmark; ^dREHFA, The Danish Knowledge Centre for Rehabilitation and Palliative Care, University of Southern Denmark, Nyborg, Denmark; ^eResearch Unit for Physical Activity and Health at Work, Department of Sports Science and Clinical Biomechanics, University of Southern Denmark, Odense, Denmark; ^fThe National Board of Social Services, Odense, Denmark; ^gHealth Sciences Research Center, University College Lillebaelt, Odense, Denmark; ^hDivision of Occupational Therapy, Karolinska Institutet, Huddinge, Sweden

ABSTRACT

Introduction: Occupational therapy (OT) is based on the core assumption that humans are active beings through engagement in occupations. Within OT, occupation is typically used as primary means and/or ends i.e. occupation-focused and/or occupation-based interventions are employed. Studies evaluating such interventions are limited.

Objectives: To synthesize experiences about occupation-focused and/or occupation-based interventions. Hence, to identify, organize and prioritize experiences with employing occupation as a core element in OT intervention studies.

Methods: Participants were OT PhD students and researchers involved in studies concerning occupation-focused and/or occupation-based interventions. Group Concept Mapping was applied.

Results: Based on 133 ideas, a conceptual model emerged encompassing two overall dimensions concerning 'developing interventions' and 'planning intervention studies', respectively. Moreover, ten themes related to one or both dimensions were defined and 94 ideas across clusters had high importance ratings.

Conclusion: Synthesis of participants' experiences indicates that 'doing' as agent of change is a core element of OT interventions. Moreover, a multi-level perspective is needed to reach sustainable changes in doing. Group- and peer-support can work as amplifier for change, and flexibility is important during intervention. Such complex interventions need special design and mixed methods in the development, and evaluation of outcome needs to address occupation.

ARTICLE HISTORY

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Accepted 14 December 2018

KEYWORDS

Occupational therapy;
concept mapping;
intervention development;
study planning

Introduction

Occupational therapy (OT) is based on the core assumption that human beings by nature are active through engagement in occupations (i.e. meaningful and/or purposeful doing) [1,2]. Since the early development of the profession, OT has been focused on enabling people to perform and engage in occupations in various contexts of everyday life [3]. While OT draw on many approaches [4], it typically focuses on or uses occupation as primary means and/or ends, i.e. occupation has been used as a primary therapeutic mean and as the goal of intervention [2]. Such OT interventions are often considered complex, as they typically comprise several interrelated components,

interacting with and affecting more than one outcome [2]. Researchers in OT and occupational science (OS) increasingly conduct studies to develop and evaluate OT interventions involving occupation [5–9]. Designing such studies is also complex. Hence, it could be expected that knowledge about the challenges with and mediating factors for conducting such studies would help scientists develop effective interventions in the future.

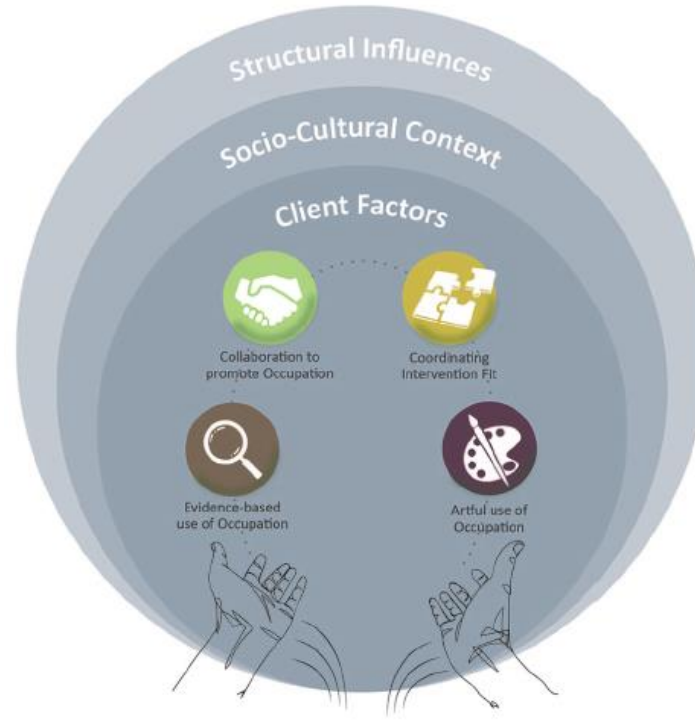
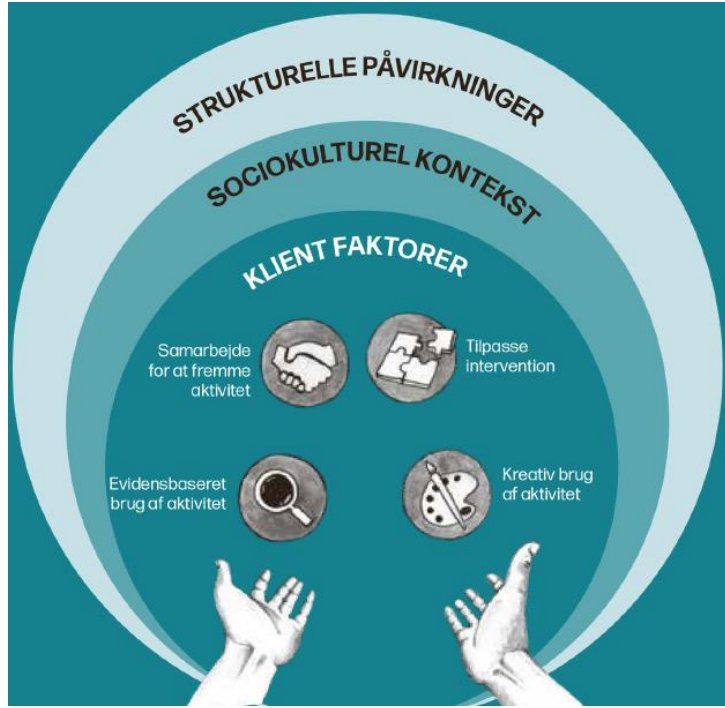
In Denmark, the first university-based research initiative for occupational therapists (FIA, in Danish short for Forskningsinitiativet for Aktivitetsstudier og Ergoterapi) was launched in 2007 through collaboration between the Danish Association of Occupational Therapists and the



