



Occupational Performance Coaching Fidelity Measure (OPC-FM)

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OPC-FM Scale Descriptors and Rating Guide

The Occupational Performance Fidelity Measure (OPC-FM) reflects raters' perception of the occurrence and quality of therapist and client behaviours described in OPC-FM items with general instruction provided in Table 1 ('OPC-FM Generic Scale Descriptors') and item-specific instruction provided in Table 2 ('OPC-FM Item Descriptor and Detailed Rating Guide'). Non-occurrence of therapist behaviour is indicated by a score of 0. Levels 1 to 3 indicate that the item occurred in the coaching, AND the quality of the therapist behaviour. Quality refers to how skilfully the therapist applies the OPC behaviour in the context of the particular therapist-client context. Distinguishing items are rated in the same way as other items with scoring reversed when scores are being summated. Definitions of each level of the scale are provided in Table 1 "Generic OPC-FM Scale Descriptors".

In brief, a score of:

(0) indicates that there was no evidence of the item behaviour.

(1) indicates that there was poor use of a behaviour to the extent that it is very unlikely that a therapeutic effect toward goal achievement will occur.

(2) indicates that moderate evidence of the behaviour was observed however some opportunities to extend the use of the item behaviour were missed, to the extent that goal progress is likely to be limited.

(3) indicates that almost all opportunities to apply the item were taken and fully utilised, to the extent that they are likely to substantially impact sustainable, goal-related actions and, thus, substantially influence goal achievement.

Table 1: Occupational Performance Coaching Fidelity Measure (OPC-FM) Generic Scale Descriptors

Score	Therapist Items	Client Items
0	<p>Therapist <u>does not demonstrate</u> the behaviour. The behaviour is not observed.</p>	<p>Client <u>does not demonstrate</u> or express the behaviour related to the item.</p> <p>There is no evidence of the intended response to the relevant therapist behaviours.</p>
1	<p>Therapist demonstrates the behaviour and the quality of behaviour is <u>low</u>.</p> <p>An attempt at the behaviour by the therapist was observed but the attempt did not elicit (or is not expected to elicit) the intended response from the client. The behaviour may have been ambiguous, incomplete or poorly timed.</p>	<p>The client exhibits or expresses the behaviour to a <u>low level</u>.</p> <p>There is some but very limited evidence that the client is responding as intended to the relevant therapist behaviours but responses are so weak that there is likely to be no sustained impact on goal achievement.</p>
2	<p>Therapist demonstrates the behaviour and quality of behaviour is <u>moderate</u>.</p> <p>An attempt at the behaviour was observed but with only <u>moderate accuracy</u> in relation to client's needs. A response from the client was observed but the rater perceives that a stronger response could have been elicited.</p>	<p>The client exhibits or expresses the behaviour to a <u>moderate level</u>, irrespective of the quality of therapist behaviour.</p> <p>There is moderate evidence that the client is responding as intended to the relevant therapist behaviours but a more overt response is desirable. There is likely to be a moderate impact on goal achievement but the full response was not apparent.</p>
3	<p>Therapist demonstrates the behaviour and the quality of the behaviour is <u>high</u>.</p> <p>An attempt at the behaviour by the therapist was observed which would normally be expected to elicit a strong response from the client, irrespective of whether or not it actually elicits a strong response.</p>	<p>The client exhibits or expresses the behaviour to a <u>high level</u>.</p> <p>There is clear (overt) evidence that the client is responding as intended to the therapist behaviours. The rater perceives that the client response is likely to have a substantial effect on client goal progress.</p>

Table 2: Occupational Performance Fidelity Measure (OPC-FM) Item Descriptor and Detailed Rating Guide

Fidelity item	Description	Rating guide
Critical components (items 1-9)		
1. Therapist expresses empathy through comment & gesture, comprising non-judgmental responsiveness to the client's emotional experience.	<p>This item reflects the quality of therapist's use of empathy and is a key indicator of the quality of the therapeutic alliance. The rater considers verbal (e.g., utterances, tone of voice) and non-verbal (e.g., eye contact, nodding) gestures that indicate responsive, timely and accurately pitched expression of empathy.</p> <p>Therapist's responses indicate non-judgmental acceptance of client's point of view and positive regard towards the client.</p> <p>The intended effect is that of the client feeling understood, with their experience acknowledged. However, the therapist is rated on their accurate <u>use</u> of empathy rather than the client's response (which is rated in item 12).</p>	<p>(0) Absent</p> <p>(1) Low</p> <ul style="list-style-type: none"> • Therapist shows limited expression of emotion or interest in response to client (e.g, limited nodding, smiling, uttering). • May over talk client or make few responses when a response is warranted. • Low use of client's words-instead reframes experience or description in professional language. <p>(2) Moderate</p> <ul style="list-style-type: none"> • Therapist shows moderate expression of emotion, interest in response to client. • Some discernment by therapist between points of high meaning/emotionality to client but timing or magnitude of response may mismatch client need for empathy. • Authenticity of empathy may be unclear or mixed. <p>(3) High</p> <ul style="list-style-type: none"> • Therapist shows high level of genuine empathy for client including non-judgmental acceptance, and attendance to their experiences. • Verbal and non-verbal response are well timed and well-pitched to match client need.

