HKRMTA
香港重燃動力治療協會有限公司
Hong Kong Remotivation Therapy Association Limited

Academic Sharing

Outcome Evaluation for Remotivation Therapy

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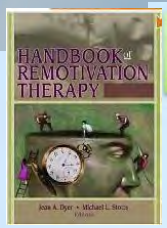
History of RT

1957 Smith, D.H. during World War II
1971 National Remotivation Therapy Org. (NRTO)
1974 Assoc. of Remotivation Therapists of Canada (ARC)
1984 Remotivation Therapist Assoc. of Ontario (RTAO)
2002 HK certified course by **Allyson Chiu**
2008 HK Remotivation Therapy Assoc. **(Grace Lee)**

RT Outcome Development



Trepper T. S. (2005) Handbook of Remotivation (Haworth Handbook Series in Psychotherpy)

Objective :… to evaluate the result of treatment using quick, quality, accurate, free of charge

2009 Field Trial
- RT Evaluation

2015 Propose
- RT Evaluation
- SOFAS
- ACIS – C
- SF-12
- WHO (Five)

2016 Evaluation
- RT Evaluation
- SOFAS
- ACIS – C
- SF-12 (Lee, et al 2017)
- WHO (Five) (Winther, et al. 2015)

OCCUPATIONAL THERAPY
Assessment Tools
AN ANNOTATED INDEX
3rd Edition • Edited by Ina Elfant Asher, MS, OTR/L

2018 Outcome Sharing
- RT Evaluation
- SOFAS
- ACIS – C

1974 2009 2015 2016 2018

3 3

The three Assessments

RT summary sheet and prepost

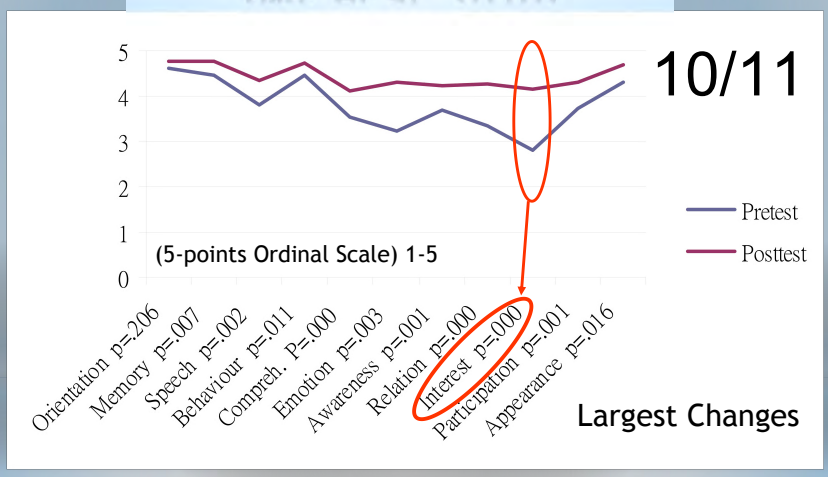
ACIS-C 拷貝.pdf

Social and Occupational

1. RT- Outcome Evaluation

* **Ng, B. F. L,**, Lo, M. T. P., Chan, A. S. B. (2009), Field Trial of Using Remotivation Therapy in Adult Psychiatry, *Hong Kong Journal of Occupational Therapy,*19(2), A11.
* ***Ng, B. F. L****, Lee, G. Y. Y.,* Chan, A. S. B., Ho, C. Y., Shih, S., Yim,V., & Lo, P. M.T.,(23 Oct 2010) Mind-body Intervention using remotivation therapy for people with mental illness in Hong Kong, *7th Pan Pacific Conference of Rehabilitation,* HKPU, HK.
* **Ng, B. F. L.**, Wong, K. K. Y., Lee, A. T. M., Kong, R. W. L., Shek, J. S. Y., Lee, J. C. K., Tang, D. C. S., Leung, F. S. Y., Tang, N. Y. M., Lui, W. K. Y., Chan, E. T. M., Sezto, H. N. W., Tang, S. K. L, Chow, E. O. W, Lee, G. Y. Y. (2016, May). *Social Functioning of Elderly with Cognitive Deterioration Using Remotivation Therapy*. Hospital Authority Convention 2016. Convention Proceedings. Hong Kong Hospital Authority. Hong Kong. http://www.scm.hku.hk/pdy2015

