THE ROLE-CHECKLIST V2 AS A CROSS-CULTURALLY VALID MEASURE OF PARTICIPATION
[The development of version 2: adding measures of satisfaction]

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Summary of the Symposium:
Presented here is the work of the International Role Alliance for Participation. Its mission is to establish the Role-Checklist v2 (RCv2) as a cross-culturally valid measure of occupational participation consistent with the ICF. Included are 4 abstracts: feasibility of translation procedure; results from a survey examining role examples and their association with occupational participation; role examples for an ICF-linkage; and finally development of a scoring system.

Precise timetable:
15 min introduction
15 min for each abstract
5 min outlook
10 min q&a

Background:
The RCv2 is theoretically based in the Model of Human Occupation (Kielhofner, 2008) and names 10 internalized roles. These roles are the way in which individuals identify themselves and engage with others.

Method:
Methods used were: 1) feasibility study of the translation guidelines; 2) cross-sectional, cross-cultural validation of conceptual links to the ICF, and occupational participation, and 3) development of scoring mechanism.

Results:
The feasibility study was successfully implemented in Iceland. The RCv2 assesses a person’s involvement in roles at the level of occupational participation and performance and measures participation consistent with the ICF. A scoring system was established.

Conclusion:
The RCv2 is a valid cross-cultural scale, which assesses a person’s occupational participation and performance roles A scoring system assures comparisons.

Application to Practice:
The RCv2 is an easy to use clinical tool to guide goal setting, treatment planning and research.

Literature:
Title: TRANSLATION GUIDELINES FOR THE ROLE CHECKLIST V2: A FEASIBILITY STUDY IN ICELAND

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Background:
The purpose of this study is to investigate the feasibility and utility of translation guidelines developed for the Role Checklist v2 (RCv2) (Scott et al., 2014) through implementation in Iceland. A review of 15 articles using translated versions of the original Role Checklist revealed only 3 reported uses of a standardized translation method. With the mission to establish the RCv2 as a cross-culturally valid measure, translations must be valid to enable cross-cultural and a cross study comparison.

Method:
Guidelines describe a process with participation of translators, expert panel, therapists and clients. Data is qualitative in nature including communication about guidelines, translation process and feedback. Analysis focus on feedback from translators and therapists (content validity and utility), country coordinators, expert panel discussions (face and content validity) and clients (content validity and utility).

Results:
Guidelines are feasible. Recommendations resulted in a streamlined process with addition of diagrams and of flow charts to simplify understandability.

Conclusion:
Translated versions that follow the process as outlined in the translation guidelines will produce trustworthy data for reliable comparison across cultures and disability groups.

Application to Practice:
Given that the RCv2 is an outcome measure, therapists will have increased access to reliable data about participation outcomes of occupational therapy interventions.

References
Abstract 2:

TITLE: DOES THE ROLE CHECKLIST MEASURE OCCUPATIONAL PARTICIPATION?

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Background:
Among the Model of Human Occupation (MOHO) assessments, the Role Checklist is one of the most established. No studies have previously examined role examples and their association with the three MOHO embedded levels of doing.

Method:
A cross-sectional survey of 293 respondents from six countries produced 7182 role examples (Bonsaksen et al. 2015). The respondents completed Part I of the Role Checklist and provided examples of each. Responses were classified as skills, performance, or participation.

Results:
Thirty-three percent of examples were classified as occupational participation, whereas 65% were classified as occupational performance. Four roles (student, worker, volunteer, and participant in organizations) linked mostly with occupational participation, four roles (home maintainer, friend, family member, and hobbyist/amateur) linked mostly with occupational performance, the two remaining roles (caregiver and religious participant) were mixed.

Conclusion:
The Role Checklist assesses internalized roles at both occupational participation and occupational performance. There are differences in how roles are perceived exemplified, by different roles relating differently to the performance and the participation levels of doing by country.

Application to Practice:
Some roles are more closely linked with participation than others are. Thus, clients who want to perform these roles may more easily stay integrated in society than clients preferring individual roles. Occupational therapists should provide support for occupations that are relevant for the clients’ desired roles.

References
Abstract 3:

THE ROLE CHECKLIST AS MEASURE OF PARTICIPATION ACCORDING TO THE ICF?

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Background:
The Model of Human Occupation supports the belief that roles structure performance that enables an individual to participate in society. This concept is consistent with the World Health Organization’s definition of participation as “involvement in a life situation” (WHO, 2001). We tested the assumption that roles from the Role Checklist v2 (R Cv2) reflect the ‘participation’ categories of the ICF.

