



Enhancing Recovery: Occupational Therapy's Role in Early Psychosis

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CSS-SMI INITIATIVE



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DISCLOSURE



No relationships or conflicts of interest related to the subject matter of this presentation.

LEARNING OBJECTIVES

- Describe roots of Occupational Therapy (OT) and how it has changed with the evolution of mental health practice.
- Identify components of OT's education and clinical training relating to Early Intervention Psychosis (EIP).
- Identify OT's unique contribution to individuals' functional outcomes and clinical care teams' processes in CHR and FEP.



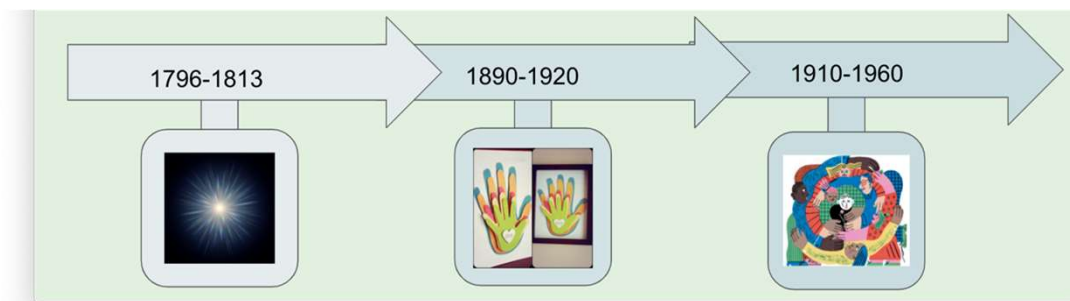
ROOTS LEADING TO MENTAL HEALTH OCCUPATIONAL THERAPY



Moral Treatment Movement

Arts and Crafts Movement

Mental Hygiene Movement



1796-1813
 Friends Asylum
 Occupational Engagement
 ADL/IADL/Arts/Real life experiences

1890-1920
 Return to handcrafting
 Leisure-Hand = Health

1910-1960
 Mental health on a continuum
 Social influences - get people home



INFLUENCES OF WWI AND WWII



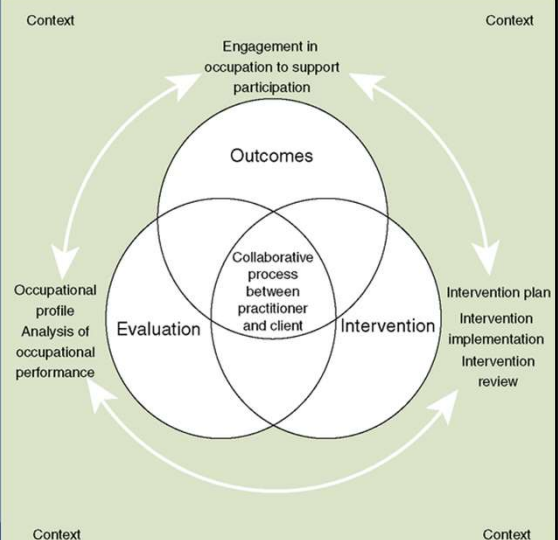
Beyond Medicine → Mental Achievement and Being Productive

- 1914-1918 - Emergent benefits of “reconstruction aides” for mental health and physical dysfunction helped soldiers adjust - influential in how role of OT developed:
 - **Adolf Meyer** (Psychiatrist-1912): Head of first OT department “mental illness a problem of adoption, habit deterioration, and lack of balance of work and play.”
 - **Eleanor. C. Slagle** (Social Work-1912): Organized first educational program for OTs; “mother of OT” used habit training to help mentally ill engage in structured occupations.
 - **William Dunton Jr.** (Psychiatrist-1917): Formed national society of OT, now AOTA. Published first account of the profession. “Father of OT”.

(AOTA, 2016)

WHAT FUTURE OT PRACTITIONERS LEARN ABOUT RECOVERY

- Entry level OT programs nationwide abide [Accreditation Council for Occupational Therapy Education’s \(ACOTE\) Standards](#)
- Core teachings relevant to OT practice in mental health:
 - **Recovery and the lived experience.**
 - Disabilities studies and social models of disease.
 - OT models of practice.
 - Mental health diagnoses, co-occurring conditions, medications & **related occupational performance challenges.**
 - Group and individual interventions.
 - Developmental theories applied to OT Process across lifespan.

