



MANUAL

IDAI: Inpatient Daily Activities Inventory

Questionnaire 'Meaningful daily activities' for adults and adolescents in (forensic) clinical care

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Abstract

This is the manual of the Inpatient Daily Activities Inventory (IDAI) wherein the theoretical foundation and practical instructions are described.

The preliminary chapter describes the introduction of this questionnaire. Subsequently, the theoretical background is explained, which are the foundation for the development of the IDAI's separate items. In the following chapter it is described how the questionnaire was developed.

The validity and reliability were investigated and these results are presented in the chapter 'Validation'. The chapter 'Data gathering and scoring' contains several practical instructions about how the questionnaire should be used and scored. The last chapter 'Application of the questionnaire' shows how the results of the IDAI can be used in the clinical field.

Introduction

In the clinical field of Mental Health Care topics like 'effective treatment' and 'effective outcomes' are getting more and more attention. Assurance companies have made the registration of treatment outcomes obligatory, for example by using routing outcome monitoring.

Rehabilitation is one of the major goals of clinical treatment. Mental health care organizations are developing programs and activities to contribute to this goal. Whether these programs are truly contributing is hard to estimate. At the moment questionnaires measuring client satisfaction are used to investigate the experiences of the clients, but common satisfaction does not indicate whether the activities are contributing to certain treatment goals or components.

Therefore the IDAI has been developed. This questionnaire can be used as an independent inventory on clinical wards for daily-activity programs, work and/or activity attendance. Furthermore, the IDAI can also be combined with the living environment questionnaire Prison Group Climate Inventory (PGCI).

Theoretical foundation

In secure (forensic and non-forensic) settings, adults and adolescents (hereafter referred to 'clients') with severe psychiatric problems and personality disorders are treated with the aim of rehabilitation and a return to society. Rehabilitation is the most important aim of a(n) (involuntary) stay in a (forensic) psychiatric (youth) hospital. Clients therapeutic and occupational programs (daily activities) are designed and implemented for this purpose. This is not easily accomplished in a forensic setting as clients often deny having psychiatric problems, refuse compulsory therapy and do not want to leave their rooms as a way of protest and reactance (Van der Helm & Stams, 2012). However, this could also be a sign of depression or social avoidance (Teo & Gaw, 2010).

Institutional environments themselves are challenging settings in which to provide rehabilitation. Sykes already described this in his seminal 1958 book, 'The Society of Captives', followed by Ervin Gofman in 1961, who described the process of institutionalization, in which complacent clients loose all initiative. In a 2004 study (Farnworth, Nikitin, & Fossey) patients reported

being bored and killing time. They perceived the environment to be creating barriers for participation in valued occupation. Also 'learned helplessness' is a common phenomenon in secure settings, which impedes rehabilitation (Van der Helm, Klapwijk, Stams & Van der Laan, 2009). In this last article an interview-quote describes this state of learned helplessness:

I: How are you?

R: Just waiting. I sit waiting and waiting. I am at a standstill and do nothing.

Research shows that satisfying and meaningful everyday activities could contribute to a better quality of life (QoL) for those who have severe and lasting illness (Eklund, 2009). Eklund and Backström (2005) also reported that daily activities contributed to self-rated QoL and mental health care institutions can influence QoL through providing daily activities. This corresponds with the findings of Farnworth et al. (2004), who emphasize the importance of individual occupational histories, skills and interests in order to create opportunities to use personal resources. Dutch authors mention the relationship between meaningful activities and rehabilitation and recovery (Droës & Witsenburg, 2012). Rehabilitation covers areas such as living, housing, occupation, daily activities, leisure and social life. Working on rehabilitation, is joining the goals of the client and is therefore a recovering activity.

Giving meaning to life in a treatment environment enhances the creation of contact (Van der Helm, Schaftenaar, & Van Tol, 2013). There is also evidence that meaningful daily activities such as work (including good relationships with fellow workers and management), other forms of organized daily occupations and having achievable goals are protective factors against recidivism by adults (Nagtegaal & Schönberger, 2013). According to these authors, youngsters benefit (in later life) by support and having a close relationship with at least one pro-active adult. Andrews and Bonta (2010) describe high levels of performance and satisfaction in school, work and leisure as strengths. School/work and leisure/recreation are part of the 'moderate four', which are included in their central eight risk/need factors.

