

Episode: 4**Title: The use of standardised assessments in occupational therapy: implementation and best practice****Hosts: Mahek Bansal & Larissa Ferrari**

Transcript:

Mahek Bansal:

Hi, everyone. Thank you so much for joining us on the New Possibilities podcast. Today we are going to be diving into the world of assessments in occupational therapy, so particularly focusing on standardised assessments, how we can use them, and what the best practice is around standardised assessments in paediatrics. So I think we might just jump straight in Larissa. And maybe start off with giving a bit of an overview about the different types of assessments that we can use in pediatric occupational therapy.

Larissa Ferrari:

Sure, Mahek. Let's talk about different types of assessments that we use in pediatric occupational therapy. But just to make it easier, maybe we can classify them into three big categories. So we have the self-reported assessments, like the Sensory Processing Measurement, where the clients or the parent or the main carer can fill that up. We also have some observational assessments, like the Ayres Clinical Observation, where we can score based on what we see in the performance. And we have some skill based assessments with standardised scores that we can just follow the manual and give specific scores for the performance, like the Movement-ABC, for example. I think, Mahek, we could probably have a list of the most common assessments used in pediatric occupational therapy as a resource. So then we don't have to name all of because all of them sorry because the list can be quite big.

Mahek Bansal:

Yes, definitely. So, yeah, we'll make sure that we pop that in the information and on our website. And I think important to remember that also the self-reported and the observational assessments, some can be standardised, and some can be non-standardised. And I guess the difference is that the standardised assessments have had research done and all the scores are based on a population of clients, so that the scores and results are normed against a group of people. So it gives you, I guess, a bit of a baseline, but they can be in any of those type of categories.

Larissa Ferrari:

Yes. Thank you for clarifying that. Yes. For example, the Ayres Clinical Observation is not a standardised assessment. However, there's new research that create a new assessment that could compare the scores with a normative group so we can compare the results that we see with this group of people. Most of the assessments we talk about are standardised in one country, for example. So we're comparing a child with a group of children from another country sometimes, but they still can work pretty well in terms of giving us these scores, these standard scores, to set a baseline sometimes for our practice.

Mahek Bansal:

So I guess if we think about then how we use these assessments in our practice, you know, Larissa and I can reflect on our own experiences, but also talk about the literature a little bit. I guess the use of assessments in paediatric OT, I think, has evolved quite a lot over the years. I think before or before the practice, the best practice was to use standardised

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assessments to set goals in occupational therapy. So if a client was referred to occupational therapy, you might do a range of standardised assessments to look at and evaluate a range of different skills. And then from there, depending on the results of the assessment, you'd create goals which may target certain results which may be below what would be seen as the norm for that age group or that developmental level. Whereas I think now Larissa, particularly for us in our practice and what we've read in the literature as well, is that occupational therapy and thinking of our scope, is based on function and based on occupation. And so we've shifted to this function-based model where we set goals based on what the carer and the client report to us and what they are finding, prioritizing or needing support within their day to day lives that's functional and occupation based, and then using standardised assessments to guide our clinical reasoning in the OT process once we've already set those goals.

Larissa Ferrari:

Because that reminded me that in some countries, actually, occupational therapy started after war and that was with a very medical model. So we would assess and then prescribe, and I think what you're saying matches with that model of practice where we assess, we identify the skill and then we prescribe exercises to improve the performance or improve the skill, if that makes sense. Whereas when we think about our scope of practice and what we look at, we want now to look at this performance in a more comprehensive way. So then we could probably use the assessments to identify what skill in that performance we could work on or what skill we could use as a strength as well, which we have been talking about that in the previous episodes, but it's good to clarify maybe these things so now we can talk a little bit of our current practice.

Mahek Bansal:

Yeah, I think that when I, day to day working with my clients, a lot of the clients I've seen, I've never done a standardised assessment with, or maybe I've done just one like a Sensory Processing Measure. But it isn't a regularly used tool in my toolbox with every client. It's based on, I guess, the goals that we have and my own clinical reasoning as to when I might need some more information or a little bit more investigation into what might be contributing to the performance that we're seeing.

Larissa Ferrari:

That's pretty much the same with me, Mahek. And I think that some of the standardised assessments, they can be quite thorough and comprehend a lot of skills. And sometimes the functional goal me and the client are working towards, they don't actually need that assessment for us to identify the components we need to work on. So that narrows a lot the amount of assessments I currently use with my clients. And I agree with you, I rarely use assessments. But when I do use, I try to use the ones that are more target a specific skill, if that makes sense. So the ones that are not as comprehensive or targets a lot of skills that might give me a lot of information and they can be very time consuming, the reports can be very time consuming and I'm just going to use maybe a third or a quarter of that assessment.