Fidelity item	Description	Rating guide
<p>2. Therapist prompts client-led goal setting around a situation that is clearly highly meaningful to client.</p>	<p>The therapist asks open-ended questions that invite clients to state their most valued current life goal. Invitations to goal statements are not prefaced with conditions (e.g., to fit a specific professional role). The therapist prompts goal clarification as often as is required for the client to articulate a goal that captures what is personally meaningful to them.</p> <p>The intended effect is that the goal reflects the client's current priority and core values. In doing so, the client's motivation for making changes toward goal achievement is high.</p> <p>Question examples include:</p> <ul style="list-style-type: none"> • <i>What is most important for you right now?</i> • <i>What is your priority today?</i> 	<p>(0) Absent (1) Low</p> <ul style="list-style-type: none"> • Therapist's questioning about goals is either too broad or too narrow to identify a clear but meaningful goal for the client. • Therapist seems to 'miss the main point' that the client is trying to make. • Therapist may attempt to shape goal statements into an area in which the therapist feels more comfortable. <p>(2) Moderate</p> <ul style="list-style-type: none"> • Therapist asks questions that attempt to clarify the client's goal but misses important opportunities to ensure the goal is clear and highly meaningful to the client. • Therapist may move into performance analysis questioning before goal is clearly stated. <p>(3) High</p> <ul style="list-style-type: none"> • Therapist persists in questioning to clarify a meaningful goal until the goal is clear to both therapist and client. • Therapist is able to use a wide range of questioning in order to clarify the goal when clients become uncertain or vague. • There is no attempt to influence the nature of the goal-beyond that it is clear and meaningful.

Fidelity item	Description	Rating guide
3. Therapist prompts occupation/participation focused (activity + context) expression of the goal.	<p>The therapist prompts the client to describe how the goal is manifest in the activities and contexts of everyday life situations.</p> <p>The intended effect is to help the client to be very clear about what specifically they are seeking to be different in their occupational performance/participation.</p> <p>Question examples include:</p> <ul style="list-style-type: none"> • <i>What will that look like?</i> • <i>How will you know when x is achieved?</i> 	<p>(0) Absent</p> <p>(1) Low</p> <ul style="list-style-type: none"> • Therapist is unable to clarify the expression of the goal as an activity and in a specific context is unclear. • Therapist settles on goals that remain abstract e.g., feeling better about something, describing a bodily function (e.g., ‘stronger, co-ordinated) or skill-based (devoid of life context or situation). <p>(2) Moderate</p> <ul style="list-style-type: none"> • Therapist directs clarification of the activity and context expression of goals to some extent. Therapist may miss opportunities to clarify the goal activity and context. • Questions may lack specificity thus having limited effect in clarifying the activity + context expression of the goal. • Questioning may move away from what is most meaningful to clients in places <p>(3) High</p> <ul style="list-style-type: none"> • Therapist asks specific questions to clarify the activity + context of goals while maintaining the meaningfulness of goals. • Therapist persists with goal clarification until the activity and context of goals is clear to both client and therapist.

Fidelity item	Description	Rating guide
<p>4. The therapist prompts the client to envision the preferred, future goal situation.</p> <p>In subsequent sessions the therapist refers to or prompts further clarification of the previously discussed vision.</p>	<p>The therapist asks the client to describe and visualise goal achievement in considerable detail including client's actions and interactions, and the optimal environmental conditions.</p> <p>Although this item relates to therapist application of the envisioning technique rather than clients response (see item 13), the intended effect on client is that they visualise themselves enacting the achieved goal. In doing so it is intended that the client gains insight into how the goal could be achieved and mental rehearsal of the actions leading to goal achievement.</p> <p>Question examples include:</p> <ul style="list-style-type: none"> • <i>Can you paint me a picture of what this will look like?</i> • <i>Imagine for a moment that there is no longer any problem and the goal is achieved. What do you notice is different?</i> • <i>Can you clarify x about how this will happen?</i> 	<p>(0) Absent</p> <p>(1) Low</p> <ul style="list-style-type: none"> • The therapist uses only one question type (once, or repeatedly) to elicit client envisaging of the preferred future performance. • The therapist does not redirect the client if they digress into describing the problem situation or other topics not directly related to the goal. <p>(2) Moderate</p> <ul style="list-style-type: none"> • Therapist uses a narrow range of questions to optimise client's focus on the preferred future goal performance. • The tone of envisioning questioning may encourage a focus on facts rather than immersed visualisation (e.g., brisk, detached, lacking shared visualisation). • The therapist does some redirection of the client when they digress from describing the preferred future performance, but allows the client to spend considerable time describing problems, without attempting redirection. <p>(3) High</p> <ul style="list-style-type: none"> • Therapist uses a wide range of questions to optimise client's focus on the preferred future goal performance. • The tone of questioning encourages full immersed visualisation of the desired future performance. The therapist appears to also be visualising the desired future performance. • When clients persevere on problem description, the therapist redirects the client to describing the preferred future performance or digress to other topics with respect and patience.

