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USING THE ROLE CHECKLIST VERSION 2: QUALITY OF PERFORMANCE

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Abstract

For several decades, occupational therapy researchers have collected data about clients' role performance with the Role Checklist, a widely used assessment tool, which collects self-reported information about clients' roles. The Role Checklist includes two parts; Part 1 gathers data about role incumbency and Part 2 gathers data about role value. In 2008, Part 3 for the Role Checklist was developed to address occupational role performance, specifically prompting clients to rank the quality of their current role performance compared to their highest prior level. This reflects the client perspective of occupational participation corresponding to the performance capacity component of MOHO; thus establishing the Role Checklist Version Two: Quality of Performance (RC V2: QP).

This paper illustrates by a case example how a therapist used the recently translated RC V2: QP in a psychiatric hospital setting in Norway in order to determine the extent to which the RC V2: QP supports the goal setting process as well as the therapist-client experience to verify subjective feasibility. It was reported that use of this instrument to guide the clinical interview was a positive experience for both the client and the therapist. The client had an opportunity to reflect upon his roles and how he would like to change them. The occupational therapist experienced that the interdisciplinary team working with this patient gradually developed a more comprehensive understanding of the patient's challenges and resources. The RC V2: QP provided a basic set of information about the patient's roles that was useful for setting treatment goals.

Keywords: Roles, role checklist, mental health, assessment, occupational therapy

INTRODUCTION

Occupational therapists follow a client-centered approach and as such are responsive to patient needs and goals. Kielhofner (2008) describes how assessing occupational role performance is an ideal way to capture participation since roles represent the intersection of the individual's identity and societal status. Thus, occupational therapists are particularly interested in how roles structure occupational performance to enable participation in society.

A study by Lee (Lee, Taylor, Kielhofner, & Fisher, 2008) of therapists who used the MOHO to guide their practice, revealed the Role Checklist to be the second most frequently used assessment next to the Modified Interest Checklist. For several decades, occupational therapy researchers have collected self-reported information about clients' roles and role performance with the Role Checklist. Research on persons with physical and mental disabilities have consistently reflected a lower number of present as compared to past roles, and a desire for more future than present roles (Eklund, 2001; Hachey, Boyer, & Mercier, 2001; Schindler, 2008).

The Role Checklist Version 2: Quality of Performance (RC V2: QP) is theoretically consistent with both the Model of Human Occupation (Kielhofner, 2008) and the participation construct of the ICF (Scott, 2013). Part 1 gathers data about role incumbency and Part 2 gathers data about role value. In 2008, Part 3 for the Role Checklist was developed to address the clients perception of their occupational role performance, specifically prompting clients to rank the quality of their current role performance compared to their highest prior level as worse, same or better, thus establishing the RC V2: QP (Scott, McFadden, Yates, Baker, & McSoley, in revision).

There are several standards applied to assess the utility of an instrument. The most common are psychometric; i.e. assessing to what extent the instrument is reliable and valid. In the case of the RC V2: QP, good to excellent reliability and construct validity have been established with the original English version (Oakley, Kielhofner, Barris, & Reichler, 1986; Scott et al., in revision) as well as with previously translated versions (Cordeiro, Camelier, Oakley, & Jardim, 2007). Polit and Beck (2004; 2008) stated that clinical relevance, scientific merit and the implementation potential of an assessment must be taken into consideration. The role checklist

has reported objective feasibility (Dickerson, 2008). The RC V2: QP retains these features. The addition of Part 3, Quality of Performance, adds the opportunity for patient change during the intervention process. It was therefore important to verify the subjective feasibility of the RC V2: QP.

When the first Swedish version of the RC V2: QP was completed a pilot study was performed. Four experienced occupational therapists used the RC V2: QP in their daily work in an outpatient psychiatric unit. After using it with at least ten clients they all stated that they would use it in the future and that they could recommend it to colleagues. The RC V2: QP helped them to understand the client's occupational situation better. It also facilitated documentation. Two of the occupational therapists felt that it helped them in the treatment planning process, whereas the other two did not. However, all four stated that the layout of it could be improved by having all three parts on one page instead of three, and that it would be easier to fill in the checklist if you could see your responses to previous questions.

