

Introducing an occupational therapy assessment tool to psychiatric nursing profession

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Input of skills and knowledge from other disciplines is one of the essential elements to facilitate interdisciplinary collaboration. Interdisciplinary team members should learn from other disciplines (Onyett & Smith, 1998) so as to obtain necessary knowledge and skills to broaden and deepen the perspectives of caring interventions. This paper introduces an occupational therapy assessment tool to psychiatric nursing profession as an attempt to promote interdisciplinary psychiatric vocational rehabilitation.

1. An occupational therapy assessment tool in psychiatric vocational rehabilitation

The Worker Role Interview (WRI) is one of the occupational therapy assessment tools based on the Model of Human Occupation (MOHO) which provides a theoretical framework for interpreting data for planning and implementing intervention with worker and workplace (Fisher, 1999). MOHO is a multivariate model incorporating multiple factors including intrapersonal factors, interpersonal factors and factors related to person-environment interaction which interact together in determining a worker's success or failure (Kielhofner, 2002). It facilitates a more comprehensive understanding of the factors that support or interfere with successful return-to-work and hence the development of effective vocational rehabilitation plan. WRI has been widely adopted for assessing return-to-work potential of psychiatric patients and psychiatric rehabilitants. It has been found to be useful in clinical settings in the following four areas (Fisher, 1999): 1) better understanding of the patient's concerns and issues which affect motivation to return-to-work and participation in treatment; 2) identifying inconsistencies between patient's perceptions and objective evidence and 4)

identifying more precisely the barriers to return-to-work necessary to be addressed in the treatment and hence maximizing its effectiveness.

MOHO concepts	WRI items
Volition domain	
Personal causation	Assessment of abilities and limitations Expectation of job success Taking responsibility
Values	Commitment to work Work-related goals
Interests	Enjoyment of work Pursuits of interests
Habituation domain	
Roles	Identification with being a worker Appraisal of work expectation Influence of other roles
Habits	Work habits Daily routine Adaptation of routine to minimize difficulties
Environment domain	
Environment	Perception of work setting Perception of family and peers Perception of boss Perception of co-workers

WRI includes a semi-structured interview and a 17-item rating scale. The seventeen items addressed reflect the concepts of MOHO as indicated below (Department of Occupational Therapy, University of Illinois, 1998). Each item is rated on a 4-point ordinal scale with 4 points strongly supporting client returning to work and 1 point strongly interfering so. Three points refer to positive qualities outweighing negative qualities resulting in advantage for returning to work. The reverse is true for 2 points leading to disadvantage for returning to work. "N/A" refers to item not applicable or without sufficient information to be rated. Participant can be rated individually by a trained rater to yield the profile (including the score in each item, each domain and the total).

Intervention strategies to promote return-to-work potential can be planned according to the

results of the interacting factors in the framework of WRI. A pilot study which is the first of its kind using Version 10.0 of WRI (Braveman et al, 2005) for determining vocational rehabilitation strategies for Chinese schizophrenic rehabilitants in Hong Kong (the version being translated to Chinese and modified) indicates low mean scores in the volition, habituation and environment domains which imply that their return-to-work potential is limited. It is well reflected in the literature that the rate of work re-entry of schizophrenic rehabilitants remains low (Salkever et al, 2007). Environment domain is found to be significantly correlated with values and roles in the volition domain and habituation domain respectively ($p < 0.01$, $r > 0.8$). It is in line with literature that being supportive and setting realistic work goal favour vocational outcomes (Ng & Tsang, 2002). A framework consisting of three consecutive stages is proposed to facilitate the compromise of vocational goal between the client and his family members, namely non-judgemental support, conflicts and confrontation, and compromise respectively. Family members should provide non-judgemental support to the client in the initial stage. It helps to build up the rapport which forms an essential platform for dealing with conflicts and confrontation about the work goal. The process is reversible. For instance, when the family members find great difficulties during the stage of conflicts and confrontation, they should return to the non-judgemental support stage. Generally, the duration of each stage and the whole process varies among cases. A number of factors are proposed to be involved but not exclusively in this framework. They are explanatory model of mental illness, attitude toward mental illness, attitude toward client, values of work, roles expectation, family dynamics, personality and problem-solving strategies. Proper understanding of the mental illness that the client suffers facilitates proper attitudes towards both the illness and the client. As for dealing with conflicts, the family members and the client should consider the duration of client's malfunction especially the absence of worker role resulting from the illness. They need to revisit the values of work and roles

expectation. For instance, for one losing worker role for ten years (or even fewer), it may not be reasonable to expect his work goal to be the same as that in ten years ago (pre-morbid). Instead, the work goal should be adjusted to be more realistic to here and now situation. It deems essential though hard to adapt. To facilitate the adjustment, the family dynamic should be examined to see whether it favours positive changes. The personality of both parties should also be investigated as it determines their way to handle difficulties. The optimistic people may regard the problems as challenges while the pessimistic ones the burdens. It is also necessary to investigate the effectiveness of their problem-solving strategies for managing the difficulties relating to job-seeking and job-maintenance. The issues are so extensive and interrelated that a single profession is unlikely to manage them properly and comprehensively. Such complicated nature of the interventions further reinforces the urge to interdisciplinary collaboration.

2. Current situations of psychiatric vocational rehabilitation in Hong Kong

The issues involved in psychiatric vocational rehabilitation are so extensive, interrelated and complex that they necessitate interdisciplinary collaboration. However, due to the government policy and limited resources, psychiatric vocational rehabilitation provided by the integrated rehabilitation services centres in Hong Kong is overseen by social workers without much input from other professions. Nevertheless, there have been some attempts to promote interdisciplinary collaboration. For instance, an integrated rehabilitation services centre invited an honorary advisor with occupational therapy background to form an interdisciplinary team with the existing staff (10 social workers and 1 nurse) for planning vocational rehabilitation strategies based on the findings in WRI.

3. A way out in the future

As the contribution of occupational therapy

in psychiatric vocational rehabilitation has been well recognised, it is worth having the input from this profession in the services. It is in line with the notion of interdisciplinary collaboration that the input of skills and knowledge from other disciplines is important to satisfy the ever increasingly complex needs of the clients and their significant others so as to optimise true holistic care and seamless services and in turn maximise the intervention effectiveness (Ovretveit, 1993; Jefferies & Chan, 2004; Junor, Hole & Gillis, 1994). As psychiatric nurses are definitely the crucial members of the interdisciplinary team in the psychiatric rehabilitation services and their engagement in managing the complicated issues in the interventions is essential, it would be very beneficial for this significant profession to acquire the knowledge and skills of the widely adopted psychiatric vocational rehabilitation assessment tool – WRI, as a good attempt to broaden and deepen the perspectives of their caring interventions. This would be a small yet crucial step towards interdisciplinary psychiatric vocational rehabilitation. Intervention effectiveness is hence likely to be enhanced.

4. Conclusion

WRI, being a widely adopted psychiatric vocational rehabilitation assessment tool, is worth being introduced to psychiatric nursing profession as one of the stepping-stones to fertilise the notion and practice of psychiatric vocational rehabilitation. Other useful strategies serving the same goal are yet to be devised.

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精神科護理的職業治療評估工具的介紹

徐志文

本文介紹一種廣泛應用的精神科護理的職業治療評估工具 (WRI)，可以指導精神科職業治療及康復的理論及實踐。