Conclusion

The core element of occupation-based and occupation-focused interventions is **change of doing** and that this transformation **takes place by the actual doing.**

Doing as agent of change



Fostering Change Through Occupation-Based Intervention: An International Joint Group Concept Mapping Study

Eva Ejlersen Wæhrens^{1,2}, Kristina Tomra Nielsen^{1,2,3}, Malcolm Cutchin⁴, Heather Fritz⁴, Hans Jonsson^{1,5}, and Karen la Cour¹

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1-12
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Abstract

Further consolidation and clarity regarding occupation as a means to foster change in interventions are needed. The study aimed to utilize the knowledge of occupational scholars to systematically determine what is required to use occupation as means to foster change within occupation-based interventions and to generate a conceptual model from those results. Group Concept Mapping involved the following: preparation, generation of ideas, structuring of statements, data analysis, interpretation of maps, and development of conceptual model. Fifty-two international occupational scholars brainstormed 125 ideas. A cluster rating map with nine clusters posed the foundation for a conceptual model with seven themes, namely, artful use of occupation, evidence-based use of occupation, collaboration to promote occupation, coordinating intervention fit, client factors, sociocultural context, and structural influences. The conceptual model, capturing dimensions and dynamics required for using occupation to foster change, may guide future research into occupation-based interventions.

Keywords

occupation, occupational science, occupational therapy

Introduction

A central tenant of occupational therapy is that engagement in occupation will enhance and enable participation in everyday life and lead to health and well-being (American Occupational Therapy Association [AOTA], 2020). Accordingly, practitioners use their knowledge of the client, the client's occupations, and the occupational context to develop and implement occupation-based interventions (Reitz et al., 2020). According to the Occupational Therapy Practice Framework (AOTA, 2020), the best practice method used in occupational therapy is characterized by being occupation-based, that is, the practitioner uses an evaluation process and types of interventions that actively engage the client in occupation (Fisher & Marderella, 2019). The underlying hypothesis is that occupation and health have a strong connection (Wilcock & Hocking, 2015) and that the "doing" of occupations leads to health and well-being through "promoting adaptation, creating personal and social identities, connecting people to their communities, and enabling ongoing personal growth and development" (Krupa et al., 2009, p. 156).

To establish evidence for occupation-based occupational therapy, this hypothesis is investigated in studies involving development, evaluation, and implementation of standardized, occupational therapy intervention programs (e.g., Clark, 2015; Guidetti et al., 2018; Johansson et al., 2018;

Mountain et al., 2008; Pilegaard et al., 2018; von Bülow et al., 2017). While the numbers of such occupation-based intervention programs are increasing, exactly *what* is required for occupation-based interventions to cause positive outcomes needs further consolidation. Theories and conceptual models exist that provide guidance on the necessary precursors or dynamics for engagement in occupation in the practice context (Morris & Cox, 2017; Pentland et al., 2018; Taylor, 2017; Wilcock & Hocking, 2015). Those theories and models vary widely in their foci and level of detail and therefore do not have their primary focus oriented toward occupation as a means of change in intervention. What is needed is a conceptual model that more clearly on a systematic basis addresses the principles that need to be considered in relation to using occupation as a mechanism of change in occupational therapy interventions.

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²Bispebjerg and Frederiksberg Hospital, Copenhagen, Denmark

³University College of Northern Denmark, Aalborg, Denmark

⁴Pacific Northwest University of Health Sciences, Yakima, WA, USA

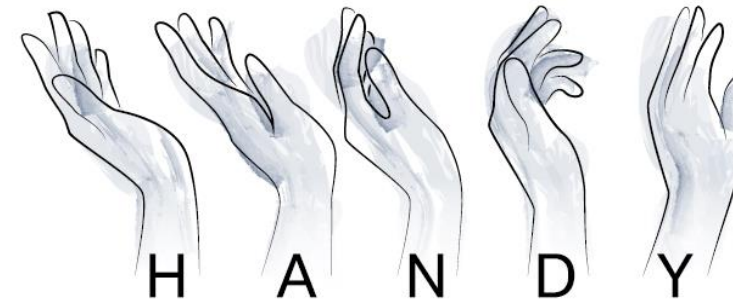
⁵Karolinska Institutet, Stockholm, Sweden

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Eva Ejlersen Wæhrens, Department of Public Health, University of Southern Denmark, J.B. Winsløwvej 9, Odense C 5000, Denmark.
Email: ewaehrens@health.sdu.dk

