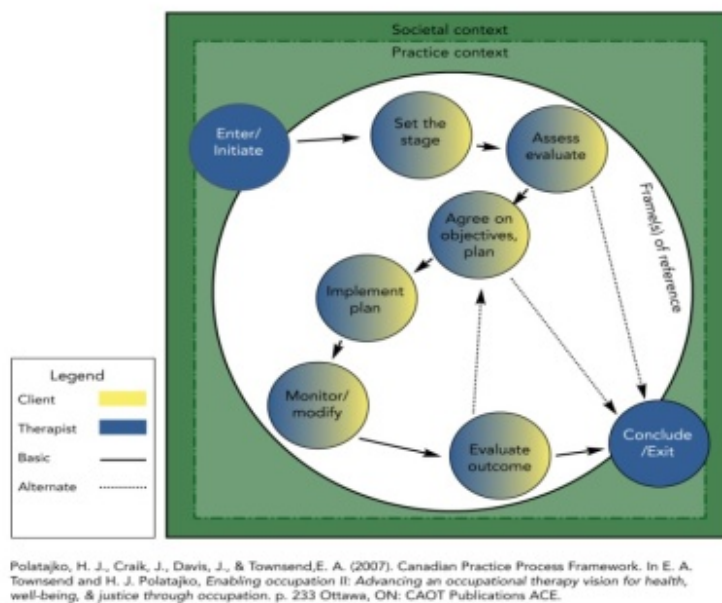**Canadian Practice Process Framework: Overview and Guide**
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Reference:
Townsend, E., & Polatajko, H. (2007). *Enabling occupation II: Advancing an occupational therapy vision for health, well-being & justice through occupation.* Ottawa, ON: CAOT Publications ACE.

Figure 9.1   Canadian Practice Process Framework (CPPF)

Polatajko, H. J., Craik, J., Davis, J., & Townsend, E. A. (2007). Canadian Practice Process Framework. In E. A. Townsend and H. J. Polatajko, Enabling occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation. p. 233 Ottawa, ON: CAOT Publications ACE.

The Canadian Practice Process Framework (CPPF) is comprised of four elements: three contextual elements, and an element depicting the practice process.

The three contextual elements include: the societal context, practice context, and frames of reference.

Societal context – the client and therapist are both situated in a broader societal context comprised of elements from the a) cultural, b) institutional, c) physical and d) social environments. (Townsend & Polatajko, 2007, p. 235)

Practice Context – embedded within the broader societal context, the process begins with the initiation of the referral and is influenced by the corresponding personal and environmental factors that the client and therapist bring to their interactions.

Frames of Reference – defined as sets of interrelated theory, constructs, and concepts that determine how specific occupational challenges are perceived understood and approach that

help guide clinical decision making (Townsend & Polatajko, 2007, p.243) Frames of reference include models of practice, theories, and methods of service delivery.

The fourth element depicts the occupational therapy process and is described in eight action points which can be used in their entirety, or in selected pathways through the process. There is flexibility in the process, considering the contextual elements. Solid lines depict a linear pathway from action point 1 – 8. Dotted lines indicate alternate routes that may be followed; for example, after assess and evaluate, the practice relationship may end.

The CPPF is founded on a Canadian Model of Client-Centred Enablement, which is described in Chapter 4 of Enabling Occupation II, and is depicted graphically in Figure 4.3. The action points in the CPPF rely on occupational therapists using a number of **enablement skills** which include: adapt, advocate, coach, collaborate, consult, coordinate, design/build, educate, engage, and specialize. These enablement skills are further described in the text in Chapter 4, and in brief in Table 4.5. At each action point, therapists need to consider which of these skills they will use.

The following provides a guide to the use of the CPPF's eight action points:

<u>Action Point 1: Enter / Initiate</u>

What: [What does this Stage involve?]
- The client is identified (may be an individual, family, organization, or community).
- Other stakeholders are identified.
- Consent for occupational therapy service is obtained.
- A relationship with the client that is grounded in partnership is initiated.
- Occupational challenges are identified.
- Therapist determines if referral is appropriate.

Why: [Why is this Stage important?]
- First point of contact.
- Sets the stage for all future interactions.
- Clients are provided with information to make an informed decision about consent.
- Therapist gains information about scope of referral.