Van der Helm, Stams and Van der Laan (2011) also describe the importance of daily activities in a therapeutic area. In their study, meaningful activities as part of personal development ('growth') were one of the factors of Prison Group Climate Inventory (PGCI, Van der Helm, 2011).

Meaningfulness in a treatment setting also contributes to recovery (Droës & Witsenburg, 2012). A characteristic of daily activities is structure (Van der Helm, Kroger, Schaftenaar, & Van Vliet, 2013). Occupational behavior structures daily life in two ways. Occupational behavior stimulates social interaction because social interactions have structure, in order to avoid chaos in life and provide for predictability. Predictability reduces stress and anxiety. Furthermore, goal setting as part of occupational activities structures behavior too (Van der Born, 2001). Even more it is commonly known that structure in daytime through daily activities and leisure is important to prevent or diminish psychiatric relapse (Smith – van Rietschoten et al., 1994).

In short, meaningful daily activities have certain characteristics which together form the five scales of the IDAI:

It gives meaning to and emphasizes personal development (learning and meaning);

It contributes to the recovery;

It offers structure in the daily life;

It stimulates autonomy (making one's own choices), and:

It offers possibilities for contact and support.

Development of the IDAI

The researchers developed the questionnaire by using their clinical knowledge and experiences. The first draft of the questionnaire was presented to fifteen professionals in the clinical field and education (activity group leaders, managers (of whom one was responsible for a daily activities ward) and the managing board of the treatment program). These professionals were asked because of their extended experience and have been working in the clinical field for at least ten years already. Their feedback was used to further adjust and extend the questionnaire. In the end, 25 items, divided over five separate scales, were formulated in the final version of the IDAI. This version is to be found in attachment 1.

Validation

In order to validate the IDAI, 174 questionnaires were completed by clients (youth ($n = 31$) and adults ($n = 143$) of the secure treatment organizations (men and female). A factor analysis showed that the IDAI consists of five separate scales. The number of items in each scale differs (from two to nine items). The scales are constructed in the following way (*cronbach's α* represents the reliability coefficient):

- Learning and meaning (items 1, 3, 5, 8 (turned score), 10, 17, 18, 24 and 25)
- *cronbach's α* = .92
- Contact and support (items 11, 12, 13, 14 and 19) - *cronbach's α* = .82
- Recovery (items 4, 7, 21, 22 and 23) - *cronbach's α* = .85
- Structure (items 2, 6, 16 and 20) - *cronbach's α* = .82
- Autonomy (items 9 and 15) - *cronbach's α* = .56

A confirmatory factor analysis showed that it was also possible to apply the scale 'Learning and meaning' as a shortened version of the IDAI (chi square = 6.93, df = 6, probability level = .397; fit indices: RMSEA = .0031, NFI = .992, TLI = .992 and CFI = .999). For this reason, this scale is to be found in attachment 2 as a separate questionnaire.

Data gathering en scoring

Instructions for data gathering

- The questionnaire is qualified to fill in once or twice a year with adolescents and adults in (secure) clinical settings (forensic or non-forensic).
- The questionnaire contains 25 items, which are scored on a five-point Likert-scale. Scores vary from '1 = totally disagree' up to '5 = totally agree'.
- Completing the questionnaire takes approximately 10 to 15 minutes.
- It is recommended that a staff member announces in time that a questionnaire (about how the clients experience their daily activities) will be administered.
- Completion of the questionnaire should take place in a quiet environment. The client is allowed to complete the questionnaire individually, but when the client has questions he or she can ask the staff or researcher.
- Explain to the client that there are no wrong or right answers. Everything the client writes down is useful.