1. RT Evaluation Form
(Ng, et al. 2010)



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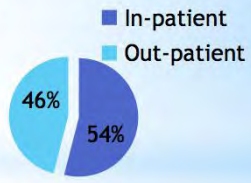
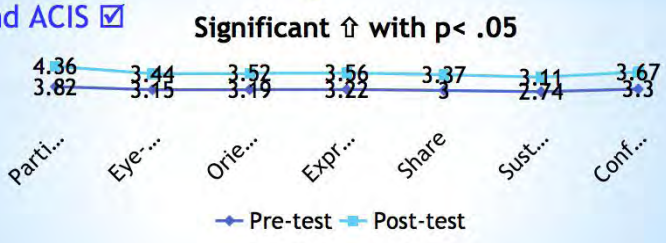
Social Functioning of Elderly with Cognitive Deterioration Using Remotivation Therapy

(Ng, BFL, Wong, KKY, Lee, ATM, Kong, RWL, Shek, JSY, Lee JCK, Tang, DCS, Leung FSY, Tang, NYM, Lui, WKY, Chan, ETM, Sezto HNW, Tang, SKL, Chow, EOW, Lee, GYY)
HA Convention 2016

Design: Cohort study *n* = 28 (16 *F*, 12 M)
Age: *M* = 79.25 *SD* = 5.14
Inclusion: Social & Cognitive F(x), i.e. (Schizo., Dementia, stroke)



Result:
- SOFAS, SF-12 & WHO-5 ☒ significant difference
- RT and ACIS ☑



2. ACIS –C

- Hsu, W., Pan, A. & Chen, T. (2008), A psychometric study of the Chinese version of the Assessment of Communication and Interaction Skills. OT in Health Care, 22(2/3), 177-185.
- Bonasksen, T. et al. (2011). Experience of occupational therapists students in using Assessment of Communication and Interaction Skills in mental health setting in Norway, BJOT 74(7), 332-338.
- Kjellberg, et al. (2016). Utilization of the Swedish version of the ACIS. BJOT, 79(4), 228-234.
- Ng, et al. (2016) ….

3. SOFAS (1)

* Developmental Milestone
  * Luborsky (1962) - Health Sickness Rating Scale (0-100 scaling)
  * Endicott et. al. (1976) revised as Global Assessment Scale
  * DSM(III-R) revised it as Global Assessment of Functioning Scale (GAF) in AXIS V
  * Goldman, et al. (1992) further suggested SOFAS
  * DSM(IV) include SOFAS as appendix
  * **Ng, B.,** Ip, Y. C., Lee, L., Chao, J., Ho, A.,& Wong, G. (2002). Validity and Reliability of Social and Occupational Functioning Assessment Scale (SOFAS). In Hong Kong Occupational Therapy association & Hospital Authority Occupational Therapy Coordinating Committee (Ed.), *OT Symposium 2002*, p.8. Hospital Authority, Hong Kong.
  * Smith G.N., et al. (2011). The assessment of symptom severity and functional impairment with DSM=IV Axis V, Psychiatric Services, 62(4), 411-417

3. SOFAS (2)

GAF - GAPS (Symptom) = SOFAS

* Assess social and occupational disability and independent of the severity of the psychological symptoms
* Include physical and mental impairment in functioning
* Exclude the effects due to lack of opportunity and other environmental limitations

3. SOFAS (3)

* Assume a social and occupational functioning on a hypothetical continuum (1-100) of mental health-illness
  * 100 = Superior functioning in a wide range of activities, **life's problems never seem to get out of hand**, is sought out by others because of his or her many positive qualities.
  * 50 = Serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job at expected or prior level of performance).
  * 1 = **Persistent** inability to maintain minimal personal hygiene; unable to function without harming self or others or without considerable external support (e.g., nursing care and supervision

3. SOFAS (4)

Rate for current situation

* At time of admission/ join the group
* At time of discharge

Rate for a period of time

* Highest/ Lowest level of functioning for at least a few months during the past year

Validity & Reliability of SOFAS

Aim

To explore the psychometric properties of Social and Occupational Functioning Assessment Scale (SOFAS) in evaluating the social and occupational functioning of adult patients with mental illness

Methodology

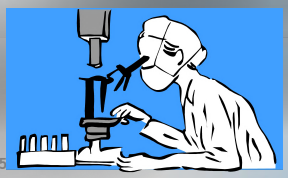
1. Convenient sampling from 8 settings
2. About 20 cases from each participating unit
3. Each case assess by 2 raters independently at Day 1, Day 7 and 3 months later