The clients' view of the RC V2: QP was similarly investigated. Eighteen clients filled in an evaluation questionnaire anonymously after having completed it. Fifteen stated that they found the introduction on part of the RC V2: QP suitable. The wording of question 10 made the question a bit hard to understand. The layout was appropriate; only four wanted the layout to be changed. However, all commented that they would prefer to have the opportunity to add comments after having completed it. The occupational therapists also mentioned this point. Most importantly for the future use of the RC V2: QP, however, 16 of the 18 clients stated that they found that it addresses important issues, even though it was harder to complete part 3 than the first two parts. This pilot study, thus, supports the continued development and use of the RC V2: QP.

The original Role Checklist is specifically designed for the phases of goal negotiation and goal setting, and the RC V2: QP adds a measure of client satisfaction. It seems likely that this instrument could be useful in the phases of goal negotiation, goal setting, then appraisal and feedback. This paper illustrates by a case example how a therapist used the recently translated RC V2: QP in a psychiatric hospital setting in Norway in order to support the goal setting process. It also serves to explore the subjective feasibility of the instrument in the process.

Using the Role Checklist V2: QP in a psychiatric hospital: A case report

The following report is based on the first author's clinical experience with using the RC V2: QP in a psychiatric hospital in Oslo. In the case discussion all references to the role checklist refer to the RC V2: QP, unless otherwise stated.

One aspect of occupational therapy in this facility is related to functional assessment and making assessments about the types and extent of interventions that can be appropriate after the patients' discharge from hospital. A large proportion of the patients are unemployed, and many of them participate in few or no leisure activities. Many have a small and insufficient social network, or they may have increasingly isolated themselves from friends and family prior to being admitted to the hospital. Thus, one goal of the hospital stay is often to assist the patient in reestablishing activities and a social network.

In the following, information about the patient has been altered so that he cannot be identified, and we have given the patient a pseudonym: «Martin». Martin was in his late twenties and had approached his local medical center and asked to be admitted to the psychiatric hospital. On admission, he appeared psychotic with paranoid delusions. At the time of his referral to occupational therapy, the responsible physician considered him to have recovered substantially from his initial psychotic symptoms. Information from the patient record revealed that he lived with an aunt and had gradually isolated himself in the apartment over the last two years. He received a temporary disability pension and had, at the time, no particular occupations to structure his daily life. Over the last years he had lost contact with his friends, and most of his time was spent at his computer where he engaged in online gaming and social media.

Considering this initial information from the patient record, we assumed that Martin had lost many roles and that using the role checklist could be appropriate. In addition, we saw this as an opportunity to explore the usefulness of the role checklist in clinical work.

ADMINISTRATION OF THE ROLE CHECKLIST

Martin received the information about the role checklist with interest. He chose that the occupational therapist would complete the form during a structured interview. Martin was informed that the

interview would last about one hour, and he was sufficiently focused during the interview to be able to complete it in one session.

During the interview, the definitions provided in the role checklist were used. Martin provided elaborate answers to several of the questions about roles, and shared from the beginning much of his personal reflections and experiences concerning these. His openness about his roles, as he experienced them, led to a dynamic interview that yielded a lot of information that would not likely have been captured if the checklist had been completed independently by Martin. The added information was recorded on the role checklist sheets in the form of work notes. As he provided elaborate answers, we had the opportunity to gain an in-depth understanding of what the roles, and the loss of important roles, meant to him. In addition, the interview format made it possible, in view of his recent psychotic episode, to consider the realism of his answers and to make sure that he had understood the questions.

The open conversation style of the interview represented a challenge in terms of ensuring that the whole checklist was completed within the estimated time frame. However, Martin allowed himself to be guided from one topic to the next in order to address the different aspects of roles – the roles in relation to time (Part 1), in relation to their perceived value (Part 2), and in relation to past and present functioning (Part 3).

INFORMATION ELICITED BY THE ROLE CHECKLIST

Some of the additional information from the interview will be presented first, as this provides a context for understanding Martin's roles and role functioning.

Martin had started but not completed secondary education due to social anxiety. Since then, he had gradually become more isolated, and during the last two years had not been outside his home except when he needed to go shopping. In this period of his life he moved in with his aunt for economic reasons. The aunt did most of the household chores, and he kept mostly to himself in his room. To achieve a certain level of social interaction he participated in social forums on the internet, and had created several pseudonyms to be used in these. Due to things he had written in the internet forums, he had a feeling that people disliked him and potentially would want to harm him. He had given up on leisure activities, such as playing basketball. Eventually, he was afraid

that he might accidentally run into friends and acquaintances, or that he might be recognized from his activities in social forums on the internet.