Fidelity item	Description	Rating guide
<p>5. Performance analysis is oriented mostly to the preferred (goal) situation and solutions leading to it. (i.e., performance analysis is not oriented to the problem or current situation).</p>	<p>This item describes the therapist’s orientation of discussion to the preferred goal situation rather than an orientation to the current (usually problem-oriented) situation. The orientation to the preferred (goal) situation is in contrast to a problem orientation in which a therapist might ask questions to fully understanding the cause of the problem (e.g., a person’s impairments or performance limitations).</p> <p>While this item is closely related to item 4 (envisioning) and item 6 (goal analysis), this item particularly captures the solution rather than problem orientation of therapist questioning. The intended effect on clients is to optimise their identification of strategies or changes towards goal achievement (since solutions tend to arise from describing the preferred future and not the current problem).</p> <p>Question examples include:</p> <ul style="list-style-type: none"> • <i>I’m curious to hear more about what you think that would look like when you are back at work</i> • <i>What would be happening instead, when the problem you’ve just described is not occurring?</i> 	<p>(0) Absent (1) Low</p> <ul style="list-style-type: none"> • Questioning is mostly directed to describing the problem (current performance) rather than the goal (preferred performance). <p>(2) Moderate</p> <ul style="list-style-type: none"> • Questioning oscillates between directing the client to describe the problem (current performance) and the goal (preferred performance). <p>(3) High</p> <ul style="list-style-type: none"> • Questioning is almost exclusively directed to the client describing, reflecting on or analysing the goal (preferred performance).

Fidelity item	Description	Rating guide
<p>6. Therapist prompts client-led performance analysis of the goal situation. Prompts relate to client's perceptions and understanding of goal situations rather than therapists understandings and perceptions.</p>	<p>This item reflects therapist's use of questions and prompts that cue the client to lead a detailed analysis of goal achievement (referred to in OPC as collaborative performance analysis), considering how aspects of the person, task and environment influence achievement of the goal situation.</p> <p>Distinct from item 4, the questions focus on <u>analysis</u> rather than <u>envisioning</u> of goal achievement.</p> <p>The intended effect on clients is active engagement in the analysis of development of insight into how goal progress can be made. Through this highly engaged learning process the client is enabled to identify strategies with low levels of direct input from the therapist (see items 13 & 14). Clients are also able to develop transferable skills in performance analysis related to their personal situation.</p> <p>Question examples include:</p> <ul style="list-style-type: none"> • <i>When you say you think your child knows what to do, what makes you sure about this?</i> • <i>Could you talk me through how you would like to see this task happening at work? What are the steps?</i> 	<p>(0) Absent</p> <p>(1) Low</p> <ul style="list-style-type: none"> • Questions relate to/ extend the therapist's understanding rather than the client's insights. • Questions seem irrelevant or unrelated to the client. • The therapist provides an analysis of the situation (rather than asking questions) without seeking permission from the client. • The therapist may <u>overtly</u> attempt to persuade (i.e., hint at influence or persuade) the client into a particular analysis/interpretation of goal-related performance. <p>(2) Moderate</p> <ul style="list-style-type: none"> • The therapist asks a moderate range of questions to prompt the client's analysis of goal related situations. Client reflection may be limited by an overly narrow range of questions. • Questions may be very abstract or worded using professional jargon that are difficult for the client to respond to. • The therapist may <u>subtly</u> attempt to persuade (i.e., hint at influence or persuade)) the client into a particular analysis/interpretation of goal-related performance. • The therapist makes some attempt to follow the client's lead in the analysis but with some reluctance to drop their own line of enquiry. <p>(3) High</p> <ul style="list-style-type: none"> • The therapist asks a wide range of questions that prompt the client to consider how aspects of the person, task and environment influence achievement of the goal situation. • Questions primarily relate to and extend client's understanding of the situation (rather than the therapists).