Check for

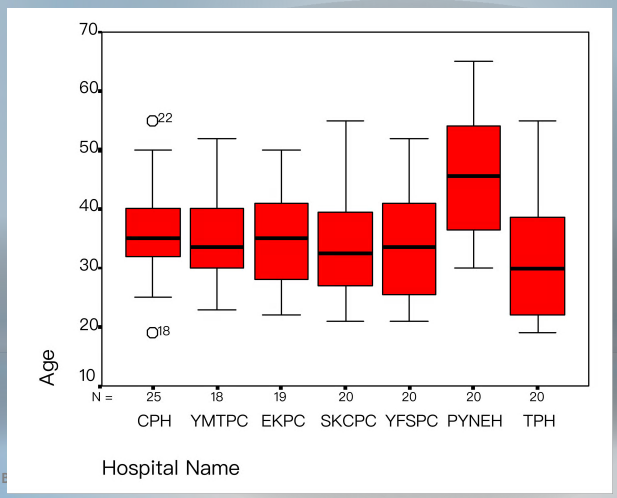
* Test-retest & inter-rater reliability,
* Difference in scores across time
* Any significant difference among different type of OT treatment

Demographic

- 150 valid cases from 8 settings
- 98 (65.3%) male; 52 (34.2%) female
- 98 (65.3%)Day patients; 52(34.2%) In-patients
- 128 (85.3%)W/S OT; 14 Ward OT; 8 SE
- 117 (78%) Schizo.; 15 Affective Dis.; 18 Others

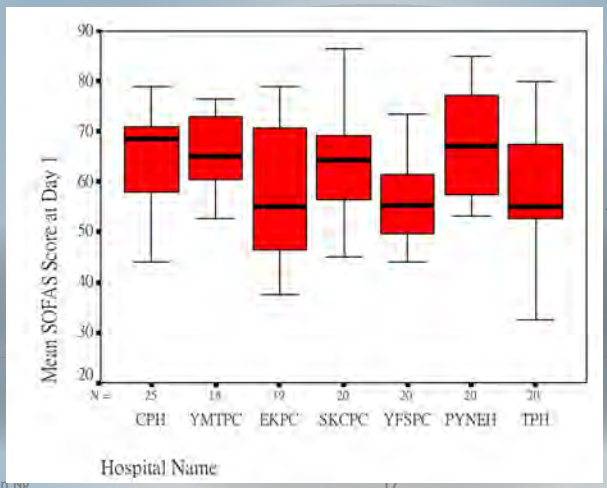


Settings Differences



PYNEH sample is older than others

Baseline Difference Among Settings



Mean difference among hospitals

(F=5.789, df=4,78, p=.000)

Reliability of SOFAS

Test-retest Reliability: Good

Rater 1: ICC(1,2) ρ_I = 0.91; α = 0.91; *N* = 145

Rater 2: ICC(1,2) ρ_I = 0.89, α = 0.89 ; *N* = 137

Inter-rater Reliability: Good

Time 1: ICC(2,1) ρ_I = 0.79, α = 0.79; *N* =142

Time 2: ICC(2,1) ρ_I = 0.78, α = 0.78; *N* =137

Time 3: ICC(2,1) ρ_I = 0.85, α = 0.86; *N* =83

Inter-rater reliability ICC ρ_I = 0.89 (Hilsenroth, el al., 2000)

Internal Consistency : Good (α =0.78 to 0.91)

(General Guideline: .5 = low, .5 t .75 moderate, .75 or above = good)

Validity of SOFAS

Convergent Validity

* Predictors of SOFAS (Out-patient, N=196) (Multiple Regression)
  * Access to and use of transportation (30.36%)
  * Social support, (2.40%)
  * Current living situation (3.57%)
  * Current potential for violence (3.06%)
  * The number of agency referrals (5.86%)

Discriminant Validity

* no statistical significant difference with Diagnosis groups
  ⇒ indicate independent of psychological symptom

(Patterson & Lee, 1995)

