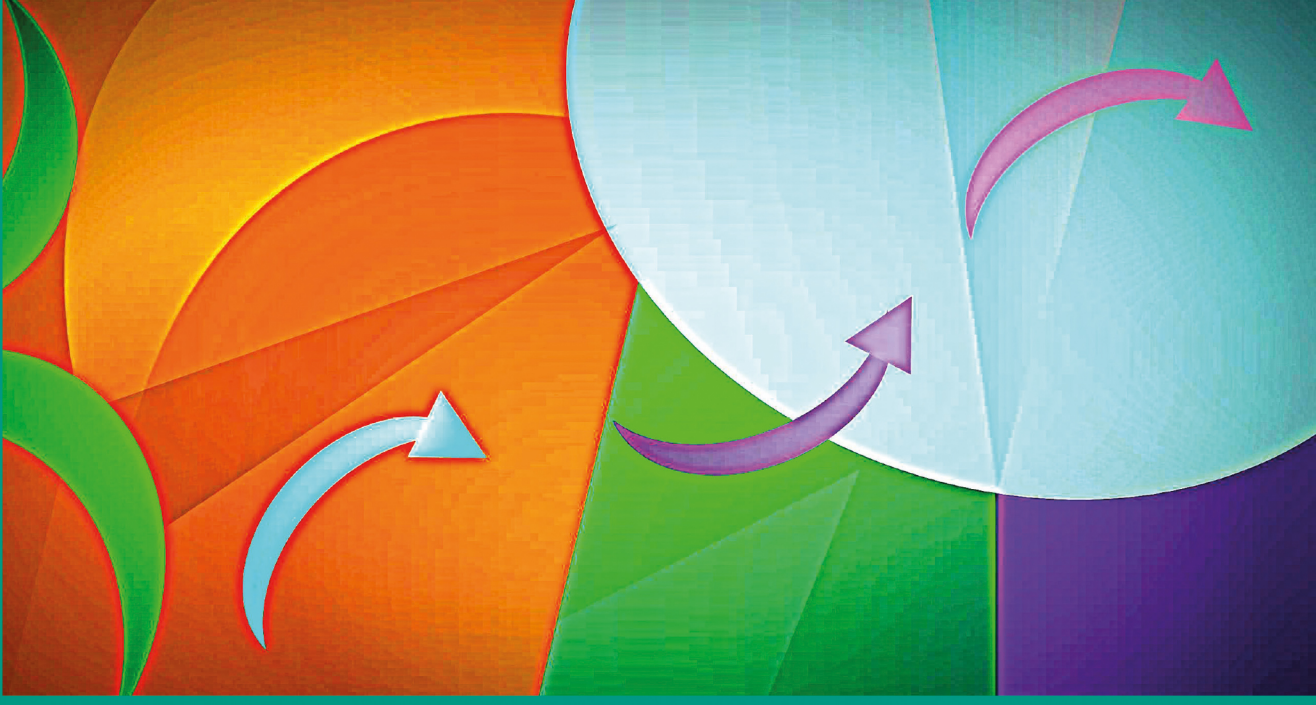

A GUIDE TO THE FORMULATION OF PLANS AND GOALS IN OCCUPATIONAL THERAPY

SUE PARKINSON AND ROB BROOKS

ROUTLEDGE

A Guide to the Formulation of Plans and Goals in Occupational Therapy

This practical guide for occupational therapists introduces a tried and tested method for moving from assessment to intervention, by formulating plans and measurable goals using the influential Model of Human Occupation (MOHO).

Section 1 introduces the concept of formulation – where it comes from, what it involves, why it is important, and how assessment information can be guided by theoretical frameworks and organised into a flowing narrative. Section 2 provides specific instructions for constructing occupational formulations using the Model of Human Occupation. In addition, a radically new way of creating aspirational goals is introduced – based on a simple acronym – which will enable occupational therapists to measure sustained changes rather than single actions. Section 3 presents 20 example occupational formulations and goals, from a wide range of mental health, physical health and learning disability settings, as well as a prison service, and services for homeless people and asylum seekers.

Designed for practising occupational therapists and Occupational Therapy students, this is an essential introduction for all those who are looking for an effective way to formulate plans and goals based on the Model of Human Occupation.

