From Paternalism to Partnership: the Evolution of a Family-Centered, Episodic Service Delivery Model in the California Children's Services

Medical Therapy Program
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Stimulus For Change

Therapy services were not client or family-centered.

- Although high quality Physical and Occupational Therapy services were provided to each client, there was minimal client and family involvement in problem identification, goal-setting, generating treatment recommendations, implementing interventions, and assessing outcomes.
- Families were not expected to attend therapy appointments with their children.
- Families had unrealistic expectations of therapy's ability to ameliorate clients' disabilities.
- Families tended to become distressed when the frequency of therapy services was reduced, and often expressed that they felt the therapy staff had "given up" on their children. They felt that they did not have the skills necessary to carry out therapeutic activities in the home as they were "not therapists".
- During transition planning meetings with the Medical Social Worker, families often expressed that they felt ill-equipped to meet their children's special health care needs after their CCS eligibility ended at age 21.

Clients had inequitable access to therapy services.

- A program wide review emphasized direct treatment services resulted in 20% of the clients receiving 80% of the treatment services. These clients commonly received twice weekly treatment sessions for a period of three to five years. Slow functional progress was typically demonstrated, despite long-term direct therapy services.
- The remaining clients received inconsistent access to services in the form of periodic monitoring. Until 2006, these clients typically did not have formal re-evaluations and often did not have an updated home program. Following the transition to monitoring services, clients tended to continue to receive this level of services for the remainder of their involvement in the CCS Medical Therapy Program.

Our therapy staff aims to provide exceptional services that are client and family centered in order to empower clients and their caregivers to actively participate in the therapy process. We continually strive to provide the right therapy at the right time.

- Families are respected as the experts about their children (Rosenbaum, King, Law, King, & Evans, 1998). Families and clients are involved in identifying problems (Blank, Horowitz, & Matza, 1995; CAOT, 1997); Gerteis, Edgman-Levitan, Daley, & Delbanco, 1993; Law, Baptiste, & Mills, 1993), goal-setting (CAOT, 1997), and measuring progress using the Canadian Occupational Performance Measure (COPM).
- A parent or caregiver is required to attend every therapy appointment with the client. Clients and family members are empowered to practice skills in a supportive environment, with the therapy staff as coaches and mentors, and providing immediate feedback. Open lines of communication are maintained (Blank, Horowitz, & Matza, 1995; CAOT, 1997; Gerteis et al., 1993) as therapy staff, clients, and family members discuss progress, modify home program and treatment activities, and adjust expectations in response to change.
- Episodes of direct treatment services followed by periods of monitoring are provided as families partner with therapists to identify the client's needs/ readiness for different levels of intervention to reach identified goals. Considerations include ability of client to participate, presence /absence of critical period, level of clinical skills required, and amount of family support available (Bailes, Reder, & Burch, 2008).
- Clients and/or their families are viewed as crucial partners in the journey towards empowerment and independence (Jeffries, 2009).

Functional Outcomes
California Children’s Services Medical Therapy Program utilizes the Functional Improvement Scale (FISC) Gross Motor and ADL assessments to document clients' functional change in mobility and self-care skills at each evaluation. FISC data indicate that on average clients experienced greater functional gains following implementation of the new model of service delivery.

Customer Satisfaction
Survey results indicate that families experience a high level of satisfaction with the services that they receive, with 99% of survey respondents reporting they are satisfied or very satisfied with the care their children receive.

The Measure of Processes of Care (MPOC) – A Means to Assess Family-Centered Behaviours of Health Care Providers

Results of Service Provider MPOC assessments reveal staff feel they: Make sure parents have a chance to say what is important to them
- Treat children and their families as people rather than as a "case"
- Help parents feel like a partner in their child’s care

Results of MPOC-20 assessments completed by nearly 100 families reveal they feel staff:
- Treat them as an equal rather than just the parent of a patient
- Help them to feel competent as a parent
- Plan together so they are all working in the same direction

Going Forward
Family Centered Service: Continue to explore strategies to provide services in a manner that supports and empowers each client and their family.

Outcomes: Identify sensitive, widely recognized, reliable, valid outcome measures to more effectively capture outcome data for our individual clients and to explore the efficacy of our therapy services delivery model.

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