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- The therapist is flexible in changing the line of enquiry in response to client's understanding and reflections, while maintaining a focus on analysis of the preferred future performance.
 - The therapist goes at the client's pace, accepting the level of reflection/insight that the client arrives at within the exchange (i.e., not rushing the client to a fuller conclusion or understanding) and modifying questioning to prompt further reflection and analysis as new insights are reached.
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Fidelity item	Description	Rating guide
7. Therapist prompts client decision making/choices about identifying and selecting solutions/strategies leading to goal achievement.	<p>This item describes the extent to which the therapist places agency with the client to make explicit choices in judgement or action that relate directly to goal progress.</p> <p>Distinct from item 6 (which focuses on client led <u>analysis</u>, which may include descriptions, reflections or musings) this item focuses on instances in which the client is prompted to <u>make a decision or choice</u>.</p> <p>The intended <u>effect on clients</u> is evident in items 13 & 14 when client's independence in analysis and decision-making on actions is evaluated. In contrast to the effect on clients, item 7 captures the <u>therapist's behaviour</u>, irrespective of how strongly clients respond to the behaviour.</p> <p>Question examples include:</p> <ul style="list-style-type: none"> • <i>As you hear yourself describing these ideas, what seems most helpful to you at this point?</i> • <i>It sounds like you have a couple of choices here. What do your instincts tell you is most likely to work?</i> 	<p>(0) Absent</p> <p>(1) Low</p> <ul style="list-style-type: none"> • The therapist offers very few opportunities to the client to make a decision or choice in the analysis of the goal situation or in deciding action to take. • The therapist may assume that the client agrees with them on either analysis or actions/ strategies. • The therapist may be quite directive in what is discussed and/or what actions should be taken to progress goals. <p>(2) Moderate</p> <ul style="list-style-type: none"> • The therapist offers several opportunities for the client to make a choice in their opinion or action but misses several opportunities also. • The therapist may oscillate between cueing the client to make a choice/ decision or being presumptuous or directive as to what opinion the client has/ action they will take. <p>(3) High</p> <ul style="list-style-type: none"> • The therapist consistently offers the client opportunities to state their judgement, or choose a course of action. • The therapist is not directive or presumptive about the opinions, actions or choices of the client.

Fidelity item	Description	Rating guide
8. Therapist prompts client to specify details of their action plan (i.e., when, where, how, with whom).	<p>This item describes the therapist’s use of questions that prompt the client to be very specific about their intended action.</p> <p>Distinct from item 7, which reflects the overall degree to which opportunities for choice were offered to the client, item 8 reflects questions that centre on specific action choices, once a general strategy has been decided on by the client.</p> <p>The intended effect is to optimise the likelihood that the client will enact the changes (including strategies) that they have stated. In contrast to the effect on clients, item 8 captures the <u>therapist behaviour</u>, irrespective of how strongly clients respond to the behaviour.</p> <p>These specific action questions are intended to uncover any as yet unstated potential barriers to action that need to be addressed or circumvented. Barriers may be external (such as the absence of needed equipment) or internal (such as negative self-talk). These questions also optimise the likelihood of action by refining client’s visualisation of taking action.</p> <p>Question examples include:</p> <ul style="list-style-type: none"> • <i>When do you think would be the best time to try out this idea? To give this your best shot, who would be important to have present, or to not be there?</i> 	<p>(0) Absent</p> <p>(1) Low</p> <ul style="list-style-type: none"> • Therapist’s questions related to client’s enactment of strategies is vague and minimal. <p>(2) Moderate</p> <ul style="list-style-type: none"> • Therapist’s questions related to client’s enactment of strategies is somewhat specific and moderately thorough but some steps of enactment (e.g., where, when, how, with whom) are unclear. • There may be some hesitancy from the client in acting on the plan that the therapist did not probe (but ideally would have). <p>(3) High</p> <ul style="list-style-type: none"> • Therapist’s questions related to client’s enactment of strategies is detailed and thorough with a very specific description from the client about where, when, how, with whom they will enact the plan. • Any hesitancy indicated from the client at enacting the plan is probed and explored.