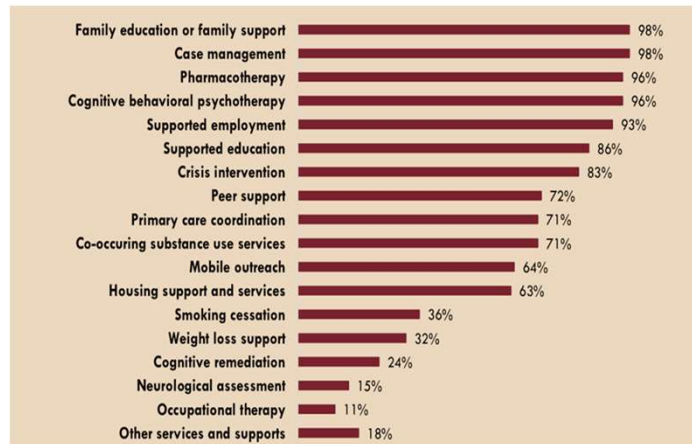


AOTA. (2016)

OTs PROVIDING MENTAL HEALTH SERVICES

- Community mental health centers
- Assertiveness community treatment (ACT) teams
- Clubhouses
- Homeless shelters
- Correctional facilities
- Senior centers
- Consumer-operated programs
- After-school programs
- Inpatient psychiatric units
- First episode psychosis

(OTA Fact Sheet, 2013)



(MHBG, 2018)

EVIDENCE-BASED PRACTICE & LIVED EXPERIENCE



Early Intervention in Mental Health for Adolescents and Young Adults: A Systematic Review

Halley Read, Sean Roush, Donna Downing

OBJECTIVE. The purpose of this systematic review was to describe the evidence for the effectiveness of early intervention to improve and maintain performance in occupations for youths with or at risk for serious mental illness (SMI).

METHOD. Titles and abstracts of 670 articles were reviewed, 234 were retrieved for full review, and 30 met inclusion criteria.

RESULTS. Moderate to strong evidence supports cognitive remediation (CR) and mixed evidence supports cognitive-behavioral therapy (CBT) as an adjunct modality to improve general functioning. Moderate to strong evidence supports use of supported employment and supported education (SE/E) to improve social and occupational outcomes in employment and academics. Strong evidence supports family psychoeducation (FPE) to prevent relapse and rehospitalization and improve problem-solving skills and general functioning.

CONCLUSION. Occupational therapy practitioners should integrate CR, SE/E, and FPE into early intervention with youth with or at risk for SMI. In addition, CBT is an effective modality for use with this population.

Read, H., Roush, S., & Downing, D. (2018). Early intervention in mental health for adolescents and young adults: A systematic review. *American Journal of Occupational Therapy*, 72, 7205190040. <https://doi.org/10.5014/ajot.2018.023118>

PROCESS OF SERVICE DELIVERY



Interventions are client directed and support daily life and engagement in meaningful activities to support progress towards recovery goals.

1. Evaluation: Occupational profile and analysis of performance.
2. Intervention: Assessment, implementation, re-evaluation.
3. Targeting outcomes: Use of outcome measures, reflection on progress.

(AOTA, 2016)

ACTIVITY ANALYSIS



Activity Analysis: specific to client, activity, and environment considerations:

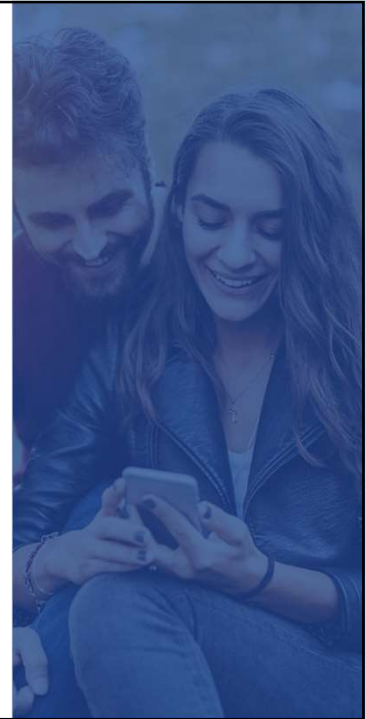
- a. Method of instruction
- b. Level of cues needed for successful performance
- c. Sequencing and timing of steps
- d. Physical properties and materials being used
- e. Required motor function
- f. Adaptations of tasks: upgrade or downgrade