Mahek Bansal:

Yes, I think I can only think of two other times Larissa that I might use an assessment just because I need assessment results. And what I mean by that is one time is for something

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like a school provision. We get referrals quite frequently for children needing assessments, purely standardised assessments, to apply for provisions for exams or assessments in schools. And in a case like that, I would use standardised assessments, create a report, write recommendations, and provide it to the family. And the second time would probably relate to applications or supporting requests of funding. So things like NDIS funding, if a client is applying for funding or they're having a renewal of their plan and they need, I guess, supporting information that's standardised, then I might do something more general. A standardised assessment that covers a lot of areas like a Vineland to support their application for funding. Those are the only two times I can think of. Larissa, is there any other time that you might use it like that?

Larissa Ferrari:

No, I agree with you and it's the same with me. That would be the only two times where I'm going to use a set of assessments. I think we usually use from two to even four, but that's the only time I would use a set of assessments with my clients. And just for the listeners that might have missed our previous episodes, the NDIS in Australia stands for the National Disability Insurance Scheme, which is a funding available for people with certain types of disabilities in Australia.

Mahek Bansal:

Yeah. Awesome. So I guess then, Larissa, how do you choose the assessment that you're going to use? I know we talked about general assessments and skill based assessments, but what sort of guides your clinical reasoning into choosing? There are hundreds of paediatric assessments out there, how do you choose one?

Larissa Ferrari:

So I'm not trained in all of them. This is very important. Some of the assessments require a lot of training and experience and supervision, so that already narrows a lot my list of options. But following our conversation. So the first thing I do is I try to use questionnaires or self-reported assessments to help me to identify functional goals first. And that could be, like we've mentioned before, the COPM and the GAS or even the Vineland might help if for some reason I'm writing a report when I see the clients for the first time. But usually the COPM and GAS are my first go to and once they find my functional priority, so what I'm going to work on with the client, then I'll try to check what skills might be impacting the performance and then I choose the assessments based on these specific skills I'm aiming at. It's also important to clarify that my clinical reasoning is also based on a task analysis or activity analysis. So the parent might come with some goals, and the client as well can bring the functional goals, but then I could observe the client for few sessions and then break this task into small steps so I can try to have a better clinical reasoning to identify the appropriate assessments.

Mahek Bansal:

Yeah I agree, and I think for me that process would look very similar, especially using those first few sessions to have my opportunity for me to make my own observations and analysis of what I might think is contributing. And sometimes the other time where I might use assessments is if I start, I choose an intervention approach and I start intervention or using that approach, and after a few sessions, sort of don't see, I guess, the outcomes then

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potentially I might choose an assessment to give me a little bit more information that could guide where I go next or might give me a little bit more clarity as to why I'm not seeing necessarily the progress or whatever it is that I was hoping for. I think the assessments that we choose as well is also limited to some extent towards our accessibility of them and the resources that we have. So in our clinic, we have some assessments that we use more just because they're readily available through our clinic, whereas others we haven't purchased. The cost is very high, or we don't have the resources for, or they require very specific resources, which a lot of standardised assessments do. That's how they're standardised, which then, I guess, cuts down our approach or our choice. And then, of course, the other thing to consider is things like time. Some assessments can be short and quick. Some can assess the same skill but take much longer or require a lot more time and effort. So depending on if I just need something sort of quick, for example, if I'm looking at doing handwriting and want to sort of investigate visual perception, if I want to sort of do that quickly and briefly just to get an idea, I can use something like the Beery Visual Motor Integration or if I need something very comprehensive, or I really need specific, more specific information, then I could use something like the Test of Visual Perception Scales, which is much more in depth.

Larissa Ferrari:

Yeah, I was thinking then about something that you already brought up, which is how should we use these results of these assessments to guide our functional goals? So what do we do with these results and how we can work on the skills at the same time that we're working on the functional goals? This would be something interesting for us to discuss, I think.

Mahek Bansal:

Yeah, so I guess as I touched on before, it's that for me, one of the times is to guide my own clinical reasoning, right? Like, I've already got goals, for example, in self-care or in regulation or whatever that is, those goals are already set. So I'm not necessarily using assessments to change my goals, but maybe to change my approach or to re-evaluate my intervention process, to understand is there other supports I could use or what's contributing to where we're at now. And that's where I think assessments can be helpful to have, I guess, to step back and have a look and see, okay, this is where we're at. What are the other things that maybe I haven't considered, which I think is important for us to continue reflecting on our practice and then I guess the other part is also some assessments can be really helpful in providing, I guess, other strategies to be using not only intervention but in other environments.

So something like, again, the Sensory Processing Measure can be awesome to do with a parent or with the client and then also with a teacher at the school and to use the information provided to create strategies that can be implemented in these different environments.

Larissa Ferrari:

Yeah, you've mentioned something before about emotional regulation and I think it's a current discussion I'm having with few clinicians in terms of when we're having these emotional regulation issues combined with challenges in participation at home. So to follow sequences, to perform a set of activities, for example a morning routine or a bedtime routine at home, and the emotional regulation impacting participation. And then how we can use

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some assessments, for example, like the PRPP or the SPM, the Sensory Processing Measure we spoke about to help us to identify things that are potentially impacting the performance and then actually find more information. These assessments can give us more information about things that we might not observe. For example, I'm not in the client's home during the morning routine and bedtime routine, but once I perform an activity and for example, I use the PRPP to observe the executive functioning, then it could probably give me more information in how the child is functioning and performing to support my goals. Just like you were saying with the handwriting and the other examples you gave. So it's a way to enrich our clinical reasoning, still working on the same goal.