When talking to the occupational therapist in the interview, he was eager to change his lifestyle. At this point, he had already started basketball training in the hospital gym, and he had met two old friends. He had initiated a meeting with the local work and welfare administration (NAV) in order to make plans for getting a job. He conveyed the desire to become a more active participant in society, but was afraid that he would be disliked and dismissed.

Martin's previous roles were: student, worker, home maintainer, friend, family member, and hobbyist. Three sub-categories were created for the hobbyist role; namely computer user, sports performer, and newspaper reader. In addition to this, he defined a personal role under «other» which he labeled «participant in society». To Martin «participant in society» meant being accepted as part of a community. At the time, he interpreted the patient role as a way of being a participant in society, but he was not satisfied with this. He had lost some of his previous roles; those were student, worker, and friend. The roles he wanted in the future were: student, worker, volunteer, caregiver, home maintainer, friend, family member, computer user, newspaper reader, sports participant, participant in organizations, and participant in society. All of these roles were valuable or very valuable to him. He considered that having the roles of student, volunteer, caregiver and participant in organizations would be long-term goals, and thus, these roles were not addressed during the work at the hospital.

Among the roles Martin had now were the roles of family member and the hobbyist roles of sports participant, newspaper reader and computer user. Compared to earlier in life, he now felt that he functioned better as home maintainer and family member. It was difficult for him to assess his own level of functioning in the home maintainer role, as he now was admitted to hospital. However, he felt more motivated to have his surroundings clean and tidy, and he felt that maintaining his room on the ward was a task that he was up to. While living with his aunt, he had felt little motivation for household work, but now he wanted to have his own apartment to live in. In the role of sports participant, he felt he had improved during his stay in the hospital, because he had started practicing basketball in the gym, something he had not done for several years. Ho-

wever, as he used to play basketball on a local team and now only played in the hospital, he considered his functioning in this role as worse than before. Martin's roles, their perceived value, and his perceived functioning in the roles are displayed in Table 1.

Summarising the findings from the role checklist, Martin had lost most of his previous roles, many of which he valued highly. These included the roles of worker, student, and friend. With regard to his current roles of sports participant (personal subcategory under the role hobbyist) and participant in society (personal other role), he felt that his functioning now was lower than his previous levels. With regard to the roles of home maintainer and family member, he now felt that he functioned better compared to his previous functioning.

TRANSFORMING AN UNDERSTANDING OF ROLES INTO CLINICAL PRACTICE

A few days after the interview, Martin and the occupational therapist looked at the results from the role checklist with the aim of identifying possible goals that he could work towards during treatment. Martin stated that the most important roles to work on were: worker, friend, and sports participant. He had arrived at an understanding of these roles as being crucial for his functioning in the valued role of participant in society. After being admitted to the hospital, he had taken up again the role of sports participant. However, as he had only been performing this role within the boundaries of the hospital, we discussed whether or not doing exercise activities at a local gym center might be an appropriate goal for him. This way, he could further develop his desired role of sports participant.

Martin did not want to commit to this, as he had become ambivalent about being in treatment. His ambivalence may have been largely due to his disagreement with the doctor's diagnosis and the prescribed medication. However, it may also have been that he would need to commit to making serious changes in terms of his role participation if his life situation was to improve. Making such changes would represent a major task for him, a task which he had long avoided. On a positive note, Martin eventually took part in a group at the hospital, focusing on ball games. More importantly, he also arranged for a meeting with NAV concerning his future possibilities for work and education, and he contacted some of his old friends and met with them twice during the following weeks. He also decided to continue with