Fidelity item	Description	Rating guide
<p>9. Therapist prompts client evaluation of planned strategies and outcomes after they are attempted.</p> <p>(Subsequent sessions only. Mark NA if first session)</p>	<p>This item describes therapist’s questioning that explores client’s evaluation of how well planned actions from a previous session were enacted, or effective.</p> <p>The intended effect on clients is:</p> <ul style="list-style-type: none"> • Positioning as the authority on what works to achieve their goal; • Remembering their intention to act; • Engaging in more detailed analysis and reflection based on their observations of what worked; • Acceptance and persistence when situations do not go as planned. <p>Question examples include:</p> <ul style="list-style-type: none"> • <i>How well do you think your strategy worked?</i> • <i>How well would you say your child is doing at playing alongside others now?</i> 	<p><input type="checkbox"/> NA (if first session)</p> <p>(0) Absent</p> <p>(1) Low</p> <ul style="list-style-type: none"> • Therapist asks cursory or vague question as to how the plan worked. • Therapist assumes that the plan was implemented. • Therapist seems to have little interest in hearing that the plan may not have worked. • The therapist unilaterally states whether or not she thinks the plan worked. <p>(2) Moderate</p> <ul style="list-style-type: none"> • Therapist asks specific questions of the client’s evaluation of how well a plan worked however there may be lost opportunities to seek additional detail in what was enacted or how the client came to their conclusion of its effectiveness or otherwise. • The client is asked to judge whether or not the plan is working, but there may be some subtle coercion to reach a particular conclusion by the therapist. <p>(3) High</p> <ul style="list-style-type: none"> • The therapist asks specific questions of the client’s evaluation of how well the planned worked. • The therapist responds openly, showing curiosity, about any difficulties implementing the plan and in client’s evaluation of the plan (negative and positive). • The therapist asks follow up questions as to how the client thinks the plan could be more fully enacted, altered (or if it should be abandoned). • The client is asked to judge whether or not the plan is working.

Fidelity item	Description	Rating guide
<p>10. Therapist prompts client generalising successful strategies to other valued activities, contexts & roles.</p> <p>(Subsequent sessions only. Mark NA if first session)</p>	<p>This item reflects how thoroughly the therapist prompts the client to reflect on and enact generalisation of the strategy to other situations where it might be useful. This includes situations where other people might be encouraged to use the strategy, future situations and other circumstances in which the strategy might need to be modified.</p> <p>The intended effect on clients is to prompt generalisation and transfer of successful strategies.</p> <p>Question examples include:</p> <ul style="list-style-type: none"> • <i>Where else would this strategy be useful?</i> • <i>Who else that supports your wife could benefit from this strategy that seems to work well for you?</i> 	<p><input type="checkbox"/> NA (if first session)</p> <p>(0) Absent</p> <p>(1) Low</p> <ul style="list-style-type: none"> • Therapist asks cursory or vague question as to how the strategy could be generalised. • The therapist assumes that the client will generalise the strategy. • The therapist tells the client how they could/ should generalise the strategy. <p>(2) Moderate</p> <ul style="list-style-type: none"> • The therapist asks some questions as to how effective strategies could be generalised but does not persist to the extent that a specific response, likely to be enacted, is stated by the client. There is likely to be some effect on the client's future action but some opportunity to optimise this effect is lost. <p>(3) High</p> <ul style="list-style-type: none"> • The therapist asks specific and thorough questions as to how the client could apply the strategy in other situations including (but not exhaustively) alternative contexts, activities, roles, people and into the future.

Client response items (items 11 – 18) ***NOTE: Client level of response may not match the quality of the therapist’s OPC behaviour. A therapist may execute an OPC behaviour very well yet it is not effective in eliciting a response due to client-specific conditions. Alternatively, a therapist may apply an OPC behaviour poorly, or not at all yet the client spontaneously exhibits the intended behaviours described here. It is important to consider the degree of response separate to the quality of therapist’s attempt to elicit each client response.***

Fidelity item	Description	Rating guide
11. The client seems to trust the therapist.	<p>This item describes the rater’s impression of how relaxed, open and trusting of the therapist the client appears. The client appears to feel respected, accepted without judgement. This is a particularly subjective judgement by the rater.</p> <p>Distinct from item 1, this item refers to the client’s trust, rather than behaviours the therapist may have exhibited to engender trust.</p> <p>The intended effect is that the client is honest with therapist about their feelings and events related to goal achievement.</p> <p>This could be evident by:</p> <ul style="list-style-type: none"> • The client appears relaxed with the therapist (unguarded). • The client talks openly with the therapist (high level of disclosure). • The client is comfortable to express emotion as it arises. 	<p>(0) Absent</p> <p>(1) Low</p> <ul style="list-style-type: none"> • The client adopts distant or closed postures. • Their words are curt with no emotional expression. • The client sounds and appears guarded. <p>(2) Moderate</p> <ul style="list-style-type: none"> • The client appears fairly relaxed and partially guarded. • They may be open regarding information but with minimal emotional expression when difficult information is shared. <p>(3) High</p> <ul style="list-style-type: none"> • The client appears relaxed, open, expressive and comfortable throughout the interaction, including during disclosure of difficult or emotive information.