How [How might we collect information during this Stage?]
- Review referral and other available documentation.
- Conduct initial interview with client about occupational challenges.
- Gain verbal and/or written consent to continue the process.

How information is used?
- Sets stage for future action points.
- Information on occupational challenges and consent will be documented.

Action Point #1: Questions for Consideration

- Who is the client? (an individual, family, group, organization, or community?)
- Does it appear that the client needs occupational therapy services?
- What are the client's perceived occupational challenges?
- Has the client consented to participate in occupational therapy?
- What model of service delivery seems most appropriate to work with the client?

Action Point 2: Set the stage

What:
- Clients are engaged in discussion with the therapist using either an occupational life course narrative or occupational history.
- Occupational issues and possible occupational goals are identified.
- Rapport is developed.
- Ground rules and expectations for the occupational therapist/client interactions are negotiated, including review of roles, responsibilities of clients, therapist, and other stakeholders.

Why:
- By the end of this action point, occupational issues to be addressed are more clearly articulated.
- The therapist can then reflect on "past experiences, knowledge, and possible theoretical frameworks to initiate the assessment process" (p. 254).
- The client and therapist will gain a mutual understanding of how they will interact in future and what they can expect from each other.

How:
- Interview individual and family clients using instruments such as the Canadian Occupational Performance Measure (COPM) (Law et al, 2004).
- Gain information on the occupational history of groups, communities etc. through "community screening tools, organization mapping, or population health data" (p. 254).
- Select frames of reference, including conceptual models or occupation-based models of practice (e.g. CMOP-E, PEO) and practice models (e.g. recovery model, sensory integration theory, ecological theory of aging) to organize information and guide selection of assessment strategies.

How information is used?
- Occupational challenges or issues can be documented.
- Direction for assessment can be formulated.

Action Point #2: Questions for Consideration

- Can you provide what the client needs?
- What are the client's perceived or potential occupational issues?
- What are potential occupational goals for the client?
- What theoretical frameworks will guide the assessment process?

Action Point 3: Assess/evaluate

What:
- In-depth evaluation of personal, environmental and occupational factors influencing the client's occupational issues.
- Provide potential recommendations based on analysis and interpretation of findings.
- At the end of this stage, it is possible that occupational therapy services will be concluded. This may occur if:
    - No occupational issues or goals are noted
    - The referral was for assessment and recommendations only
    - The client and therapist may decide to end the relationship because of a conflict in values leading to a breakdown in the process.

Why:
- Assessment information can be analyzed and interpreted to "determine a plausible explanation for each of the client's occupational issues" (p. 257).
- Assessment information can identify client and family strengths and resources.
- Issues would be shared with client and other stakeholders.

How:
- Consider using standardized and non-standardized data collection (information-gathering) procedures.
- Select from the range of assessment procedures available, including: "individualized standardized tests, creative media, and professional observation to the use of group or community assessment methods, such as focus groups, surveys, participant observation, and document review" (p. 256-257).

How information is used?
- All assessment results are documented, including interpretation.
- Assessment findings and interpretation are shared and discussed with the client and other stakeholders.

Action Point #3: Questions for Consideration

- What needs to be assessed based on the frame(s) of reference selected in action point 2?
- How should the assessment be conducted?
- What do the assessment findings mean in terms of the client's occupational issues?
- Should your interaction with the client continue to the next action point or end at this point? (The interaction may end if: no occupational issues or goals are noted; the referral was for assessment and recommendations only; you and the client may decide to end the relationship because of a conflict in values leading to a breakdown in the process.)

Action Point 4: Agree on objectives and plan

What:
- Occupational goals are established in partnership with clients and relevant stakeholders.
- Objectives are set.
- Plans are established to meet objectives and goals.
- In some situations, the relationship may end at this point, commonly when the occupational therapist is acting as a consultant. At the end of the process of agreeing on objectives and plan, the client and therapist may agree that the occupational therapist is no longer needed, OR the referral may specify that the consultation ends with a plan established.

Why:
- Goals are negotiated so that all parties agree on what the client is hoping to achieve from an occupational perspective.
- Objectives are the steps to achieve to reach the goal.
- Assessment findings and reasoning are used to understand the cause of occupational issues and to develop appropriate plans.

How:
- Negotiate goals, objectives and plans through discussion with clients and any relevant stakeholders.
- Use frames of reference, including conceptual models (e.g. CMOP-E, PEO) practice models (e.g. cognitive behavioural approach, biomechanical approach), and service delivery models (e.g., direct intervention, consultation) to guide the development of appropriate plans.