Fostering change through occupation

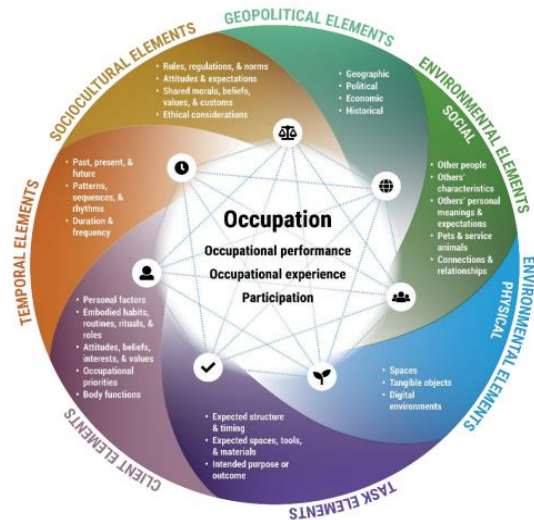
Occupation-centred occupational therapy intervention



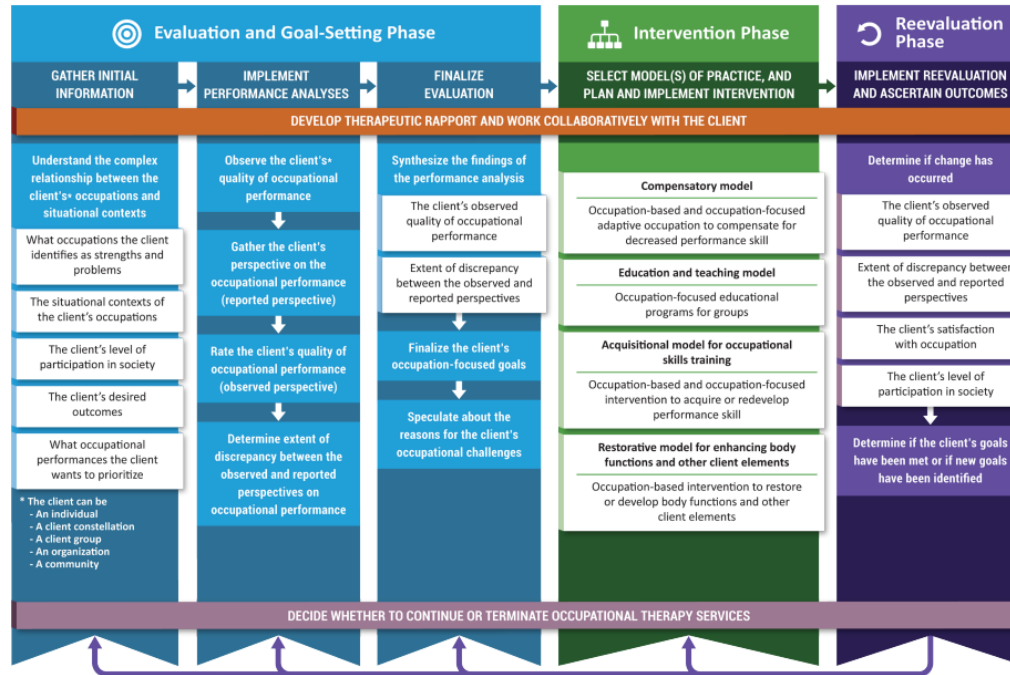
Individualiseret Brainstorm OTIPM Samarbejde Model for undervisning
Strategier Radgivning Opgaveanalyse Hjælpemidler Betydningsfulde opgaver
Tilpasningsstrategier Transport Boligændringer Energibesparende Vejledning ADL-opgaver Pakklædning
Overkom udfordringer Interview Vaner Erfaringsudveksling Rutiner Identitet sikkerhed Observation
Tøjvask Kompensatorisk model Muligheder Højtager Problemløsning MoHO Almindelig Daglig Levevis
Klientcentreret Grupperbaseret program Hverdag ADAPT programmet Evidensbaseret Mindre anstrengelse Roller
Gruppediskussioner Refleksion Mennesker med kronisk sygdom Ergoterapi Færdigheder Madlavning selvstændighed
Undervisning Kommunikation Handlinger



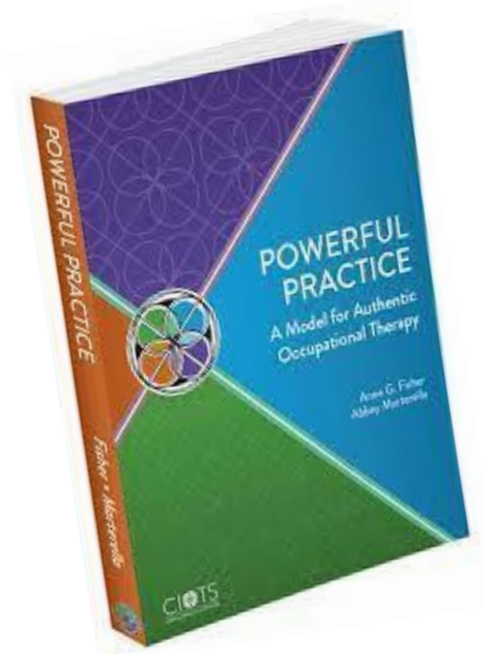
The theoretical foundation



Graphic representation of the phases of the Occupational Therapy Intervention Process Model (OTIPM)



From Fisher, A. G., & Marterella, A. [2019]. *Powerful practice: A model for authentic occupational therapy*. Fort Collins, CO: Center for Innovative OT Solutions. © Center for Innovative OT Solutions, 2019; may be copied for personal use