Fidelity item	Description	Rating guide
12. Client articulates specific reflection and analysis of goal related situations.	<p>This item describes clients' depth of reflection and analysis of goal related situations.</p> <p>Distinct from other items, this item centres on reflection and analysis, rather than planning (item 13) and enacting (item 14).</p> <p>The intended effect on clients is heightening clients' sense of competence and autonomy in understanding goal related situations thus increasing client's intrinsic motivation toward achieving their goals.</p> <p>Client specific reflection and analysis could be evident as:</p> <p><i>Client: When I think about it, I guess he [employer, child, partner] probably is a bit worried/ uncertain/ frustrated. Really, he should know what is going to happen...[silence]..a big assumption, I guess.</i></p>	<p>(0) Absent</p> <p>(1) Low</p> <ul style="list-style-type: none"> • Client makes very vague/ general statements about what they have observed of goal-related performance or their preferred future performance. • No new insight is evident. The client is unlikely to act differently in the coming week during goal related activities. • No/limited silent periods during the session when the client is thinking. <p>(2) Moderate</p> <ul style="list-style-type: none"> • There are silent periods during the session when the client appears to be thinking. • Client's comments indicate some reflection and insight but only to a moderate level. There may be some resistance/ hesitancy to reflect more deeply. • There is likely to be some impact on client behaviour in the coming week that may impact goal progress but there is a sense that the reflection is unresolved. <p>(3) High</p> <ul style="list-style-type: none"> • There are silent periods during the session when the client is thinking. • Client's stated reflections and analysis are specific, clear and evolving • The client appears to answer their own question, or have an insight stimulated from their own reflection. • New learning in relation to goal situations is evident. • The client is very likely to act differently in the coming weeks, due to insights gained, in a way that is likely to impact goal progress.

Fidelity item	Description	Rating guide
<p>13. Client articulates specific planned actions within goal-related activities outside of direct contact with therapist.</p>	<p>This item reflects the clarity and specificity of clients' descriptions during sessions of what they intend to do differently to progress towards goal achievement.</p> <p>Clear and specific statements of intended actions are more likely to be implemented than vague statements.</p> <p>Distinct from item 14 (which addresses <u>enactment</u>) this item reflects <u>stated intended</u> actions.</p> <p>The intended effect on clients is greater commitment to enacting the plan, thus goal progress.</p> <p>This could be evident by: Client: <i>Tuesday night would a good time to sit down with the family and plan this. We should turn off the T.V. - no devices.</i></p>	<p>(0) Absent</p> <p>(1) Low</p> <ul style="list-style-type: none"> • Client describes vague intended action; it is not entirely clear what will happen, where, how or with whom. • It seems unlikely to the rater than the client will actually enact the plan. • The client's tone of voice indicates low enthusiasm for the plan, even though it is their idea. <p>(2) Moderate</p> <ul style="list-style-type: none"> • The client describes a somewhat specific plan. However it is not entirely clear what is intended to happen. • The client may not answer therapist's attempts to clarify the plan. • The client may appear conflicted (i.e., motivated but hesitant) as they describe the plan. <p>(3) High</p> <ul style="list-style-type: none"> • The client describes very clear and specific plans about when where, how, what and with whom they will enact the plan. • It appears that the client is quite likely to attempt to enact the plan with conviction and perseverance.

Fidelity item	Description	Rating guide
<p>14. Client reports enacting actions intended to improve goal progress (including planned actions and innovations) in subsequent sessions.</p> <p>(Subsequent sessions only. Mark na if first session)</p>	<p>This item describes client’s exhibiting evidence of <u>enacting</u> plans or ideas discussed with the therapist. This may occur during the session (such as ways to support someone with physical disabilities to transfer from chair to toilet). Enacting of plans might also be illustrated by clients reporting of what was done between sessions such as strategies to better manage the morning routine. Actions may have been explicit part of the plan from prior session or may be new ideas that the client developed independently, but were intended to influence goal progress.</p> <p>This item is distinct from Item 12 (which captures the extent client’s state what they <u>plan to do</u>). Item 14 instead captures what clients actually did.</p> <p>The intended effect on clients is goal progress and a developing sense of their own autonomy and competence in affecting change.</p> <p>Responses could include: Therapist: <i>So, what did you do differently since we last spoke?</i> Client: <i>I don’t know really. I guess I just waited a bit longer before jumping in to help.</i> Therapist: <i>What happened as you tried to implement your plan from last week?</i> Client: <i>It was really hard. I was worried it would upset everyone. But I was determined to try. It did seem to help.</i></p>	<p><input type="checkbox"/> NA (if first session)</p> <p>(0) Absent</p> <p>(1) Low</p> <ul style="list-style-type: none"> Client reports taking no or very limited action (planned or otherwise) intended to progress towards goal achievement. No effect on goal progress is anticipated based on client actions (observed or reported). <p>(2) Moderate</p> <ul style="list-style-type: none"> Client reports taking some actions that were intended to progress towards goal achievement. Action may have been with limited conviction or not sustained over the week, but some moderate effect on goal progress is anticipated from actions. <p>(3) High</p> <ul style="list-style-type: none"> Client reports taking substantial and sustainable actions like to significantly impact on goal progress.