Sue Parkinson practised as an occupational therapist for many years. Sue is the lead author of the Model of Human Occupation Screening Tool (MOHOST) and author of an occupational intervention programme called Recovery through Activity. She works as a freelance trainer providing an online advisory and supervision service.

Rob Brooks is the Course Director for Occupational Therapy at Leeds Beckett University. His clinical practice, teaching, and research have focused on enabling occupational participation for children, young people, and their families.

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Sue Parkinson and Rob Brooks

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Contributors

Alice Ward is an Occupational Therapist with the Anglian Community Enterprise, UK.

Catherine Hayden is an Occupational Therapist with the Sheffield Teaching Hospital NHS Foundation Trust, UK.

Claire Hart is a the Principal Lecturer (Research and Innovation) at Teesside University, UK.

Jodie Brown is an Occupational Therapist with the Sheffield Teaching Hospital NHS Foundation Trust, UK.

Josephine Barnes is an Occupational Therapist with the Lancashire and South Cumbria NHS Foundation Trust, UK.

Julie Bradbury is an Occupational Therapist with the Sheffield Teaching Hospital NHS Foundation Trust, UK.

Kate Halsall is an Occupational Therapist with the Lancashire and South Cumbria NHS Foundation Trust, UK.

Katie Keys is an Occupational Therapist with the Derbyshire Health Care NHS Foundation Trust, UK.

Katrina Reece is an Occupational Therapist with the Derbyshire Healthcare NHS Foundation Trust, UK.

Laura McCafferty is an Occupational Therapist with NHS Grampian, UK.

Laura Murray is an Occupational Therapist with the Anglian Community Enterprise, UK.

Leonie Boland is an Honorary Lecturer in Occupational Therapy at the University of Plymouth, UK.

Lisa Jamieson is an Occupational Therapist with NHS Grampian, UK.

Natalie Jones is the Acting Head Occupational Therapist at the Sheffield Teaching Hospital NHS Foundation Trust, UK.

Polly Blaydes is the Trust AHP Professional Lead and Recovery Services Advisor with the Lincolnshire Partnership NHS Foundation Trust, UK.

Rachel Aiston is an Occupational Therapist with the Sheffield Teaching Hospital NHS Foundation Trust, UK.

Rodrigo Frade is an Occupational Therapist with the Sligo Leitrim Mental Health Services, Ireland.

Samantha Bicker is the Professional Lead for Occupational Therapy at the Inner North Brisbane Mental Health, Australia.

Sharon McMorrow is an Occupational Therapist with the Sligo Leitrim Mental Health Services, Ireland.

Stephanie Glover is an Occupational Therapist with the Lancashire and South Cumbria NHS Foundation Trust, UK.

Theresa Peacock is an Occupational Therapist Manager with the Sligo Leitrim Mental Health Services, Ireland.

Therese Vecsey is an Occupational Therapist with the Derbyshire Healthcare NHS Foundation Trust, UK.

Foreword

The idea of formulation has been present in my practice as an occupational therapist for many years, and I am honoured to have been asked by Sue Parkinson to co-author this exciting new text which I believe will transform Occupational Therapy practice. Like me, some of you will have worked in services where a multidisciplinary case formulation is common. It was during my time working with children and young people with mental health difficulties that I began to wonder what more occupational therapists could offer to the formulation process. However, it was not until I met Sue and started my doctoral research that the notion of occupational formulation began to take shape.

To provide some personal context: when working in mental health services as an occupational therapist I observed the dominance of psychological and medical ways of thinking about people. Although I recognise the value of these ways of thinking, I believe that occupational therapists bring something else - an understanding of someone's occupational life and health through occupation. It was whilst looking to develop greater attention to occupation in my practice that I first encountered Sue. She was running a workshop about the Model of Human Occupation and its assessment tools and inspired me with her knowledge of the model, the depth it brought to her understanding of clients, and the vision it gave to her Occupational Therapy service.

Following Sue's workshop, I was able to use the constructs in the Model of Human Occupation as a framework for my clinical practice. Sue and I remained in contact and we went on to jointly deliver workshops about using the Model of Human Occupation and its assessment tools for Occupational Therapy practice with children, young people, and families. Applying the model in my own work led me to think about how this could be used in formulations. Historically, formulation sat with the clinical psychologists in my team, and this was also reflected in the literature, but I noticed that examples were beginning to emerge of its use by nurses and by social workers too. Then, during my 2015 ethnographic study of occupational therapists in children and young people's mental health (Brooks 2016), I observed occupational therapists contributing their own formulations.