Method:
A cross-sectional survey in five countries was conducted with 192 participants. They were asked to give for every performed role in the RCv2 own examples. A total of 5849 role examples were linked to the ICF categories of participation.

Results:
5339 role examples could be matched to respective categories in the ICF (91%), 528 (9%) examples could be matched to other categories in the ICF and 42 examples could not be matched since they had ambiguous meanings.

<table>
<thead>
<tr>
<th>Role from Role-Checklist</th>
<th>ICF Category</th>
<th>Examples that match with ICF</th>
<th>Roles linked to other ICF categories</th>
<th>Sum of roles that link to ICF</th>
<th>Examples with ambiguous meaning</th>
<th>Total Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver</td>
<td>d660</td>
<td>357</td>
<td>103</td>
<td>460</td>
<td>4</td>
<td>464</td>
</tr>
<tr>
<td>Home Maintainer</td>
<td>d630-649</td>
<td>666</td>
<td>314</td>
<td>980</td>
<td>1</td>
<td>981</td>
</tr>
<tr>
<td>Friend</td>
<td>d730-750</td>
<td>863</td>
<td>14</td>
<td>877</td>
<td>11</td>
<td>888</td>
</tr>
<tr>
<td>Family Member</td>
<td>d760</td>
<td>866</td>
<td>39</td>
<td>905</td>
<td>16</td>
<td>921</td>
</tr>
<tr>
<td>Student</td>
<td>d810 839</td>
<td>445</td>
<td>13</td>
<td>458</td>
<td>0</td>
<td>458</td>
</tr>
<tr>
<td>Worker</td>
<td>d850</td>
<td>710</td>
<td>11</td>
<td>665</td>
<td>5</td>
<td>670</td>
</tr>
<tr>
<td>Volunteer</td>
<td>d855</td>
<td>305</td>
<td>5</td>
<td>306</td>
<td>2</td>
<td>308</td>
</tr>
<tr>
<td>Hobbyist</td>
<td>d920</td>
<td>756</td>
<td>2</td>
<td>758</td>
<td>3</td>
<td>761</td>
</tr>
<tr>
<td>Participant in Organization</td>
<td>d910</td>
<td>201</td>
<td>18</td>
<td>219</td>
<td>0</td>
<td>219</td>
</tr>
<tr>
<td>Religious Participant</td>
<td>d930</td>
<td>170</td>
<td>9</td>
<td>143</td>
<td>0</td>
<td>179</td>
</tr>
</tbody>
</table>

Table 1: Linkage of role examples to ICF

Conclusion:
The 10 roles described in the RCv2 were well represented in the ICF categories of participation. It therefore can be used as a measure of participation according to ICF.

Application to Practice:
The RCv2 reports past, present and future engagement in 10 occupational roles covering the ICF participation area. It can measure of participation and participation needs in clients. Furthermore it is especially suitable for inter-professional use.

References
Abstract 4:

Title: ESTABLISHMENT OF A SCORING MECHANISM FOR THE ROLE CHECKLIST VERSION 2

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Background:
The original Role Checklist lacked a scoring system limiting utility to show clinical change. Researchers also devised study specific scoring systems thus limiting cross-study comparison.

Method:
There is a two scales; performance and satisfaction. A normative sample (n=511) was used to test the scoring system. The Participation score is derived from Part 1 and Part 3 of the RCv2:

\[
\text{Participation Score} = \frac{\text{# of current performing roles}}{(\text{# of currently performing roles} + \text{# of roles R wants to perform})}
\]

A Score of 1 = R is currently performing all desired roles; smaller scores reflect increasing number of non-performing roles.

The Satisfaction Score is derived from Part 1 and Part 4 as a ratio of satisfied to all roles in the future column:

\[
\text{Satisfaction Score} = \frac{\text{# of current satisfied roles}}{(\text{# of satisfied roles} + \text{# of roles dissatisfied roles})}
\]

A score of 1 = R indicates satisfaction with current roles; smaller scores reflect more dissatisfied roles.

Results:
The scoring system is based on a Participation- and a Satisfaction Score. Each score is a ratio plotted on a 2 X 2 matrix expressed as a number between 0 and 1.

Conclusion:
There is no universal standard for ‘ideal’ role participation nor is one desired. Scoring can be used for baseline, measure progress and re-assess changes over time.

Application to Practice:
Therapists can utilize the scoring system and provide patients with a map to achieve desired occupational performance.