How information is used?
- Both the therapist and client will use this stage to come to agreement on what will happen next in the process of working together.

- A realistic plan should be the result of this process; the plan should be documented including a description of the approaches to be used and who is to implement.

Action Point #4: Questions for Consideration

- What is/are the occupational goal(s) that the client wants to work towards?
- What action-based objectives need to be achieved to reach the goal(s)?
- How will the objectives be achieved?
- Does the plan consider the occupational goals, objectives, background, assessment findings, a timeline, resource requirements, stakeholder involvement and evaluation methods?
- Should your interaction with the client continue to the next action point or end at this point? (Note that the relationship may end at this point if you are in consultation role, you and the client may agree that you are no longer needed, OR the referral may specify that the consultation ends with a plan established).

Action Point 5: Implement the plan

What:
- Implement the plan negotiated in Action point 4.

Why:
- To work towards the achievement of objectives and occupational goal(s).

How:
- Enablement skills are used to implement the plan, guided by a frame of reference.
- The client is engaged in intervention through occupation.

How information is used?
- The plan for implementation needs to be documented.

Action Point #5: Questions for Consideration

- What needs to be done to implement the plan?
- Who needs to act?
- What enablement skills should you use?
- What frame of reference is guiding the implementation of the plan?
- How is the client engaged through occupation to implement the plan?

Action Point 6: Monitor and modify

What:

- Ongoing formative evaluation to ensure the plan is being implemented as designed and to determine if the implementation is meeting objectives.
- Modification or redesign of the plan can be implemented if needed.
- Client progress towards objectives and occupational goals is monitored.

Why:

- It is important to ensure that the plan continues to be appropriate and is leading to the expected and desired change(s).

How:

- Collect data through informal discussions with the client or other stakeholders.
- May use more formal, intermittent standardized evaluations to provide documentation of changes occurring during intervention.

How information is used?

- To ensure that progress towards the objectives and goals is being made.
- Modifications to the plan may be needed; these changes would need to be negotiated with the client and other stakeholders.

Action Point #6: Questions for Consideration

- Is the plan being implemented as anticipated?
- Is progress being made towards achievement of the objectives and occupational goal(s)?
- Have there been changes to any of the contextual factors affecting implementation?
- Are modifications needed to ensure successful achievement?

Action Point 7: Evaluate outcome

What:

- Summative evaluation to determine if occupational goals have been attained.
- This action point may also be used to identify if there are further occupational issues that have not yet been identified or addressed in the process. If there are, the process may return to action point 4 to agree on new objectives and a plan.

Why:

- Information from this action point will guide the therapist and client in determining the next steps of their practice relationship.

How:
- Re-administer standardized and non-standardized assessments to evaluate change in outcomes relevant to occupational goals.
- May re-assess occupation or occupational performance (e.g., COPM) to determine if goals have been achieved and to identify if there are outstanding occupational issues.

How information is used?
- If the goal(s) have been achieved and there are no further issues, the practice relationship may be concluded.
- If the goals have been met, but further occupational issues are identified, the therapist and client may return to action point 4.
- If the goals have not been achieved, there may be a need to revisit the objectives and plan and re-implement, or a decision may be made to conclude the practice relationship.

Action Point #7: Questions for Consideration

- Have the client's previous occupational goals, issues or challenges been addressed through implementation of the plan?
- Are there further occupational issues that should be addressed?
- Should the practice relationship continue (by returning to Action point 4) or conclude at this point?

Action Point 8: Conclude/exit

What:
- The practice relationship is concluded by mutual decision of the therapist and client.
- The client is informed about routes to re-enter a practice relationship in future.
- The client and therapist determine if other referrals or community resources are required at this time.

Why:
- Relationship closure is an important final step to ensure all parties understand and agree on the reasons for conclusion.

How:
- Communication between the therapist and client is conducted.
- Complete a final report or discharge summary.

How information is used?

- Final documentation is maintained by the therapist and may be shared with the client or other stakeholders with consent.

Action Point #8: Questions for Consideration

- Do you and the client agree that the practice relationship should conclude?
- What documentation is required for a final report?
- Are further referrals needed for other services?
- Is the client clear on how to re-enter an occupational therapy practice relationship if needed?