It was during my observation of a team meeting that my research participant was asked to 'go away, complete your assessment and occupational formulation and bring it back to the team'. That occupational therapist was skilled and experienced in using the Model of Human Occupation and its assessments, and used the constructs of this to develop an occupational formulation. Their perspective complemented a psychological formulation and a medical diagnosis.

When writing my research, I realised that Sue was delivering workshops about case formulation and measurable goals for occupational therapists. Sue's understanding of formulation had grown and was driven by her passion, knowledge, and clinical expertise of the Model of Human Occupation. Together, we began to discuss how to develop formulation into a more tangible process for occupational therapists and I invited her to co-write an article on the subject.

We agreed that formulation should become a recognised stage in the Occupational Therapy process, between assessment and goals. I firmly believed that a formulation should be informed by theory and that it provides an important step for occupational therapists to demonstrate theory-informed practice. Sue firmly believed in the collaborative nature of a formulation, and that where possible it should be developed with a client. We both agreed that the nature of Occupational Therapy and formulation lends itself to people's narratives, and whilst our professional expertise lies in applying the theory of occupation, the client brings the expertise to their life story.

Our article became an opinion piece in the British Journal of Occupational Therapy (Brooks and Parkinson 2018) and we have been delighted with the response. It remained in the top ten most-read articles in the journal for some time, and it is one of the highest-scoring journal outputs as measured by Altimetrics. Sue and I have also been thrilled by the personal responses that we have received. Occupational therapists are telling us that formulation gives them a language and a structure to demonstrate their professional reasoning to their team, and supports collaborative goal setting and interventions with clients. We have heard how the paper has been discussed in journal clubs and at team meetings and about occupational therapists who are embedding formulation into their practice.

I am excited to have this opportunity to develop occupational formulation further in this new book. The book is structured sequentially to develop your knowledge and skill. We have paid special attention to making it accessible and useful to practice. The book has three sections each subdivided into chapters. In the first two sections, the chapters provide you with the rationale and theory that underpins the need for formulation and goals. We have included *Author's Notes* to give you examples of application to practise as well as hints and tips. Please also refer to the Tables and Figures which summarise key points. Finally, in Section 3, you will find one of the most important aspects of the book: 20 examples of occupational formulations. Sue reached out to the Occupational Therapy community to develop these examples so that they reflect current practice and the reality of Occupational Therapy today. It is these examples that bring occupational formulation to life.

This book is useful to students who are learning to appreciate the scope of Occupational Therapy, and to novice and experienced clinicians who are keen to hone their professional reasoning skills and to demonstrate their person- and occupation-centred perspective. It will challenge and empower you to change your practice for the better.

Dr Rob Brooks

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Brooks R, Parkinson S (2018) Occupational formulation: a three-part structure. *British Journal of Occupational Therapy*, *81*(3), 177-79.

Dr Rob Brooks has worked for over 20 years with children, young people and families with occupational challenges related to physical, mental, and social difficulties. He is the Course Director for Occupational Therapy at Leeds Beckett where his teaching focuses on the use of models in Occupational Therapy practice and his research interests are related to how occupational participation interventions enable health and wellbeing outcomes. He has published and spoken nationally and internationally on a range of topics relating to Occupational Therapy with young people.

Preface

If there is one thing that has characterised my professional life, it has been the desire to communicate complex matters that are of fundamental importance with as much clarity and simplicity as I can manage. I do not suppose that I will ever master this art, and it sometimes seems like an impossible task, but I keep on trying. One of the things that keep me going is knowing that my search has been infinitely enriched and assisted by the work of Gary Kielhofner and the Model of Human Occupation (MOHO) (ed. Taylor 2017). Models are sometimes criticised for oversimplifying life, but MOHO is multi-faceted, intricate, nuanced, and dynamic, and yet still simple enough to have helped me manage the complexity of issues I faced as an occupational therapist, and the challenges experienced on a daily basis by those I worked with.

