

Cognitive Orientation to daily Occupational Performance (CO-OP) with children with executive functions deficits following acquired brain injury: a qualitative study of care partners involvement

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INTRODUCTION

The involvement of families in the rehabilitation of children with cognitive and/or behavioural deficits favours quality outcomes and generalization and transfer of skills to other contexts. A meta-analysis of family-centred care-giving practices found an association between collaborative parent-therapist relationship and greater parental sense of efficacy, positive parenting, and family well-being, all of which have an impact on children's behaviour and functioning. Family-centred care approaches encourage the development of a collaborative parent/therapist relationship to support children with occupational performance difficulties and recognize parents as partners with expertise. Acquired brain injury (ABI) is the leading cause of death and acquired disability in children. Executive function (EF) deficits are common in this population, with major consequences for activities of daily living. To date, there is a lack of validated effective interventions for EF rehabilitation, but there is growing evidence supporting more context-sensitive interventions focused on the use of metacognitive strategies, problem-solving and self-regulation, with greater benefits when families/caregivers are also involved. The Cognitive Orientation to daily Occupational Performance approach (CO-OP) includes these characteristics. CO-OP is an occupation-oriented problem-solving approach for persons who experience difficulties performing the skills they want to, need to, or are expected to perform. CO-OP engages the individual at the metacognitive level to solve performance problems through strategy use. In CO-OP, the involvement and commitment of a care partner is a key structural element of the intervention.

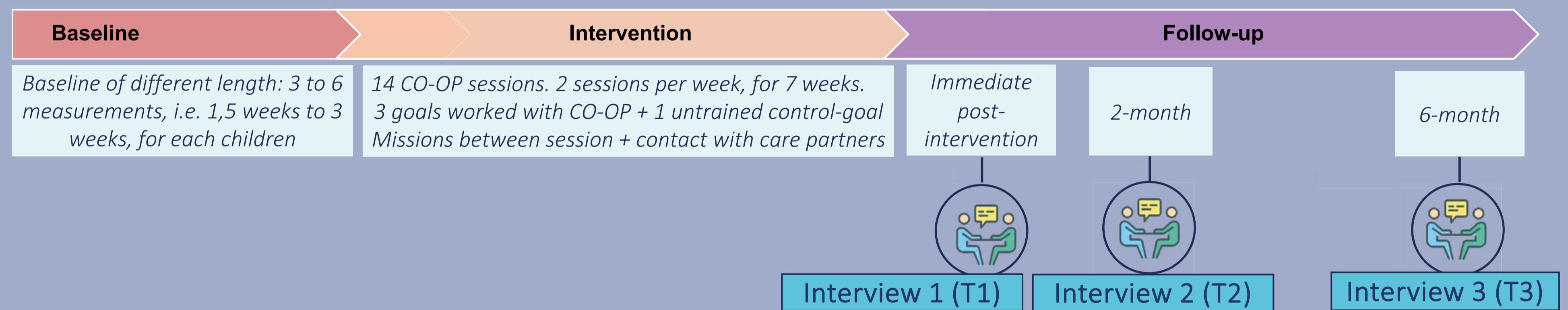
OBJECTIVE

To gain insight into the experience of care partners whose child with ABI participated in a CO-OP intervention.

METHODS

Study design:

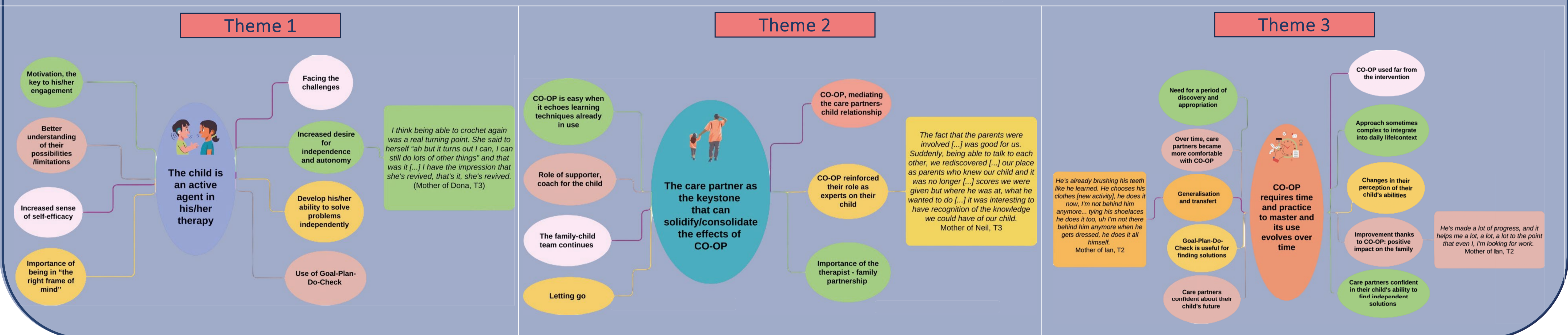
A qualitative descriptive research design was used to describe the experiences of care partners. Semi-structured interviews were conducted with care partners at 3 time-points: at the end of the CO-OP intervention (T1); at 2-month post-intervention (T2); and at 6-month (T3) post-intervention.



RESULTS

33 semi-structured interviews were performed with 13 care partners of 12 children/youth with EF deficits following severe ABI (11 mothers of 11 children; 1 physiotherapist and 1 specialised educator for the 12th child).

An inductive qualitative content analysis was carried out. Three themes emerged from the interviews describing care partners' experience in the CO-OP process:



DISCUSSION

- Care partners emphasized that children's active participation in CO-OP increased their motivation and engagement, which enhanced their self-belief and self-efficacy. Similar findings were reported in studies of care partners of children with developmental coordination disorders (Mandich et al., 2003; Martini et al., 2021) and cerebral palsy (Jackman et al., 2017).
- Care partners attribute these improvements to the CO-OP problem-solving method, which includes dynamic performance analysis, the goal-plan-do-check strategy, and domain-specific strategies. They describe this method as the "backbone" that guides their reflection and helps them handle difficulties more confidently, enhancing their desire for independence.
- Through the CO-OP intervention, care partners transitioned from passive observers to active "co-deliverers" of the therapeutic program. Participating in the rehabilitation process and cooperating with the therapist increased their cognitive, affective, and behavioural engagement and investment (Krasny-Pacini et al., 2018).
- Witnessing their child's engagement in the CO-OP process helped care partners understand the necessity of "letting go" and develop confidence in their child's ability to succeed. Several studies indicate that applying CO-OP requires care partners to change their interaction style with their children, resulting in altered attitudes and manners of interacting (Gharebaghy et al., 2022; Jackman, 2017; Martini et al., 2021).
- As in Gharebaghy et al., 2022 and Martini et al. (2021), care partners in this study also reported challenges in applying elements of CO-OP and highlighted the importance of therapist's continued support in this effort.
- They highlight the challenge of finding time for practice due to schedules and daily routines, as well as changing contexts like new classes or activities, and transitioning from hospital to home. It is crucial to communicate with care partners about their routines, discuss optimal times for CO-OP practice (Woods et al., 2004; Martini et al., 2021), and reassure them that constant practice in every context is not necessary.
- Over time, care partners related that they became more comfortable with the approach and had more confidence in themselves and their child. King et al. (2014) emphasize that care partner's self-efficacy is a key factor in their commitment outside the sessions.

PERSPECTIVES AND CONCLUSION

- ✓ This is the first study to explore care partners' experiences with CO-OP for children with EF deficits following ABI.
- ✓ Children's Active Participation: critical for developing problem-solving skills and building self-efficacy.
- ✓ Role of Care Partners: essential in extending CO-OP use beyond intervention sessions.
- ✓ Time and Practice: mastering CO-OP requires significant time and practice.
- ✓ Engagement Constraints: various constraints hinder care partners' active engagement, affecting their competence and confidence in implementing CO-OP.
- ✓ Need for a better understanding of how therapists can support care partners in applying CO-OP in real-life contexts.

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