(AOTA, 2016)

OT IN CHR & FEP THEORETICAL APPROACH- *MODEL OF HUMAN OCCUPATION*

- **Volition:** Autonomy and control over their lives increases motivation to find values, interests, and purpose - underlying thoughts, feelings and motivations for choice.
- **Habituation:** Encourage responsibility incorporating a daily routine that is purposeful, fulfilling, and has structure depending upon his or her stage of recovery-enhanced role formation and includes social and community environments.
- **Brain-Body-Meaningful Occupation:** Development of skills (physical, mental, social) to enhance confidence, self-esteem, concentration, and social interaction, leading to improvement in an individual's quality of life → Increase internal locus of control.

(Wimberly & Peters, 2003)



AREAS OF INTERVENTION

Living Skills
and Skill
Development

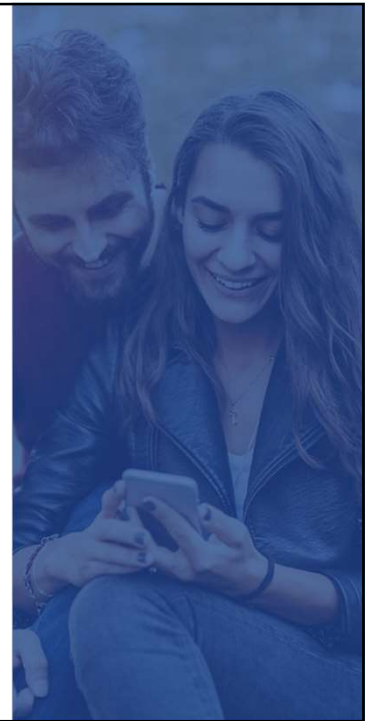
Sensory
Processing
and
Modulation

Cognitive
Processes

Social Skills

LIVING SKILLS DEVELOPMENT

ADLs & IADLS	Activities of Daily Living and Instrumental ADL's include personal self care (bathing, dressing, eating, grooming, sleep hygiene), community mobility, money and home management.
OT Process	Experiential strategies with varying levels of adaptation and environment support. Cognitive assessment in relation to function Psycho-education for strategy development.
OT Purpose	Assess readiness for independence, current and future potential needs in a way that enables sustaining habits for home, work and school.

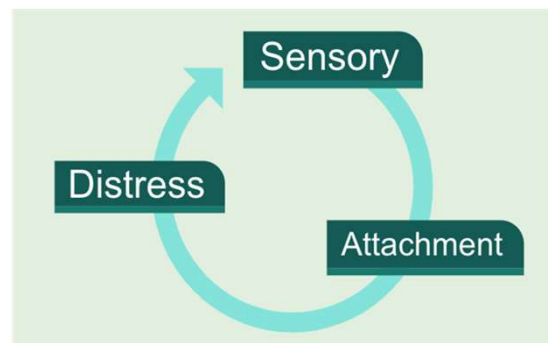


IMPROVING SENSORY REGULATION



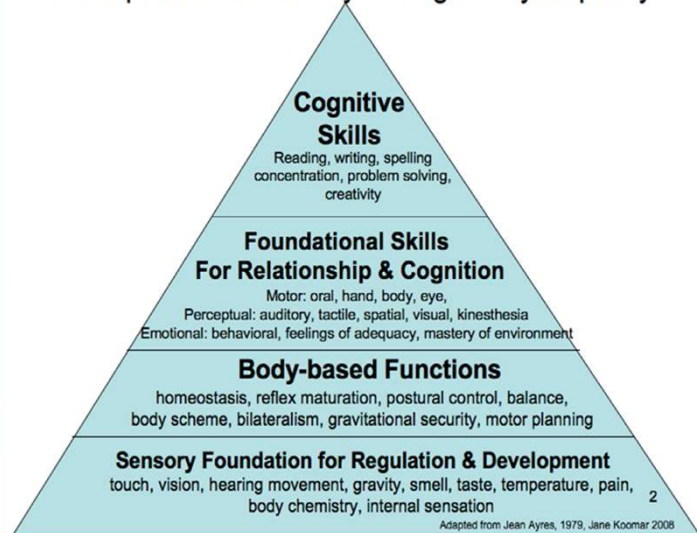
SMART institute study:

- Better identification and expression of basic needs (thirst, touch)
- Greater: Cognitive organization, empathy, expressions of feelings, awareness of the minds of others, self observation
- Improved: Verbal communication, problem solving, social engagement
- Interrelated: Active coping sensory strategies minimizes distress
- Association: Sensory sensitivity with anxious and avoidant attachment



SENSORY PROCESSING SUPPORTS COGNITIVE SKILL DEVELOPMENT

Developmental Hierarchy of Regulatory Capacity



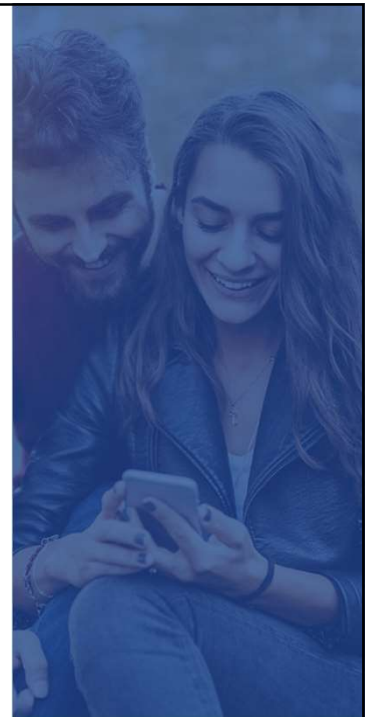
OVERCOMING SENSORY PROCESSING CHALLENGES

- Dysregulation caused by sensory inputs creates a *stress response within our body and brain*
- Goal is to increase balance in our nervous system
 - **Over-regulation:** Too much information from one or more of the body's sense experience is going to our brain and not being filtered out. It gets registered as bigger than it is. Strategies are to calm the N.S.(sensory avoidance and sensitivity).
 - **Under-regulation:** The brain responses are less than typical.

Information cup is half full. Strategies are alerting to increase the information, so the feeling is increased in fullness (low registration and sensory seeking).

-Study found CHR youth demonstrated active avoidance, heightened sensitivity, reduced seeking, and low registration of sensations in everyday life compared to typical peers.

(Parham, et al., 2017)

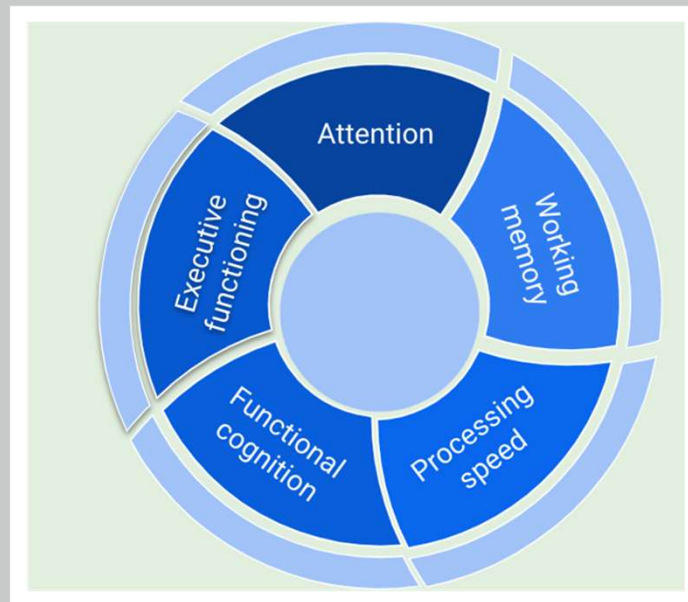


COGNITIVE CHANGES IN EARLY PSYCHOSIS

Cognitive domains where
we are most likely to
observe decline

- Attention
- Executive functioning
- Processing speed
- Working memory
- Functional cognition

(AOTA, 2016)



SOCIAL FUNCTIONING AND PARTICIPATION

OT Practitioners ask, “What
aspects of psychosis
influence social
functioning?”