Gary once paid me the greatest compliment when he described my own work as 'simple'. It seemed to me that he knew the value of simplicity, as well as generosity and integrity. He certainly prized tools that demonstrated a basic utility – not just reliability and validity. Occupational formulation is one such tool – one that has long been associated with the Model of Human Occupation, and which theorists have often linked to the model because of its ability to craft a simple and yet coherent narrative.

I have come to love the way in which a narrative style can pare away the layers of technical analysis to reveal essential truths. For this reason, Rob and I have chosen to include our own stories and viewpoints in this book, in the form of *Author's Notes*, often written using the first person-singular. If you find academic writing a turn-off, then I trust that you will still be able to get a sense of how to create an occupational formulation by reading the *Author's Notes* alone. More than this, my hope is that the example formulations in the last section of the book will express more about Occupational Therapy and the occupational nature of people's lives than we are capable of explaining. In fact, if this is your first introduction to occupational formulation using MOHO, I heartily recommend that you skip straight to the third section and let the stories of people's occupational lives flow over you and through you.

All the stories are fictitious, with the exception of Mr J in the 17th example, and they were composed in collaboration with occupational therapists who recounted their various experiences to me. It was a privilege to listen to their stories and to try to piece together a range of vivid formulations to represent the diversity of occupational life and the typical scope of Occupational Therapy. I cannot pretend that I have achieved this fully. Each story is unique, and in that sense, it cannot represent the vast range of occupations that people participate in. Besides, although I have been lucky enough to

work with occupational therapists in Ireland and Australia, I acknowledge that the majority of the examples stem from the UK. That said, I never fail to be impressed when I teach occupational formulation, both by the variety of occupational issues described by the workshop participants and by their common focus as occupational therapists. I hope that the overview of the occupational issues at the end of this book might prompt a similar feeling and inspire you to develop unique, person-centred occupational formulations wherever you work in the world.

Each formulation in this book follows the same pattern – with a beginning, a middle, and an end – to give a sense of a person's occupational identity, occupational competence, and the resulting focus of Occupational Therapy. Meanwhile, the preceding sections have been designed to give you lots of suggestions, hints, and 'top tips' for constructing a well-formed formulation. All the dos and don'ts are meant to be helpful, but please remember that no formulation can replace a therapist's own professional reasoning and therapeutic use of self. Ultimately, these are the factors that will determine the effectiveness of therapy. Similarly, although I am perhaps most proud of my work to make writing measurable occupational goals a reality, I recognise that measurable goals are not essential to good practice. I continue to believe, however, that occupational formulations and measurable occupational goals have the power to enhance the practice of Occupational Therapy. The two are interconnected, with formulations making a case for focusing on three or four issues over the mid- to long-term, and measurable goals articulating the way forward in the short-term.

When you read any of the formulations, ask yourself the following questions. … Do I get a sense of the person? … Do I have hope for this person? … If I had to assume responsibility for the therapy with this person, would I know what needed to be done? If the answers are 'Yes', then the formulation will have served its purpose and will help to support continuity of care, whether or not it is perfectly written. It is almost impossible to write a flawless formulation, especially in a clinical, time-pressured situation, (and I do not claim that the formulations in this book are perfectly written) but with practice, you will get better and better. Supervision can be really helpful too. As a supervisor, I used to read the identity and competence sections and then see if I could guess what the issues would be. Try it! If you can deduce the focus of therapy, then it is a sign that the formulation has made a good case for the issues.

I have lost count of how many occupational therapists have asked me 'Why are we not taught occupational formulation and measurable goals at university?' and for my own part, I often regret that therapists are not taught systematically to apply an evidence-based model in any depth. So I would be delighted if this book goes some way to help occupational therapists and students of Occupational Therapy to appreciate the Model of Human Occupation, and the power of occupational formulation and measurable occupational goals using MOHO.

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Sue Parkinson is the lead author of the Model of Human Occupation Screening Tool, (MOHOST) (2006), and the second author of the Model of Human Occupation Exploratory Level Outcome Ratings (MOHO-ExpLOR) (2017). She has worked as a freelance trainer providing workshops in the use of MOHO assessments since 2003 and has also written an intervention programme called Recovery through Activity (2014), which is underpinned by the MOHO framework and aims to promote the long-term benefits of occupational participation.