Developing complex interventions

RESEARCH METHODS AND REPORTING

Adapting interventions to new contexts—the ADAPT guidance

Graham Moore¹, Mhairi Campbell², Lauren Copeland¹, Peter Craig², Ani Movsisyan^{3,4}, Pat Hoddinott², Hannah Littlecott², Alicia O’Cathain⁵, Lisa Pfadenhauer^{3,4}, Eva Rehfues^{3,4}, Jeremy Segrott⁷, Penelope Howe^{8,9}, Frank Kee⁹, Danielle Couturaux¹, Britt Hallingberg^{1,11}, Rhiannon Evans¹

Implementing interventions with a previous evidence base in new contexts might be more efficient than developing new interventions for each context. Although some interventions transfer well, effectiveness and implementation often depend on the context. Achieving a good fit between intervention and context then requires careful and systematic adaptation. This paper presents new evidence and consensus informed guidance for adapting and transferring interventions to new contexts.

Interest is growing in adapting evidence informed interventions for implementation in new contexts.^{1,2} Box 1 provides a list of definitions of key terms. Use of interventions with an existing evidence base could be more efficient than the development of new interventions for each context.³ Hence, interventions often depend on the context.⁴ Hence, interventions that are simply replicated might be less likely to reproduce effects than those adapted to achieve a good fit between intervention and context. Situations in which adaptation might be needed include transporting an intervention to a new setting⁵ or targeting different populations, such as adapting for sociocultural groups⁶ (box 2 lists examples). Adaptations might aim to avoid inequalities generated from interventions by ensuring that interventions delivered at the population level are sensitive to the needs of not reproducible or inappropriate evidence. Efforts to enhance new context adaptation are limited by the Medical Research Health Research Council’s Our guidance for conducting and reporting on adaptation interventions.

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For numbered affiliations see end of the article.
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Accepted: 28 June 2015

SUMMARY POINTS

Use of interventions with a previous evidence base in new contexts might be more efficient than developing new interventions

Many population health problems and interventions are highly sensitive to context, so implementing an intervention in a new context without adaptation might be less likely to lead to positive outcomes

A new consensus informed guidance for adapting interventions to achieve a good fit between the intervention and context (ADAPT) proposes systematic methods for adapting interventions to new contexts, and transparent reporting on what does or does not work

Developed using systematic review methods, consultation, and formal consensus methods, the ADAPT guidance for working with stakeholders, making decisions on interventions

Process evaluation of complex interventions

UK Medical Research Council (MRC) guidance

Prepared on behalf of the MRC Population Health Science Research Network

Graham Moore^{1,2}, Suzanne Audrey^{1,3}, Mary Barker⁴, Chris Bonell⁶, Wendy Hardeman⁷, Laurence Bond⁵, Alicia O’Cathain⁹, Tannaz Tinati⁴, Danny Wight⁸, Ja

1 Centre for the Development and Evaluation of Complex Interventions for the Public Health Improvement (DECIPHER) School of Social Sciences, Cardiff University. 3 School of Community Medicine, University of Bristol. 4 MRC Leadership Fellowship, University of Southampton. 5 MRC Centre for Population Health Research, University of Southampton. 6 MRC Centre for Population Health Research, University of Southampton. 7 Primary Care Research Unit, University of Southampton. 8 MRC/CSO Social & Public Health Sciences Unit (SPHSU), University of Glasgow. 9 School of Health and Related Research (ScHARR), University of Sheffield

REVIEW

O’Cathain et al. *Pilot and Feasibility Studies* (2015) 1:32
DOI 10.1186/s40814-015-0026-y

Maximising the impact of qualitative research in feasibility studies for randomised controlled trials: guidance for researchers

Alicia O’Cathain^{1*}, Pat Hoddinott², Simon Lewin^{3,4}, Kate J. Thomas¹, Bridget Young⁵, Joy Adamson⁶, Yvonne JFM. Jansen⁷, Nicola Mills⁸, Graham Moore⁹ and Jenny L. Donovan⁸

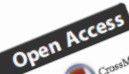
Abstract

Feasibility studies are increasingly undertaken in preparation for randomised controlled trials in order to explore uncertainties and enable trialists to optimise the intervention or the conduct of the trial. Qualitative research can be used to examine and address key uncertainties prior to a full trial. We present guidance that researchers, funders and reviewers may wish to consider when assessing or undertaking qualitative research within feasibility studies for randomised controlled trials. The guidance consists of 16 items within five domains: research questions, data collection, analysis, teamwork and reporting. Appropriate and well conducted qualitative research can make an important contribution to feasibility studies for randomised controlled trials. This guidance may help researchers to consider the full range of contributions that qualitative research can make in relation to their particular trial. The guidance may also help researchers and others to reflect on the utility of such qualitative research in practice, so that trial teams can decide when and how best to use these approaches in future studies.

Keywords: Randomised controlled trial, Feasibility studies, Pilot studies, Qualitative methods, Guidance

Introduction

The United Kingdom Medical Research Council (UK MRC) guidance on the development and evaluation of complex interventions recommends an early phase of assessing feasibility prior to a full evaluation [1]. In this feasibility and pilot phase, researchers can identify and address problems which might undermine the acceptability and delivery of the intervention or the conduct of the controlled trial, this feasibility phase increases the chances of researchers evaluating the optimum recruitment practices and trial design. Alternatively, at the feasibility phase, researchers may identify fundamental problems with the intervention or trial conduct and return to the development phase rather than proceed to a full trial. The feasibility phase thus has the potential to ensure that money is not wasted on an expensive trial which produces a null result due to problems with recruitment, retention or delivery of the intervention [2].



