

The Acceptability of the Cognitive Orientation to daily Occupational Performance (CO-OP) Approach in Practice: An exploratory qualitative study with UK CO-OP therapists.

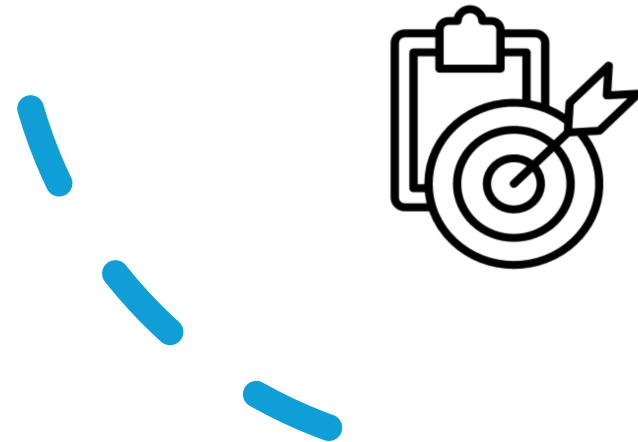
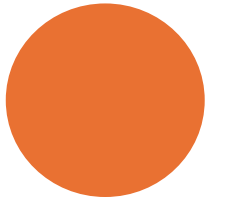
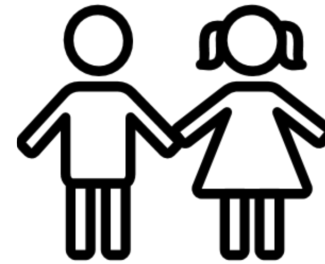
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Background

- CO-OP is a client-centred approach with problem-solving at its core.
- Based on principles of motor learning.
- It supports children and young people to problem solve strategies to achieve goals meaningful to them.
- International survey of CO-OP therapists' use of the approach identified barriers to implementation.
- Many UK therapists are trained in but not using CO-OP as intended in routine clinical practice.



The CO-OP Approach



- Child selects 3 goals
- Typically 10 sessions
- Therapist teaches Goal-Plan-Do-Check
- Dynamic Performance Analysis to find breakdowns in task performance
- Cognitive Strategy Use
- Involves parents/caregivers to support carryover
- Supports generalisability and transfer
- Evidence strong for DCD and growing for CP, ASD, ADHD.





Aims

1. To explore acceptability of the CO-OP Approach in routine clinical practice with children and young people by UK CO-OP trained therapists.
2. To understand potential issues for a future implementation trial of CO-OP in childhood-onset movement disorders.



Method

- Qualitative study
- 7 online focus groups with 31 participants (Oct-Dec 2023)
- Focus group question guide based on Theoretical Framework of Acceptability (TFA)
- Purposive sample of UK-based therapists trained in the CO-OP Approach
- Framework analysis and mapping of transcripts onto TFA to develop themes



Theoretical Framework of Acceptability

- Provides a structured, evidence-based guide for assessing the acceptability of healthcare interventions from the perspectives of people receiving or delivering them.
- Acceptability is a multi-faceted construct that reflects the extent to which people delivering or receiving a healthcare intervention consider it to be appropriate, based on anticipated or experienced cognitive and emotional responses to intervention.
- Acceptability is considered a useful construct for complex interventions.
- 7 domains of acceptability

Affective attitude

Burden

Ethicality

Intervention
Coherence

Opportunity
Costs

Perceived
Effectiveness

Self-Efficacy

Affective attitude

How an individual feels about the intervention.

- Participants shared overall positive feelings about the CO-OP Approach with examples of when it worked successfully.
- Positive feelings about the ethos of CO-OP empowering and focusing on what matters to children and young people.
- Some participants expressed frustration about service capacity to deliver CO-OP sessions.

Burden

The perceived amount of effort that is required to participate in the intervention.

- CO-OP is time consuming. Most NHS (health service) therapists report being unable to provide the recommended dosage of 10 sessions. Independent therapists report more flexibility in intervention dosage.
- Mixture of responses as to how much effort it takes:
 - Some find it less effortful as requires less physical resources / specialist equipment than other approaches.
 - Some find CO-OP cognitively effortful for the therapist, and need to refresh the principles before each session.

Ethicality

The extent to which the intervention has good fit with an individual's value system.

- CO-OP felt to be ethical and fair. Many reported CO-OP to fit within their ethos as an Occupational Therapist in being occupation-centred, client-centred and empowering to the child/young person.
- More ethical than impairment-based approaches. Some participants reflected on shift in interventions used over time.

Intervention Coherence

The extent to which the participant understands the intervention and how it works.

- Most felt the CO-OP approach was clear, however discrepancies noted in how CO-OP is used indicating poor fidelity.
- Most would like more mentorship, training and support to use CO-OP.

Opportunity Costs

The extent to which benefits, profits or values must be given up to engage in the intervention.

- CO-OP did not interfere with other priorities of participants.
- High dosage could conflict with service level priorities e.g., waiting lists and targets.

Perceived Effectiveness

The extent to which the intervention is perceived as likely to achieve its purpose.

- CO-OP felt to be effective for achieving specific goals, particularly with DCD/hemiplegia.
- Most participants provide lower dosage than recommended and felt they likely do not achieve transfer of strategies to new goals. Most felt this was not a problem with CO-OP but with how they use CO-OP.


Self-Efficacy

The participant's confidence that they can perform the behaviour(s) required to participate in the intervention.

- Takes time to develop skill and confidence with CO-OP.
- Participants in teams that use CO-OP, that have CO-OP embedded in service pathways and who have peer support were more confident.
- Participants in teams with limited time or without peers who use CO-OP had less confidence.
- More confident with DCD and hemiplegia, less with autism and movement disorders.

Clinical Trial of CO-OP with Movement Disorders

Barriers

- Lacked expertise and confidence in working with movement disorders and dystonia. 
- Concerns re time and service pressures which would impact capacity to support trial locally.
- Few children with movement disorders in community services. Unclear why this is, whether they are just not referred to OT.
- Wide variation in usual care from participant examples during focus groups and variation in how CO-OP used (groups, low dosage, school based etc.)
 - NOTE: Further research being done on usual care for Paediatric OT.

Clinical Trial of CO-OP with Movement Disorders

Facilitators

- Occupational therapists were willing to consider joining a future clinical trial.
- Participants felt families would be interested in joining but that they would want to receive CO-OP (via a waiting list protocol).
- Ideas generated in groups to obtain support:
 - Mentoring from an expert
 - Feedback (video recorded sessions)
 - Case study examples
 - Peer support



Conclusion

- Therapists find CO-OP acceptable but use it with low dosage and fidelity
- Low confidence using CO-OP with movement disorders
- Service structures and pathways act as a facilitator or barrier
- Need for an implementation trial to improve uptake
- Improvement needed in training and mentorship
- Future research needed on:
 - The acceptability of CO-OP to children, young people and their families.
 - CO-OP Fidelity

Thank You

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