Role	Part I: Time	Part II: Value	Part III: Functioning
STUDENT Attending school on a part-time or full-time basis	Past x Present Future x	Not at all valuable Somewhat valuable Very valuable x	Worse Same Better
WORKER Part-time or full-time paid employment	Past x Present Future x	Not at all valuable Somewhat valuable Very valuable x	Worse Same Better
VOLUNTEER Donating services, at least once a week, to a hospital, school, community, political campaign, and so forth	Past Present Future x	Not at all valuable Somewhat valuable Very valuable x	Worse Same Better
CAREGIVER Responsibility, at least once a week, for the care of someone such as a child, spouse, relative, or friend	Past Present Future x	Not at all valuable Somewhat valuable Very valuable x	Worse Same Better
HOME MAINTAINER Responsibility, at least once a week, for the upkeep of the home such as housecleaning or yard work	Past x Present x Future x	Not at all valuable Somewhat valuable x Very valuable	Worse Same Better x
FRIEND Spending time or doing something, at least once a week, with a friend	Past x Present Future x	Not at all valuable Somewhat valuable Very valuable x	Worse Same Better
FAMILY MEMBER Spending time or doing something, at least once a week, with a family member such as a child, spouse, or other relative	Past x Present x Future x	Not at all valuable Somewhat valuable Very valuable x	Worse Same Better x
RELIGIOUS PARTICIPANT Involvement, at least once a week, in groups or activities affiliated with one's religion	Past Present Future	Not at all valuable Somewhat valuable Very valuable	Worse Same Better
HOBBYIST / AMATEUR* Involvement, at least once a week, in a hobby or amateur activity such as sewing, playing a musical instrument, woodworking, sports, the theater, or participating in a club or team	Past x Present x Future x	Not at all valuable Somewhat valuable Very valuable x	Worse x Same Better
PARTICIPANT IN ORGANISATIONS Involvement, at least once a week, in organisations such as civic organisations, political organisations, and so forth	Past Present Future x	Not at all valuable Somewhat valuable x Very valuable	Worse Same Better
Is there a role not listed which you have performed, are presently performing, and/or plan to perform?	Yes x No		
OTHER ROLE: PARTICIPANT IN SOCIETY Involvement, at least once a week, in the other role you identified above	Past x Present x Future x	Not at all valuable Somewhat valuable Very valuable x	Worse x Same Better

Table 1 Martin's Role Checklist V2: QP results

Note. The Role Checklist: © Copyright 1981 and Revised 1984, 2006 by Frances Oakley, MS, OTR/L, FAOTA; Modified 2008 by Patricia J. Scott, translated into Norwegian by Tore Bonsaksen. The Norwegian translation of the RC V2: QP (Parts 1-3) can be obtained from Tore Bonsaksen (tore.bonsaksen@hioa.no) at Oslo and Akershus University College of Applied Sciences, Oslo, Norway. *This role was divided into three sub-categories for Martin. The results provided in the table are concerned with the role of «sports participant». Martin's responses to the role checklist are indicated by «x» behind the response alternatives.

the exercise he had just begun, and planned to join a gym studio after being discharged from the hospital.

Discussion

Administering the role checklist in a flexible way; that is, moving back and forth between different themes, worked well with Martin. However, if the patient is less able to follow the flow of changing themes in the interview, it may be easier to focus on one role at the time and assess role incumbency, value, and functioning for each role before moving to the next. This procedure would avoid changing the subject matter as Parts 1, 2, and 3 of the role checklist would be completed in a sequence for each role. Changing the sequence like this would not likely interfere with the results obtained from the role checklist, and as such, this modified procedure may be used by therapists if considered more appropriate for any given client.

Martin suggested alternative definitions for some of the roles as defined in the role checklist. Particularly, this was the case for friend and religious participant. Martin felt it was appropriate to check for friend as a current role, as he had reestablished contact with some old friends. However, this did not fit with the role checklist's definition of friend, as he did not have contact with them on a weekly basis. He had met with each of the two friends lately, but at the time of completing the role checklist, this was more than a week ago. This appears to be a more general aspect of modern life in a country like Norway – a person may not necessarily have contact with friends on a weekly basis, but would still likely view him- or herself as being someone's friend.

Martin associated the role of religious participant with having faith and hope. He conveyed that he was not associated with any one specific religion, but still he believed in a spiritual aspect of the human being. Based on this consideration, he felt unsure as to whether or not he should check for having this role presently. Both of the above mentioned examples indicate that clinically important nuances of the person's role participation may not be captured by the role checklist if it is rigidly applied according to established definitions. However, in clinical use, contextualising the definitions (in terms of role content or defined time intervals) will make the information obtained useful at the individual level, whereas comparisons will be difficult to make (McKenna, Liddle, Brown, Lee, & Gustafsson, 2009).

Martin was insecure about how he should indi-

cate the value of each role. He felt that the roles of friend and hobbyist were both important, but in different ways. Performing a hobby, like using the computer, was important because it provided him with day structure and a sense of efficacy in his everyday life. The roles of friend and worker, on the other hand, had a deeper meaning for him. Still, all of these roles were considered very important. This issue refers to a general problem with response alternatives, as they may not fully capture the nuances of how the person actually feels or thinks about the question. A flexible administration – in this case, formed as an interview – made a more nuanced response possible for Martin to express. Certainly, these experiences resonate with those of the Swedish pilot study mentioned previously, in which all the participants emphasized that it would be a good idea to include the possibility of adding explanatory comments to the checklist items.