A Better everyday Life



- Develop, evaluate and implement an occupational therapy intervention
- Decreased ADL ability following chronic
- Compensatory/adaptive approach
- 8 weeks
- 3 to 8 sessions
- In the home
- Individualized
- Collaborative relationship



2015-2018

International Journal of Therapy And Rehabilitation
Vol. 28, No. 4
<https://doi.org/10.12968/ijtr.2020.0025>

IJTR

Research

Self-reported quality of activities of daily living task performance in four diagnostic groups with chronic conditions

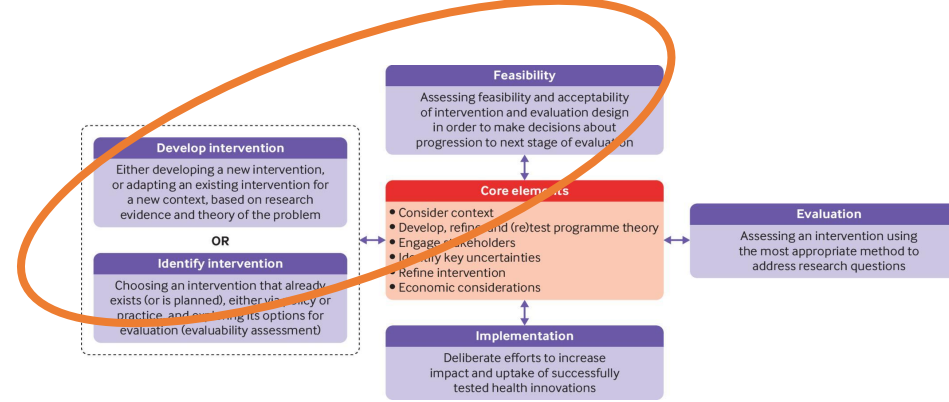
Kristina Tomra Nielsen, Louise Klokke, Eva Ejlersen Wahrens

Background/aims To design intervention programmes addressing activities of daily living task performance problems in individuals with chronic conditions, more knowledge about the types of challenges these individuals experience is needed. The aim of this study was to examine the types of activities of daily living tasks, as well as the types of problems related to the quality of task performance, that individuals with chronic conditions report and determine similarities and differences in four diagnostic sub-groups.

Methods Data on self-reported quality of activities of daily living task performance were collected among 593 individuals with rheumatological disease, incurable cancer, chronic obstructive pulmonary disease and schizophrenia, using the ADL-Interview. Activities of daily living tasks most frequently reported as problematic were identified within each sub-group. Sub-group profiles were generated to identify similarities and differences in quality of performance.

Results Participants reported problems performing similar types of activities of daily living tasks across diagnostic sub-groups, especially within instrumental activities of daily living. Moreover, participants mainly reported a decreased quality of performance in terms of using extra time and/or increased physical effort while performing personal activities of daily living.

Conclusions As individuals across four chronic conditions reported somewhat similar problems related to activities of daily living task performance, generic activities of daily living interventions addressing these problems seem appropriate, especially interventions addressing problems related to use of extra



Phase 1
Development and
feasibility of ABL
1.0

SCANDINAVIAN JOURNAL OF OCCUPATIONAL THERAPY, 2018
<https://doi.org/10.1080/11038128.2018.1424235>



ORIGINAL ARTICLE



Identifying, organizing and prioritizing ideas on how to enhance ADL ability

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^aThe Occupational Therapy Department, University College of Northern Denmark, Aalborg, Denmark; ^bThe Parker Institute, Bispebjerg og Frederiksberg Hospital, Copenhagen University Hospital, Frederiksberg, Denmark; ^cThe Research Initiative for Activity Studies and Occupational Therapy (FIA), The Research Unit of General Practice, University of Southern Denmark, Odense, Denmark; ^dDivision of Occupational Therapy, Department of Neurobiology Care Sciences and Society, Karolinska Institutet, Stockholm, Sweden

ABSTRACT

Background: There is a need to develop evidence-based occupational therapy programs aiming at enhancing the ability to perform Activities of Daily Living (ADL) among persons living with chronic conditions. Information from different sources is to be integrated in the development process. Thus, it is necessary to engage both occupational therapists and persons living with chronic conditions in suggesting ideas on how to enhance the ADL ability.
Objectives: To identify, organize and prioritize ideas on how to enhance ability to perform ADL in persons with chronic conditions.
Material and method: Group Concept Mapping, involving brainstorming, sorting, labeling, rating and validation of ideas, was applied among persons with chronic conditions ($n = 18$) and occupational therapists ($n = 23$). Multidimensional scaling analysis and cluster analyzes were applied.
Results: 149 ideas were identified and organized into seven clusters related to applying new adaptational strategies, personal factors, social surroundings and relevant services and opportunities. Each cluster contained ideas of high priority to persons with chronic conditions and/or occupational therapists.
Conclusion: A span of highly relevant themes, illustrated the complexity of enhancing ADL ability. This should be considered in the development of interventions aiming at enhancing ADL ability in persons with chronic conditions.