Changes in

- Cognition
- Sensory processing
- Motor function
- Routines, habits and roles
- Positive and negative symptoms

What does “improve social
skills” mean for an OT
Practitioner?

- Managed stress
- Increased volition
- Competence, satisfaction and performance independence
- Skill enhancement for starting, continuing and ending a conversation
- Relationships with others and engagement in
 - Recreation
 - Work
 - School
 - Home



(AOTA, 2016)

OT & SPECIFIC STRUCTURE INTERVIEW OF PRODROMAL SYNDROMES (SIPS) TARGET AREAS



Direct support to enhance performance areas within each of the following SIPS categories:

- Disorganized Communication
- Avolition
- Occupational Functioning
- Trouble with Focus and Attention
- Impairment in Personal Hygiene
- Motor Disturbances
- Sleep Disturbance
- Impaired Tolerance to Normal Stress

McGlashan, T., Walsh B., & Woods, S. (2010). *The Psychosis-Risk Syndrome*. New York: Oxford University Press

OT PRACTITIONERS' ROLES ON THE CLINICAL TEAM



- Individual therapy
- Group facilitation
- Family support
- Consultant to the team and other support networks
- Collaboration with Supported Education and Employment Specialists
- Step-down interventions

Focus on occupation-based intervention -> learning through doing

STEP-UP PILOT DATA - PEACE PROGRAM



- Ten participants, collaborative enrollment
- OT Assessments: OSA-SF, DLA-20, COPM, Occupational Profile
- Intervention planning
- Monthly MD and OT with option for SEES, case management, and groups
- Six-month follow up and focus group survey for data collection on service users' perception of programming
- Hospitalizations= 1 (Length of stay = 4 days)
- Funding

NOW, HOW DO I ADD AN OT PRACTITIONER TO MY CSC/FEP TEAM?



Barriers

- Funding and reimbursement
- Clinical supervision
- State policies and legislation regarding mental health Professional definitions
- Low numbers of OT Practitioners entering mental health practice

Creative Opportunities

- Partnering with a local/regional School of OT or OTA
- Partner with OT state professional associations for advocacy and service collaboration.
- Mentor a doctoral student in Occupational Therapy.
- Grant funding
 - Include OT in job descriptions
- Contract with outside OT Practitioner
- Advocacy on many levels
- Use what is already available: [OT Manual from EASA](#)

AOTA (2017)



<http://med.stanford.edu/peppnet.html>

THANK YOU

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Occupational Therapy (OT) in CSC Community of Practice (COP)

<https://www.facebook.com/groups/846592669115694/>

OT in CSC resource from the Early Assessment Support Alliance program:

OT Manual <http://www.easacommunity.org/PDF/OT-Manual.pdf>



QUESTIONS?



CONSCIOUS PHYSICAL PERSON ENVIRONMENT
ADVOCATE WELL-BEING EMPOWERING ACTIVITIES HOLISTIC
SOCIAL SKILLS OCCUPATION
SELF CARE MENTAL THERAPEUTIC COMMUNITIES HEALTHY
OCCUPATIONAL THERAPY
SUSTAINABLE
CLIMATE QUALITY OF LIFE
PURPOSEFUL DEVELOPMENTAL EMOTIONS
INDEPENDENCE PRODUCTIVITY MEANINGFUL LEISURE

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OT's FRAMEWORK TOWARD RECOVERY



- Engage principles of practice with meaningful occupation:
- Meaningful Occupation
 - Meaningful to the person performing it
 - Absorption in an activity that stretches one's creativity
 - Engenders a feeling that one's life has purpose
 - Worthwhile goal to pursue supporting intrinsic and extrinsic factors

OT's practice looks at key performance areas to open opportunities for meaningful occupation