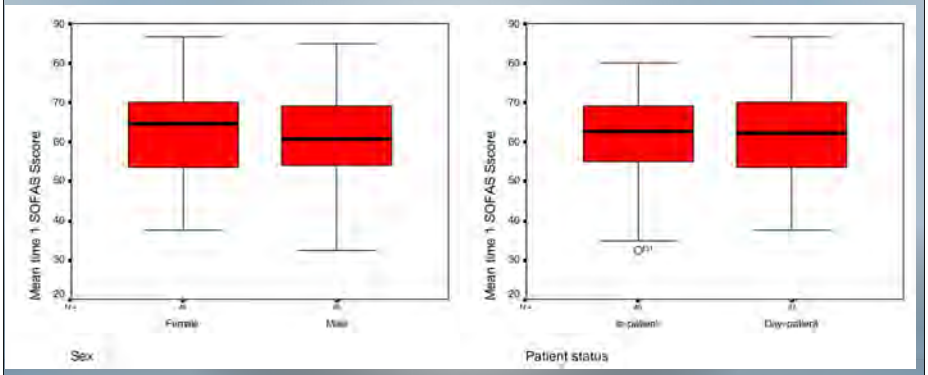
Validity of SOFAS

Concurrent Validity

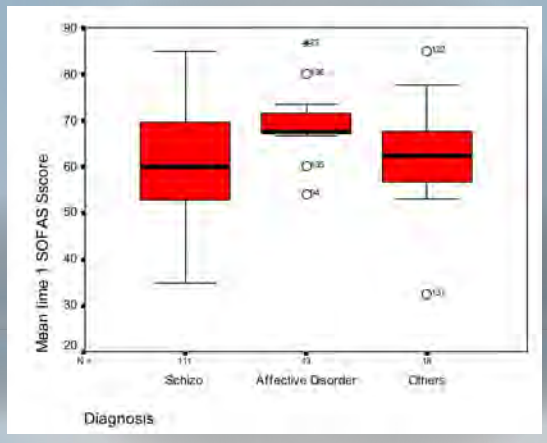
* Global Severity Index r = -0.37, p = .03; N = 36
* Global Scale of Social Adjustment r = -.47, p = .008, N = 31
* Inventory of Interpersonal problems r = -.46, p = .007, N = 33
* Personality disorder Index r = -.34, p = -.02, N = 44

Hilsenroth et al. (2000)

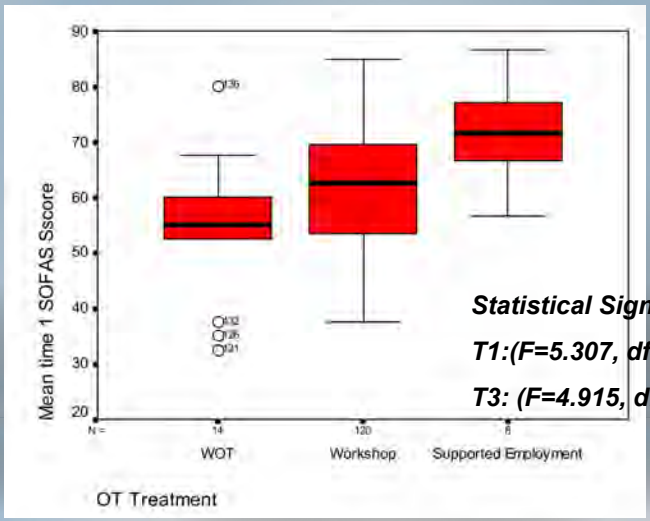
Pre-post 3/12 OT treatment Demographics



Discriminant Validity: Independent with Psychological factors



Reflect f(x)al difference in OT levels



Statistical Significant

T1:(F=5.307, df=2,80, p=.007)

T3: (F=4.915, df=2,80, p=.010)

OT Treatment effect Paired Sample T-test :

Baseline (M = 61.34, SD = 10.13, range 30 - 85)

3 months (M = 65.00, SD = 13.94, range 32- 95)

(n = 47, t = -2.916, df = 46, p = .005)

Sensitivity for 3 months treatment

Support for SOFAS

- Design limitations
- Rater training and calibration required
- Acceptable Psychometric properties
- Quick generic but crude
- 2 components: Occupational & social vs. 1 component ⇒ Personal and Social Performance Scale (PSP) (Morosini, et al, 2000)
  - Social useful activities
  - Personal & social relationships
  - Self-care
  - Disturbing and aggressive behaviours

Summary

- Know what you expect to observe after RT
  - RT evaluation, ACIS-C and SOFAS in Participation, social, occupational, communication, interaction, …
- Know your limits in time, space, person, capacity and availability
- Share failure and success for the future


Thank you