Scoring

The IDAI contains 25 items, which are divided over five separate scales: Learning and meaning (9 items), Contact and support (5 items), Recovery (5 items), Structure (5 items) and Autonomy (2 items). The answer category 'totally disagree' is granted a score 1, 'disagree' is granted a score 2, 'neutral' a score 3, 'agree' a score 4 and 'totally agree' a score 5. The scale scores of a completed questionnaire is computed by adding the separate item scores and to divide this total score by the number of items in that particular scale. A mean scale score is the result, indicating how the client experiences that specific concept. When a client does not answer all items within a scale, it is not possible to calculate a scale score. Therefore, it could happen that the number of respondents that is used to calculate a mean scale score is different from the number of respondents in a certain sample.

All items are formulated in a positive way (for example item 1 = "My daily activities are helping me to reach my treatment goals"), except for item 8 ("My daily activities are useless"). For this reason only the score on item 8 should be turned, so that a high score truly represents a positive result.

In first instance, the results of the questionnaire are not used on an individual level, but on an organizational and departmental level. The overarching goal of the questionnaire is to investigate the experiences of the clients regarding their daily activities within a certain organization or location. But besides the means of a certain organization, it is also recommended to calculate scores on item level (item-analysis). By doing this, extra information of positive aspects and focus points is generated. The mean scores of an organization/department can be compared with the norm group, which consists of the 174 clients who participated in the validation research. *Cohen's d* is an accurate measure to calculate effect sizes. The scores of the norm group are displayed in table 1.

Percentile scores were calculated with the norm group data which were used for the validation of the IDAI ($n = 174$), which indicate what score should be considered to be low, average or high.

These percentile scores are displayed in table 1 as well. The limits of the 25th and 75th percentile are used to estimate whether a score is low, average or high. For example, on the scale Learning and meaning a score below 2.89 belongs to the lowest 25% of the investigated sample. A score of 4.44 belongs to the highest 25%. It is advised to add in which quartile a particular score belongs when reporting on scores.

Table 1. Data norm group (n = 174)

	<i>n</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>	<i>Percentile e 25</i>	<i>Percentile 50</i>	<i>Percentile 75</i>
Learning and meaning	158	1	5	3.55	1.07	2.89	3.67	4.44
Support and contact	164	1	5	3.95	.91	3.40	4.20	4.60
Recovery	163	1	5	3.78	.97	3.20	3.90	4.60
Structure	167	1	5	3.63	1.04	3.00	3.75	4.50
Autonomy	171	1	5	3.38	1.06	3.00	3.50	4.00

Application of the questionnaire

The IDAI can be used as an independent questionnaire for wards in secure settings for adults or adolescents which main concern is daily activities, work and/or activity guidance. Besides that, the IDAI is also suitable for clients with a mental disability.

It is also possible to administer the IDAI together with the GCI: together the questionnaires measure the experiences concerning the living environment and daily activities. If this is preferred, it is recommended to use the shortened version of the IDAI, which only contains the scale Learning and meaning. The extended version with all five scales gives more specific information about the experienced contribution of the daily activity program. This information is useful in the development and improvement of the treatment and/or daily programs to create new possibilities for the rehabilitation of clients.

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Attachment 1 - IDAI complete version (5 scales)

Questionnaire

CODE:



Research: Daily program and activities in secure settings

Contact University of Applied Sciences Leiden: Peer van der Helm
Telefoon: 0648133745 e-mail: helm.vd.p@hsleiden.nl

As part of the research of University of Applied Sciences Leiden and the University of Amsterdam we are investigating the contribution of daily programs and activities to the rehabilitation. The results are used to improve the daily activities in secure settings.

We ask you to complete all parts of the questionnaire. There are no wrong or right answers; your opinion is very important. Please put a circle around the answer which is best for you. Completing the questionnaire takes around 10-15 minutes.

Your data are used and registered anonymously and participation is on a voluntary basis.

For further questions, please contact Peer van der Helm.

Thank you for participating.

Hogeschool Leiden en Universiteit van Amsterdam
Zernikedreef 11
2333 CK Leiden

Questionnaire: daily program and activities in the setting you are staying.

Your opinion is important; there are no wrong or right answers.

Put a circle around the answer that fits the best for you.