Distinguishing items (15-18) ***NOTE: The following items reflect what therapists attempting to implement OPC should not do. High scores in these items reflect low quality implementation of OPC. A therapist may execute other OPC behaviours well and also engage in the following behaviours. This would reduce the therapists overall fidelity score. Scores are reversed at the point of summing scores.***

Fidelity item	Description	Rating guide
15. Therapist provides advice without implicit or stated permission.	<p>This item describes therapist behaviours in which direct, unsolicited advice is provided by the therapist. Permission from the client is not sought by the therapist or stated.</p> <p>This item is the inverse of items 12 and 13.</p> <p>The effect on the client of direct unsolicited advice is likely to reduce their sense of their own competence and autonomy in self-managing goal related situations.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • <i>What you need to do is...</i> • <i>Do you know about the x programme? It works really well in situations like this. Here, let me show you.</i> 	<p>(0) Absent</p> <p>(1) Low [consistent with OPC]</p> <ul style="list-style-type: none"> • The therapist does not provide unsolicited advice. • Any new information introduced by the therapist is preceded with the seeking of permission from the client to do so. • Following information sharing, the client is asked to critique the information or decide if or how it could be applied to their circumstances. <p>(2) Moderate</p> <ul style="list-style-type: none"> • Therapist provides advice with some attempt to obtain permission from the client, but does not wait for or clarify if permission is given. The therapist may either ask permission but then not check if the client found it valuable, or plans to apply it. <p>(3) High [inconsistent with OPC]</p> <ul style="list-style-type: none"> • Direct and unsolicited advice given. • Therapist appears to assume (i.e., does not clarify) that the client wants the information and will apply it.

Fidelity item	Description	Fidelity item
16. Therapist attempts to persuade client to agree with therapist's interpretation or ideas.	<p>This item describes behaviours by the therapist that are intended to convince the client to agree with the therapist. They may be directed at any aspect of the discussion such as analysis of a situation, actions to take or evaluation of the effects of any actions.</p> <p>Distinct from item 15 this item refers to the use of words or tone of voice to not just inform/advise (as in item 15) but to persuade or convince the client to agree with the therapist.</p> <p>The effect on clients may be either a distancing from the therapist (i.e., a loss of trust), lying to the therapist about their intention to act or loss of client sense of autonomy and self-confidence.</p> <p>Examples include: Therapist: <i>I really think this is the best approach. You will give it a try, won't you? You see, [child] does prefer it like this, don't they.</i></p>	<p>(0) Absent</p> <p>(1) Low [consistent with OPC]</p> <ul style="list-style-type: none"> • No use of persuasion, covert (e.g., hinting) or overt (e.g., imploring, suggesting or strongly recommending) • Therapist consistently allows client to retain their autonomy in making observations, evaluations and choices. • Therapist may, with permission, offer information but does not attempt to influence client's opinion of the information. <p>(2) Moderate</p> <ul style="list-style-type: none"> • The therapist mostly allows the client to be the judge and make decisions throughout the session but with some subtle imposition of their authority in a way intended to sway clients stated opinions or actions. <p>(3) High [inconsistent with OPC]</p> <ul style="list-style-type: none"> • Therapist uses words and tone of voice to persuade or influence client at key points of analysis, decision making or evaluation. • Client sense of autonomy in making decisions is likely to be reduced as a result.