It is interesting that Martin chose to add «participant in society» as a role under «other». Occupational performance, the construct measured by the role checklist, is participation in society. The second author describes this construct in a recent article and argues how occupational performance as measured by the role checklist is consistent with the ICF definition of participation (Scott, 2013). His choice to add this as a separate role could be seen as him «getting it». In other words, the use of the role checklist, performed as a semi-structured interview, led Martin to conceptualize the idea of these roles as participation – something he apparently desired. Viewing this in light of his illness-related problems, where isolation, social anxiety, and paranoid reasoning were important features, became important.

The role pattern Martin had at admission, with no roles requiring him to leave the house, aligns with findings from a Swedish study on roles of persons with schizophrenia (Eklund, 2001). This study showed that home maintainer, family member, and hobbyist were the most common roles in the sample of patients who all had a diagnosis within the schizophrenia spectrum. To Martin, it was important that he had felt like an outsider amongst others, and gradually he had also felt as if he was unwanted and dismissed by society in general. Based on the results of the role checklist, he did not have a single activity in his daily life that connected him to persons other than the aunt he lived with. Social media on the internet turned out to be the only link he had to other persons, and in these settings, he performed the activity using pseudonyms.

Reflecting upon this in a later stage of the process, his activities on the internet being brought to the surface may have been an opportunity to discuss with him what these virtual reality roles meant to him and how they related to his desired role as a participant in society – a participant for real. Indeed, he felt that he was a participant in society, but he was not content with the way in which he participated. This aligns with previous research findings, as persons with disabilities (both physical and psychosocial) appear to participate less in roles than others, and they appear to have less personally valued roles (Dickerson & Oakley, 1995). Reflecting upon the results from the role checklist, Martin could identify the roles that he felt were most closely related to the role of participant in society. In this way, it became clearer to him what he needed to do to be more content with his participation. In the future, Martin wanted to focus more on giving something to others, like participating as a volunteer or by doing work for charity organizations. Martin expressed that his personal values had changed in this direction since his admission to the hospital, and that being able to help others was more important to him than social status and money. After returning to work at some time in the future, he wished to engage in voluntary work as an expression of his new values.

The role of family member was a sensitive one to Martin, and it gave rise to strong feelings when he was asked about this role. He wanted to move and to live by himself, but he was also afraid he would let his aunt down. This ambivalence may be understood in terms of role change, as moving out to live on his own would be making a change that would strongly affect one of his most valuable roles at the time; the role of family member. Considering Martin's current role pattern, he participated very little in roles that included relationships with other people. The role of family member was the only role in which he actually related to other persons on a regular basis, and as such, this role was of great significance to him.

The results from the role checklist provided, in addition to knowledge about Martin's performing in different roles, information about the value he attached to each of them. He conveyed that he benefited from reflecting upon the roles that were important to him during the interview. He noticed that he no longer had the roles he considered important, and he related this to his experience of not being contented with his role of participant in society. He

thought that this was part of his experience of being an outsider, and further that it could have played a part in his experiencing paranoia. It appears that using the role checklist in this way elicited emotional reaction in Martin related to his conflicting desires, but also that he developed new and potentially important insights during the process.

CONCLUSION AND FUTURE DIRECTIONS

Martin felt that focusing on his participation in roles had been a positive experience during treatment. The interview had been a good opportunity to reflect upon his roles, how he valued them, and how he would like to change them. Initially, he had become more motivated to make changes in this respect, and he eventually spent time in the hospital to reclaim several of his most important roles. After analysing the data from the role checklist, the occupational therapist found that presenting the findings to Martin and discussing them with him provided a good starting point for settings treatment goals. The occupational therapist also experienced that the interdisciplinary team gradually developed a better understanding of Martin's challenges and resources related to functioning in roles.

Administration of the role checklist as part of a structured interview was shown to be effective in this case. However, standard administration where the client completes the role checklist either in person or electronically will still allow a dialogue between the client and the therapist. Additionally, standard administration will facilitate repeated administrations for large scale data collection for research purposes. Further research is needed to investigate the efficacy of the role checklist as an outcome measure where both the degree to which desired future roles on Part 1 move to the present column, and quality of performance moves from worse, to same or even better. Data on both of these metrics is needed to establish the instrument as a valid outcome measure, and build evidence for the value of occupational therapy interventions.

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