Acknowledgements

We are deeply grateful to Renée Taylor, editor of Kielhofner's Model of Human Occupation (MOHO) textbook (2017) and director of the MOHO Web, for endorsing this book as a MOHO resource. Our thanks also go to Gail Fisher, lead author of the Residential Environment Impact Scale (2014) and Carmen de las Heras de Pablo, lead author of the Volitional Questionnaire (2007) and the Remotivation Process (2003, 2019,) who have sustained Sue with their loving support and their deep-rooted knowledge of MOHO theory over many years. Most of all, we are indebted to Gary Kielhofner, MOHO's foremost author, who invited Sue to collaborate with him many years ago, on the strength of a single letter that she had sent to him.

Our MOHO journey has been influenced by so many people, and the more that we have taught occupational formulation and measurable occupational goals, the more we have been able to refine our ideas. Thank you to everyone who has added to our understanding, either by offering their insights at a workshop or by sending their work to be reviewed. Particular thanks are due to Derek Raitt, Professional Lead Occupational Therapist at Humber NHS Foundation Trust, for supporting the earliest efforts to write this book and to staff at Leeds Beckett University for their support in the later stages.

In addition, we wish to acknowledge all those who have encouraged us by embedding occupational formulations and goals using MOHO in their practice and to credit the following individuals who have inspired and supported our work.

Carla O'Hara
Occupational Therapist
Sligo Leitrim Mental Health Services, Ireland

Dee Christie
Retired Occupational Therapist, UK
Nice Fellow 2016-2019

Eddie Fenn
Occupational Therapist
Greater Manchester Mental Health NHS Foundation Trust, UK

Denise Harper
Retired Specialist Teacher
Derbyshire, UK

Nathalie Daughtry
Occupational Therapist
Sheffield Health and Social Care NHS Foundation Trust, UK

Suzie Willis
Allied Health Professional Lead
Camden & Islington NHS Foundation Trust, UK

Last but not least, we offer our heartfelt thanks to those who have reviewed the example formulations and/or contributed to the professional perspectives that are

included in this book. *A Guide to the Formulation of Plans and Goals in Occupational Therapy* would not have been possible without your collaboration.

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Part I

Understanding the concept of a formulation

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1 Where does the idea of formulation come from?

A brief history

Case formulation is firmly established in psychotherapy (Eells 2001) and in psychology, where one of the roles of a qualified psychologist is to take a lead on psychological formulation within the team (BPS 2011). It is also beginning to find favour in medicine (Macneil et al. 2012), mental health nursing (Rainforth and Laurenson 2014) and social work (Lee and Toth 2016). It is perhaps more surprising that case formulation has only just begun to be mentioned in occupational therapy literature (Brooks and Parkinson 2018); given that occupational therapists profess that they are not diagnosis-led (Robertson 2012).

Although occupational formulation is in the early stages of development, the foundations have been well-prepared. Back in 1969, the occupational therapist, Line, argued that the case method was a scientific form of clinical thinking, and encouraged the development of 'problem statements'. These statements placed the person's problems

> 'in relation to assets and liabilities in social adaptation, activities of daily living adaptation, and disease adaptation … [supporting] the philosophy that occupational performance may be improved by strengthening assets as well as minimizing liabilities' (Rogers 1982)

By the 1980s, occupational therapists were moving further away from the medical model and were redoubling their efforts to assert their occupational focus with varying degrees of success. Cubie and Kaplan (1982), for example, voiced their concern that many of the clinical decisions made by occupational therapists were based on intuition rather than a consistent reasoning process. They called for a more systematic approach to case analysis, based on the Model of Human Occupation (ed. Taylor 2017), and called for assessment tools to be developed to gather relevant occupational data.

Box 1.1 Author's note

by Sue Parkinson

I first heard about case formulation being used by occupational therapists when listening to Suzie Willis talk about 'Conceptualising clients from standardised assessments' at an Occupational Therapy conference (Willis and Forsyth 2003). A few years later, I was fortunate to be inducted into the same conceptualisation process, as part of a scholarship of practice with the UK

Centre of Outcomes, Research and Education (UKCORE), directed by Kirsty Forsyth, Lynn Summerfield Mann, and Gary Kielhofner (Forsyth et al. 2005a). I began to witness how formulation and measurable goals could transform the therapeutic relationship and occupational therapy outcomes, and by 2010 I was being invited to talk about my experiences with others.