ARTICLE HISTORY

Received 25 April 2017
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Accepted 2 January 2018

KEYWORDS

Occupational therapy; user involvement; group concept mapping; chronic conditions; developing complex interventions

Introduction

Chronic conditions, defined as 'conditions that last a year or more and require ongoing medical attention and/or limit activities of daily living' [1, p. 3], include a variety of diseases e.g. depression, chronic obstructive pulmonary disease and rheumatic diseases [1]. In accordance with this definition, previous studies [2–6] have documented that persons with chronic conditions report problems related to performance of activities of daily living (ADL) tasks. More specifically, persons with chronic conditions report increased physical effort and/or use of extra time [2,3] during ADL task performance, causing reduced energy and time for other wanted and/or needed occupations. These are problems often addressed by occupational therapists.

Based on an overview of 14 systematic reviews, Steultjens et al. [7] conclude that occupational therapy generally has an effect on ADL ability in older per-

sons. However, there is a lack of research involving other diagnostic groups and that interventions implemented in existing studies are difficult to apply in clinical practice due to limited information regarding content and duration. Also, a scoping review [8] shows that occupational therapy can improve ADL ability in persons with various chronic conditions (e.g. chronic obstructive pulmonary disease, rheumatoid arthritis and multiple conditions). The authors conclude that more research is needed, but do suggest the following elements to be included in future intervention programs for persons with chronic conditions: (a) an individualized program (i.e. individualized goal setting and problem solving), (b) family or peer support, (c) strategies to facilitate task performance and (d) promotion of continued use of strategies e.g. based on follow up contact. Thus, there is a need to develop and clearly describe evidence-based occupational therapy programs and furthermore to evaluate the outcomes of

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<https://doi.org/10.1186/s40814-021-00790-7>

Pilot and Feasibility Studies

RESEARCH

Open Access

Feasibility of ABL 1.0—a program aiming at enhancing the ability to perform activities of daily living in persons with chronic conditions

Kristina Tomra Nielsen^{1,2,3*}, Susanne Guidetti⁴, Cecilie von Bülow^{2,3}, Louise Klokke⁵ and Eva Ejlersen Wahrens^{2,3}

Abstract

Background: The "A Better everyday LIFE" (ABLE) intervention was developed to accommodate the need of a program addressing ability to perform activities of daily living (ADL) in persons with chronic conditions living at home. During intervention development, it is necessary to evaluate relevant aspects of the feasibility of a program. Thus, the aim was to evaluate the feasibility of content and delivery of ABL version 1.0.

Methods: A one group pre- and post-test design was applied. Thirty persons with chronic conditions, two occupational therapists (OTs), and five occupational therapy students (OTs) participated. ABL 1.0 is an 8-week program consisting of ADL evaluation (session 1); goal setting and reasons for ADL problems (session 2); intervention (sessions 3–7); and re-evaluation (final session), conducted in the clients' home-setting and local area. Sessions 1–4 and the final session was mandatory.

To evaluate the feasibility of content and delivery, the OTs, after each session, reported on applied intervention component(s), time-use, needed equipment, adjustments, meaningfulness, confidence, progress toward goal attainment, and side effects using registration forms. The clients reported on progress toward goal attainment, meaningfulness, and satisfaction. Clinically relevant improvements in ADL ability were identified using the ADL-Interview (ADL-I) and the Assessment of Motor and Process Skills (AMPS). Goal attainment was evaluated using the Goal Attainment Scaling (GAS).

(Continued on next page)