Fidelity item	Description	Rating guide
<p>17. Therapist summarises or paraphrases the client's words in their own words, rather than using clients' words.</p>	<p>This item describes therapist use of their own wording to summarise, synthesise or paraphrase what clients' have said or expressed.</p> <p>The effect on client may be a diminished sense of autonomy (i.e., control over the direction of the conversation) and competence in being able to articulate and understand situations fully.</p> <p>Examples include: Client: <i>I'm feeling lost, like things are hopeless.</i> Therapist: <i>You're in crisis. Your depression is really impacting on your ability to function.</i></p> <p>Therapist: <i>So, there is some very different sensory processing going on here, and it is affecting multiple systems.</i></p>	<p>(0) Absent</p> <p>(1) Low [consistent with OPC]</p> <ul style="list-style-type: none"> • There may be some introduction of new words to extend client's reflection and insight, however this is brief. The client is invited to clarify or disagree with any brief summaries. • There is a sense that the client is the authority on their own lives. <p>(2) Moderate</p> <ul style="list-style-type: none"> • There is some use of client's words but this is augmented by therapist's language, paraphrasing client's expression in a way that directs authority to the therapist rather than the client. <p>(3) High [inconsistent with OPC]</p> <ul style="list-style-type: none"> • The therapist predominantly responds to clients using their own words to summarise the client's expression. • There is limited use of client's direct language. • There is a sense that the therapist is the expert, e.g., through lengthy description of client's circumstance or through use of professional language.

Fidelity item	Description	Rating guide
<p>18. Therapist uses ‘hands on’ techniques (e.g., hand over hand) on the goal subject for the purposes of directly improving performance (excluding teaching or demonstrating a strategy to the client).</p>	<p>This item describes the use of hands on techniques by the therapist for the purposes of affecting change in goal related performance. This excludes the use of techniques used with client’s permission to demonstrate or explore the effectiveness of a technique that the client is interested in using.</p> <p>The effect on the client is likely to be a reduction in their sense of autonomy and competence in affecting goal achievement independently.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Hand over hand • Movement facilitation 	<p>(0) Absent</p> <p>(1) Low [consistent with OPC]</p> <ul style="list-style-type: none"> • Hands on techniques are not used at all • Hands on techniques are used only with permission and for the purposes of collaborative exploration or teaching of client/others in the goal environment to use. • No direct impact on goal progress is anticipated to have occurred from use of the hands on techniques. <p>(2) Moderate</p> <ul style="list-style-type: none"> • Hands on techniques are used with permission, but outside of the purposes of collaborative exploration or teaching of client/others in the goal environment to use. <p>(3) High [inconsistent with OPC]</p> <ul style="list-style-type: none"> • Hands on techniques are used without permission or with the intention to directly impact goal progress.

OPC Fidelity Measure

Rater ID _____ Therapist _____ Date Scored _____ Code _____ Session# _____

Goal: Who _____ Activity _____ Context _____ Extent _____ By when _____

	Quality Rating					Items
	0	1	2	3	NA	
						Summary self-reflection or feedback:
Critical Components						1. Therapist expresses empathy through comment & gesture, comprising non-judgmental responsiveness to the client's emotional experience.
						2. Therapist prompts client-led goal setting around a situation that is clearly highly meaningful to client.
						3. Therapist prompts occupation/participation focused (activity + context) expression of the goal.
						4. The therapist prompts the client to envision the preferred, future goal situation. In subsequent sessions, the therapist refers to or prompts further clarification of the previously discussed vision.
						5. Performance analysis is oriented mostly to the preferred (goal) situation and solutions leading to it. (i.e., performance analysis is not oriented to the problem or current situation).
						6. Therapist prompts client-led performance analysis of the goal situation. Therapist prompts relate to <u>client's perceptions</u> and understanding of goal situations rather than therapist understanding or perceptions.
						7. Therapist prompts <u>client decision-making/choices</u> about identifying and selecting solutions/strategies leading to goal achievement.
						8. Therapist prompts client to specify details of their action plan (i.e., when, where, how, with whom).
						Subsequent sessions only. Mark NA if first session. 9. Therapist prompts <u>client evaluation</u> of planned strategies and outcomes after they are attempted.
						Subsequent sessions only. Mark NA if first session. 10. Therapist prompts client generalising successful strategies to other valued activities, contexts & roles.
Client Response						11. Client seems to trust the therapist.
						12. Client articulates specific <u>reflection and analysis</u> of goal-related situations.
						13. Client articulates specific <u>planned actions</u> within goal-related activities outside of direct contact with therapist.
						Subsequent sessions only. Mark NA if first session. 14. Client reports <u>enacting actions</u> intended to influence goal progress (including planned actions and innovations) in subsequent sessions.
Distinguishing						15. Therapist provides advice without implicit or stated permission.
						16. Therapist attempts to persuade client to agree with therapist's interpretation or ideas.
						17. Therapist summarises or paraphrases the client's words in their own words, rather than using client's words.
						18. Therapist uses hands on techniques (e.g., hand over hand) on the goal subject for the purposes of directly improving performance (excluding teaching or demonstrating a strategy to the client).
					COLUMN TOTALS	
First Session (items 1-8; 11-13; 15-18) Total score ___/ 45 : ___ %						Subsequent Session (all items) Total score ___/ 54 : ___ %