Mahek Bansal:

Yes, and I think touching on handwriting as well. I guess the other time that assessments can support our OT process is, I guess, as an outcome measurement or as an understanding of current performance. So, for something like handwriting, we might use an assessment towards the start of our intervention process to get a bit of a baseline of where the handwriting is now and then we can revisit that after a period of intervention. So something like McMaster's handwriting assessment is something that you could use towards the start and then use that to reflect on throughout the OT process. Because I guess handwriting is one of those occupations that is such a culmination-of different skills. But it's also so measurable in a sense that it can be really easy to get into this process of using this, this and this assessment. But something overall sometimes can be helpful too.

Larissa Ferrari:

And I really like the McMasters because it can be an outcome measure and sometimes it's a great way of deciding because as you said, handwriting is very comprehensive. But I've already used MacMaster with the client so we could decide where we should start working on. Yes, so that was also great to empower the client, to know where he was at and what was the next step. And again, with handwriting, I think we could set a list of assessments we could use to help us to guide our clinical reasoning. Because it is such comprehensive, it requires so many skills for us to be able to have to perform a handwriting, a neat, clear, sorry handwriting. We could use the Movement ABC, Beery, Clinical Observations, we could use a lot of things. So it's really our clinical reasoning and our observation of the activity that could help us and guide us to identify the best assessment, so we don't have to do this amount of assessments and spend that amount of time and money without having a lot of guidance.

Mahek Bansal:

Yeah, definitely. And you know what? Something I just thought of while you were mentioning that is the other consideration for assessments is how do we use an assessment to show or to portray a client's true level of performance, especially with the population that we work with Larissa, there's so many differing factors that know either support or inhibit children to demonstrate their true performance that might not be fully considered in a standardised assessment. So what I mean by that is potentially standardised assessments, they have to be done in a certain way with certain equipment, in a certain timing, which for some children may not be supportive and foster them to be able to complete the assessment to their true ability. And then the results that we're getting might not be fully reflective of that child's performance or a child who might perform differently in different environments because

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home is their safe place and with safe people and outside of home, their performance might look different because they don't have that level of support or that comfort.

So how can we portray that in a standardised assessment? And then how do we use the results of that standardised assessments in consideration of the fact that it might not be a true reflection of this child?

Larissa Ferrari:

That's actually a good barrier you've mentioned. And I could think about another one, and that comes from my background. I'm from Brazil and a big barrier for the use of assessments in Brazil is the cost, because the currency is usually in American dollars and in Brazil, American dollar is super expensive. It can get quite expensive to buy the assessments and to get the proper training and to get the supervision. And this can be a big barrier, especially when you have to put those costs in your sessions as well. And then it's just not affordable, not for therapies, not for the clients. And when you have a list of hundreds of assessments, what do you do then? So it's really tricky in that sense of being available just for people to get trained and to buy. And imagine if you're using with a population that might not benefit from the full assessment as well. So these can be very complex barriers to the use of assessments as well.

Mahek Bansal:

Yeah, definitely. And I think it's really important that we're very aware of the barriers when using standardised assessments so that we can use them with the right clinical reasoning, but also portray the results and get the right takeaways from them. Because I think, as you said, the barriers can really change the way that assessments impact our OT process. So it's not that we're saying to not use them. They have a really strong place in occupational therapy, obviously being standardised, they have a certain amount of literature and evidence behind their use, and also, they can be extremely helpful for our own clinical reasoning and to support our clients. So they are definitely something that we will continue using. As long as we're aware of both sides, we can use our clinical reasoning appropriately to implement these tools as just a tool in our toolbox, rather than something that we're just regularly prescribing.

Larissa Ferrari:

Yeah, I couldn't agree more. We do love them, and I do love some of them for real. Like, I would use some of these assessments very often, and I do use them very often. It's more so we always keep on track of our scope of practice, this thing that we've been always talking about. We're not using the assessments to set goals. We're actually setting goals and using the assessments to help us and guide us and give us more information about what we're looking at. So it's just to know what comes first or what should come first and then how we use our clinical reasoning to find the best evidence available, because they are very evidence based. So there is great literature around them, but it's more so who are we, what do we do as occupational therapists? And how can we use these resources to better support our practice?

Mahek Bansal:

Yeah, awesome. So we will make sure that we put in our resources a list of lots of different

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assessments commonly used in paediatric occupational therapy, as well as linking in some of the current literature around the use of standardised assessments in occupational therapy practice. So please feel free to have a look and continue to expand our own knowledge and reflection on our practice. But if you have any other questions, if you have comments, any assessments that you use really commonly in your practice that you'd like to share with everyone, then please feel free to connect with us and comment your thoughts. Otherwise, Larissa and I look forward to talking with you next time.

Larissa Ferrari:

Yes, see you next time. And it was great to have that conversation with you, Mahek.

Mahek Bansal:

Awesome. Thanks, Larissa. Bye.