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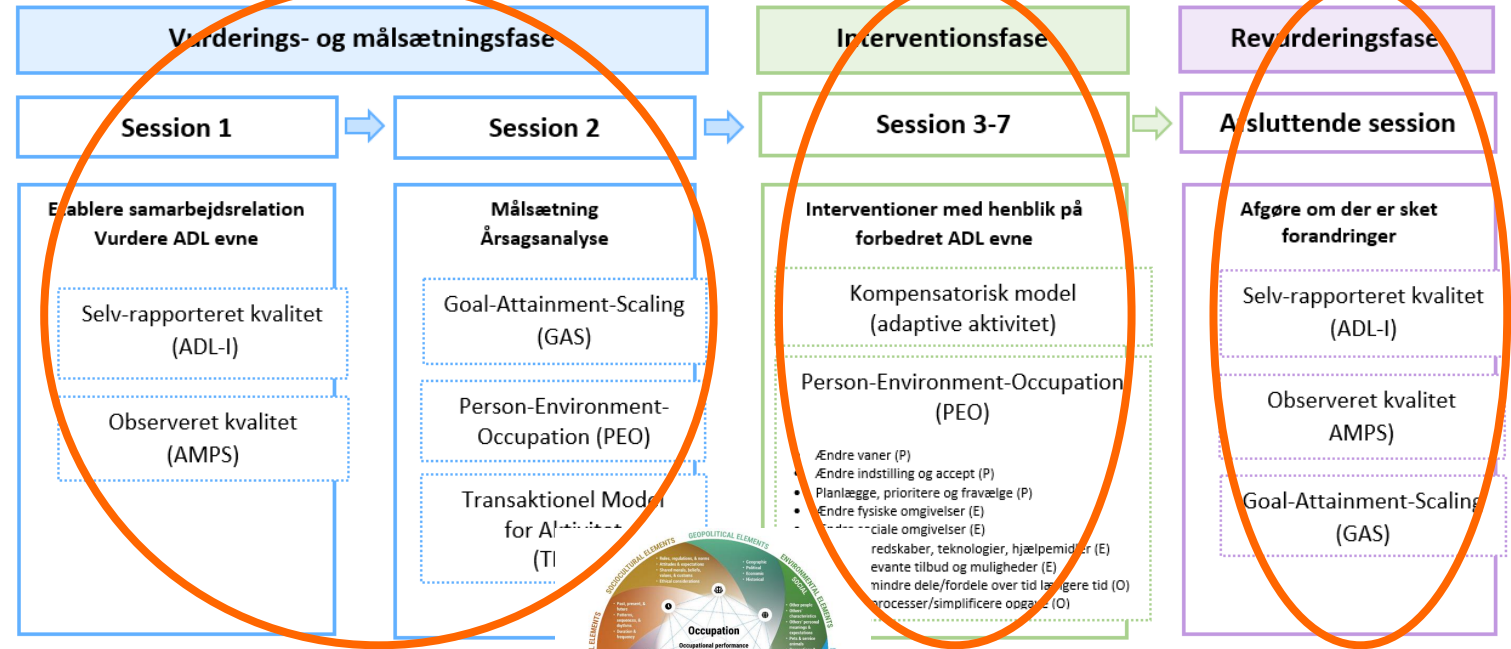
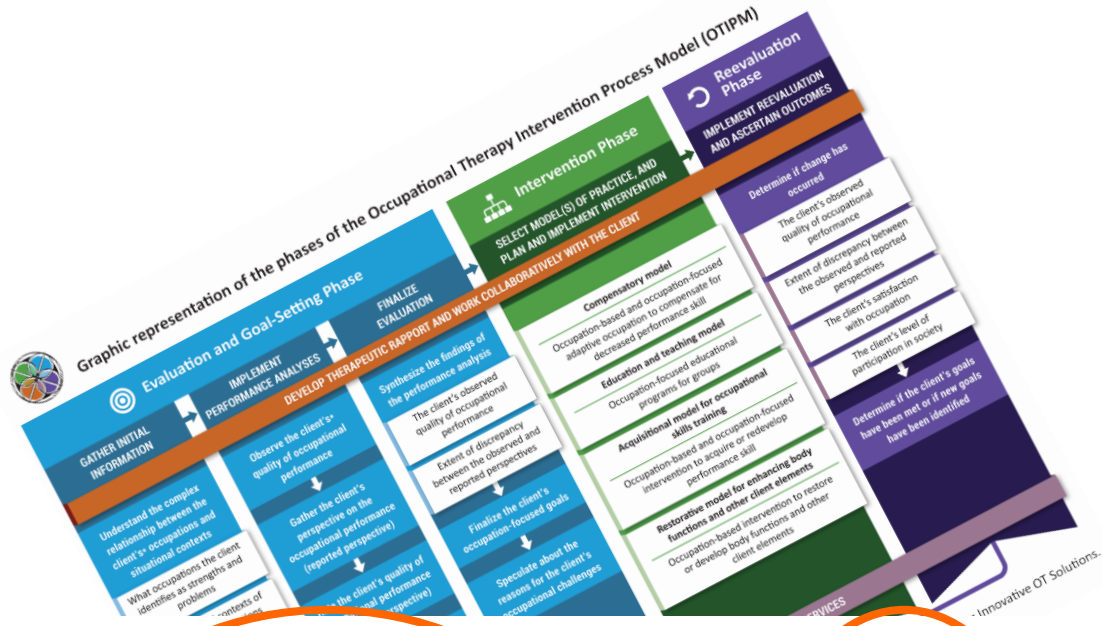
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OTIPM

1. Evaluate: occupation-focused and –based assessment
2. Collaboration: goal setting and clarifying reasons
3. – 7. Interventionssessions with compensatory approach
8. Re-evaluate: occupation-focused and –based assessment and goal attainment





2019- ...

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Pilot and Feasibility Studies

RESEARCH Open Access

Occupational therapy addressing the ability to perform activities of daily living among persons living with chronic conditions: a randomised controlled pilot study of ABLE 2.0

Vita Hagelskjaer^{1,2,3*}, Kristina Tomra Nielsen^{1,4}, Cecilie von Bülow^{1,2}, Maud Graff⁵ and Eva Ejlersen Wæhrens^{1,2}

Abstract

Background: The ABLE intervention was developed to enhance the ability to perform activities of daily living (ADL) tasks among persons living with chronic conditions. ABLE is a generic, home-based, individualised, 8-week occupational therapy intervention program, developed to be delivered in Danish municipalities. In a previous study, the feasibility of ABLE was evaluated in terms of content and delivery. In this pilot study, the remaining feasibility aspects of a randomised controlled trial including (i) trial procedures (recruitment and retention), (ii) randomisation, (iii) adherence to program, (iv) feasibility of additional outcome measurements, and (v) access to information on usual occupational therapy were evaluated.

Methods: The study was conducted in a Danish municipality, using a two-armed parallel randomised controlled design, planning a recruitment strategy including 20 persons living with one/more chronic conditions and experiencing problems performing ADL. The following progression criteria were used to determine if a future full-scale randomised controlled trial was feasible: (i) recruitment (50% met the eligibility criteria) and retention (80%), (ii) randomisation (80% accepted randomisation, procedure was executed as planned), (iii) adherence to program (100% followed the treatment protocol), (iv) outcome measurements (80% of the participants delivered relevant and fully answered questionnaires), and (v) usual occupational therapy (extraction of needed information was successful).

Results: Due to the COVID-19 pandemic, the study was truncated resulting in limited but sufficient data to answer most of the study questions. (i) Eighteen of 37 eligible persons (48.6%) were recruited; of those treated ($n = 6$), all remained (100%); (ii) 18 accepted randomisation (100%), and procedure was effective; (iii) ABLE was delivered with adherence (100%); (iv) 92.3–100% of the participants gave relevant and complete answers in two of three questionnaires; and (v) needed information on usual occupational therapy was extractable in seven of nine aspects.