MEANINGFUL DAILY PROGRAM	<i>Totally disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Totally agree</i>
My daily activities are helpful to reach my treatment goals	1	2	3	4	5
While participating in my daily program my problems are not bothering me	1	2	3	4	5
Through my daily activities I learn useful things for when I have left this setting	1	2	3	4	5
The number of activities during the day are fine for me	1	2	3	4	5
I am learning new things with my daily activities	1	2	3	4	5
Because of my daily activities I do not get bored	1	2	3	4	5
I feel responsible for the execution of my program	1	2	3	4	5
I think my daily activities are useless	1	2	3	4	5
I am free to say what my daily activities contain	1	2	3	4	5
I am developing myself by doing my daily activities	1	2	3	4	5
The staff members of the occupational division are offering me sufficient support	1	2	3	4	5
I can be myself during my activity program	1	2	3	4	5
I am meeting other people during the daily activities	1	2	3	4	5
The staff members tell me when I am doing something wrong	1	2	3	4	5
I am free to decide upon what I am about to learn	1	2	3	4	5
I feel better because I am can be myself during the day	1	2	3	4	5
I am learning how to make contact with other people because of my daily activities	1	2	3	4	5
My daily activities are giving sense to my life in this setting	1	2	3	4	5
When I do not succeed in certain tasks I get help from other people	1	2	3	4	5
My daily activities are structuring my day	1	2	3	4	5
I enjoy participating in my daily activities	1	2	3	4	5

MEANINGFUL DAILY PROGRAM	<i>Totally disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Totally agree</i>
I like getting out of bed to participate in my daily activities	1	2	3	4	5
The atmosphere at the division is nice	1	2	3	4	5
I am proud of what I am learning and creating through my daily activities	1	2	3	4	5
My daily activities are helping me to see the future in a positive way	1	2	3	4	5

GENERAL QUESTIONS

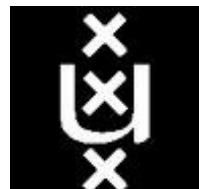
What is your gender?	<input type="radio"/> O	Male	<input type="radio"/> O	Female
What is your age?	years old		
For how long have you been in this setting	0 weeks: or 0 months:			
Where did you live before you stayed in this setting?	0 at home 0 somewhere else: 0 in another setting:			

Thank you for participating. You can use this area for questions or notes.

Attachment 2 - IDAI short version (1 scale)

Questionnaire

CODE:



Research: Daily program and activities in secure settings

Contact University of Applied Sciences Leiden: Peer van der Helm
Telefoon: 0648133745 e-mail: helm.vd.p@hsleiden.nl

As part of the research of University of Applied Sciences Leiden and the University of Amsterdam we are investigating the contribution of daily programs and activities to the rehabilitation. The results are used to improve the daily activities in secure settings.

We ask you to complete all parts of the questionnaire. There are no wrong or right answers; your opinion is very important. Please put a circle around the answer which is best for you. Completing the questionnaire takes around 10-15 minutes.

Your data are used and registered anonymously and participation is on a voluntary basis.

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Thank you for participating.

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Questionnaire: Daily program and activities in the setting you are staying.

Your opinion is important; there are no wrong or right answers.

Put a circle around the answer that fits the best for you.

MEANINGFUL DAILY PROGRAM	Totally disagree	Disagree	Neutral	Agree	Totally agree
My daily activities are helpful to reach my treatment goals	1	2	3	4	5
Through my daily activities I learn useful things for when I have left this setting	1	2	3	4	5
I am learning new things with my daily activities	1	2	3	4	5
I think my daily activities are useless	1	2	3	4	5
I am developing myself by doing my daily activities	1	2	3	4	5
I am learning how to make contact with other people because of my daily activities	1	2	3	4	5
My daily activities are giving sense to my life in this setting	1	2	3	4	5
I am proud of what I am learning and creating at my daily activities	1	2	3	4	5
My daily activities are helping me to see the future in a positive way	1	2	3	4	5

GENERAL QUESTIONS

What is your gender?	<input type="radio"/> O	Male
	<input type="radio"/> O	Female
What is your age?	years old
For how long have you been in this setting	0 weeks: or 0 months:	
Where did you live before you stayed in this setting?	0 at home 0 somewhere else: 0 in another setting:	

Thank you for participating. You can use this area for questions or notes.

