

## Supporting therapists with caseload management: An evidence- and theory-based approach for children's community occupational therapy

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**Introduction:** Occupational therapists struggle to provide services with limited resources while maintaining high quality. One response is to support individual therapists to keep clients on their caseloads for the shortest possible lengths of time (LoT) without reducing quality of care. To achieve this, we developed an evidence- and theory-based intervention to change therapists' behaviours related to assessment, treatment, reviewing, and discharging in children's occupational therapy.

**Objectives:** Step 1: to identify therapists' behaviours associated with clients' LoT on caseloads. Step 2: to identify therapists' beliefs about these behaviours. Step 3: to identify potentially effective methods for changing these behaviours and beliefs. Step 4: to combine these methods into a feasible and acceptable caseload management intervention.

**Methods:** Steps 1-2: Retrospective multi-centre studies in the National Health Service (NHS) in the UK were conducted, including interviews with therapists and a survey of children's case notes. Key behaviours and beliefs (i.e. predictors) were identified and mapped onto a theoretical framework. Step 3: On the basis of the predictors, methods likely to be effective were chosen from a taxonomy of behaviour change techniques. Step 4: Plans for delivering the techniques were systematically developed in collaboration with therapists and experts in behaviour change.

**Results:** Steps 1-2: The studies included data from 29 therapists and 142 case notes in six NHS services. The key behaviours were: therapists' formulation of defined goals and action plans; agreement of these with clients; and monitoring of treatment effectiveness against goals. This indicated that an intervention to reduce clients' LoT on community caseloads should target these behaviours. A range of therapists' beliefs about the behaviours (e.g. low confidence in formulating goals) were identified. Step 3: Seven potentially effective techniques were selected (e.g. self-monitoring, social support). Step 4: The techniques were combined into a standardised intervention package entitled Good Goals.

**Contribution to evidence and practice:** Occupational therapy professional leaders aiming to optimise use of resources may find it useful to support therapists to formulate defined goals, to agree these with clients, and to monitor treatment effectiveness against these. Good Goals provides evidence- and theory-based materials to support therapists to do this.