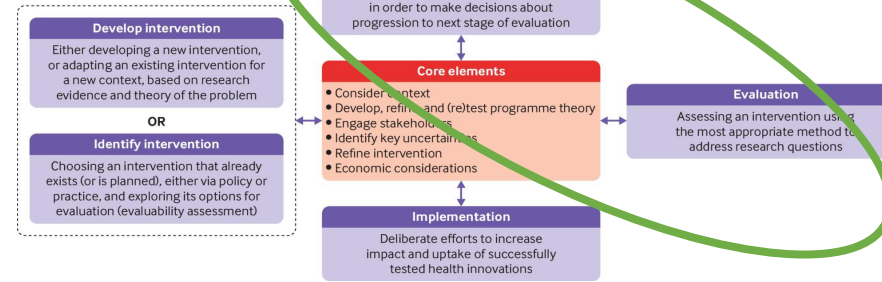
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Phase 2
 Piloting and
 evaluations

Open access Protocol

BMJ Open Evaluating a complex intervention addressing ability to perform activities of daily living among persons with chronic conditions: study protocol for a randomised controlled trial (ABLE)

Vita Hagelskjaer^{1,2,3}, Kristina Tomra Nielsen^{1,4}, Cecilie von Bülow^{1,2}, Lisa Gregersen Oestergaard^{2,5,6}, Maud Graff⁷, Eva Ejlersen Wæhrens^{1,2}

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ABSTRACT

Introduction The need to develop and evaluate interventions, addressing problems performing activities of daily living (ADL) among persons with chronic conditions, is evident. Guided by the British Medical Research Council's guidance on how to develop and evaluate complex interventions, the occupational therapy programme (ABLE) was developed and feasibility tested. The aim of this protocol is to report the planned design and methods for evaluating effectiveness, process and cost-effectiveness of the programme.

Methods and analysis The evaluation is designed as a randomised controlled trial with blinded assessors and investigators. Eighty participants with chronic conditions and ADL problems are randomly allocated to ABLE or usual occupational therapy. Data for effectiveness and cost-effectiveness evaluations are collected at baseline (week 0), post intervention (week 10) and follow-up (week 26). Coprimary outcomes are self-reported ADL ability (ADL-Interview (ADL-I) performance) and observed ADL motor ability (Assessment of Motor and Process Skills (AMPS)). Secondary outcomes are perceived satisfaction with ADL ability (ADL-I satisfaction); and observed ADL process ability (AMPS). Explorative outcomes are occupational balance (Occupational Balance Questionnaire); perceived change (Client-Weighted Problems Questionnaire) and general health (first question of the MOS 36-Item Short Form Survey Instrument). The process evaluation is based on quantitative data from registration forms and qualitative interview data, collected during and after the intervention period. A realist evaluation approach is applied. A programme theory expresses how context (C) and mechanisms (M) in the programme may lead to certain outcomes (O), in so-called CMO configurations. Outcomes in the cost-effectiveness evaluation are quality-adjusted life years (EuroQool 5-dimension) and changes in ADL ability (AMPS, ADL-I). Costs are estimated from microcosting and national registers.

Ethics and dissemination Danish Data Protection

Strengths and limitations of this study

- The occupational therapy intervention programme (ABLE 2.0) is developed based on research evidence, client perspectives and clinical experience, resulting in a programme applicable across gender, age and chronic conditions, aiming at enhancing the ability to perform activities of daily living among persons living with chronic conditions.
- This protocol, informed by two previous studies, covers the evaluation of ABLE 2.0 in terms of effectiveness, process and cost-effectiveness, using a randomised controlled trial design.
- Conducting this trial, comprising three evaluations alongside each other, in a community-based rehabilitation setting involving clinicians in assessment and intervention represents challenges on blinding, adherence, inclusion procedures and outcomes assessment.
- Conducting this trial in a clinical setting, including clients, already referred to rehabilitation and offering an intervention programme delivered by occupational therapists employed in the municipality, increase the external validity of the study findings.
- The study is part of the research programme 'A Better Everyday Life' systematically following the British Medical Research Council's guidance on how to develop and evaluate complex interventions, supporting the choice of appropriate methods.

Trial registration number NCT04295837

INTRODUCTION

Existing research have documented the need to develop, evaluate and implement evidence-based occupational therapy interventions, directly focusing on enhancing

Realist evaluation

Process evaluation

Economic evaluation

Data analysis

To conclude...

If we truly believe that occupational therapy is occupation-centered, how may we address the existing diversity in clinical praxis and strengthen the professional identity?

occupation as the proximal focus of our teaching and research

occupational therapy assessment tools focused on occupational performance and engagement

occupational therapy interventions focused on enabling occupation through doing

...



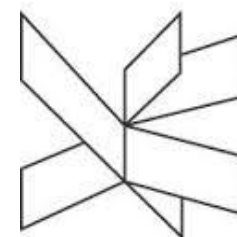
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TrygFonden



Gigtforeningen



VIA University
College



Aase og Ejnar Danielsens Fond



Professional identity

If we are to keep our unique perspective and identity within health care, we must focus all aspects of our clinical practice on **occupation**

If the focus of our practice is to be occupation, then the focus of our evaluations, interventions, documentation, and outcomes all should be **occupation**

Anne G Fisher