My ideas regarding how to structure formulations and measurable goals have continued to develop over the last decade, and have been shaped by working with hundreds of wonderful occupational therapists, including Lisa Jamieson, who described formulation as the 'key for unlocking potential' (Jamieson and Parkinson 2017).

The Model of Human Occupation (ed. Taylor 2017) now offers a range of formal and informal assessments (Taylor 2017), but difficulties with articulating professional reasoning persist. The prevalence of psychological formulations may even have the power to distract occupational therapists from their occupational focus. For instance, Weiste (2016) was concerned that occupational therapists should focus on more than emotional regulation if they are to offer practical solutions to problems of everyday life, but did not appear to question why occupational therapists were spending their time offering counselling rather than more occupation-based interventions. In her article – *Formulations in Occupational therapy: managing talk about psychiatric outpatients' emotional states* – formulation was viewed simply as an ongoing process of reframing and redirecting a person's focus during a conversation.

Figure 1.1 The ideals of formulation.

Even when occupational therapy interventions are occupation-based, therapists may not be writing their treatment plans in a way that persuades the reader of its occupational relevance or importance (Page et al. 2015). More specifically, they may be neglecting the importance of their tacit knowledge, and in doing so they risk under-optimising their interventions (Carrier et al. 2010). This is a matter of real concern for theorists and practitioners who are convinced that the core skills of an occupational therapist lie not only in their visible interventions but also in their reasoning skills which are too often invisible – a concern that was articulated by Turner and Alsop (2015):

> *'The challenge for all occupational therapists is to make the invisible reasoning processes visible through the appropriate use of profession-specific language in discourses, assessments, reports, outcome measures, presentations and conversations, so that sound evidence is shown to underpin occupational therapists' visible practice'* (p747)

Occupational formulation provides the ideal platform for showcasing occupational reasoning skills. Connell (2015) goes so far as to recommend that occupational therapists should contribute their unique perspective to an integrated formulation, which she argues is necessary for a multidisciplinary approach in forensic services. This process requires that occupational therapists are able to offer a coherent formulation that others can comprehend in the first place. Thompson (2012) sets out a more ambitious plan, by urging the profession to practise case formulation in all complex cases, allowing their reasons for tailoring interventions to each person to be defined and made transparent. This call has been actively pursued by occupational therapists using the Model of Human Occupation (MOHO) (ed. Taylor 2017). So much so, that formulation is finally being recognised as a vital part of the occupational therapy process (Brooks and Parkinson 2018, Forsyth 2017) which would benefit from having a universal structure (Brooks and Parkinson 2018).

Box 1.2 Author's note

by Sue Parkinson

I would not be recommending the process of occupational formulation if I did not have experience of its feasibility and effectiveness across a range of occupational therapy services. Much of this experience stems from having worked as a Practice Development Advisor for occupational therapists in a large healthcare organisation in the UK, where MOHO had been adopted and occupational formulation had been introduced. A service-wide audit demonstrated that the vast majority of my occupational therapy colleagues were able to meet our agreed standards for occupational formulation, and a later survey indicated that it was possible for formulations to be documented in the majority of occupational therapy case notes (unpublished data).

The organisation in which I worked provided services for mental health and learning disability, and had facilities for children, adults, and older adults in community and inpatient settings. The only services struggling to document fully-developed formulations were those in fast-paced acute settings with high

caseload turnovers. Even here, however, occupational therapists were able to verbalise the outlines of formulations, produce succinct summaries and proceed to negotiate measurable goals based on the long-term issues identified, rather than short-term aims. Given that my clinical work was predominantly in acute mental health, this outcome continues to inspire me. I have always believed that inpatient settings offer more than short-term relief, and I am thrilled that even the most rudimentary of occupational formulations can pave the way for a person's recovery journey as they transition into the community.

In more recent years, I have explored the potential for occupational formulation with occupational therapists working in physical services, where occupation-centred practice has proved to be a challenge. It has been heartening to see how occupational formulation can offer the prospect of countering a process-led culture, and allow therapists to demonstrate their ability to be truly person-centred. These encounters have led me to agree wholeheartedly with Rob Brooks in endorsing the occupational formulation process across the breadth of occupational therapy practice (Parkinson and Brooks 2018).

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