Enhancing Recovery: Occupational Therapy’s Role in Early Psychosis

July 23, 2020

CSS-SMI INITIATIVE

The Clinical Support System for Serious Mental Illness (CSS-SMI) is a Substance Abuse and Mental Health Services Administration (SAMHSA) funded initiative implemented by the American Psychiatric Association (APA).

Funding Statement:
Funding for this initiative was made possible (in part) by grant no. 1H79SM081818-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
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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  1890-1920  1910-1960

Friends Asylum  Return to handcrafting  Mental health on a continuum
Occupational Engagement  Leisure-Hand = Health  Social influences - get people home
ADL/ADL/Arts/Real life experiences
INFLUENCES OF WWI AND WWII

Beyond Medicine Productive  ➔  Mental Achievement and Being

- 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.”

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

(AOTA Fact Sheet, 2013)

EVIDENCE-BASED PRACTICE & LIVED EXPERIENCE

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

Halley Read, Sean Rouch, Donna Donning

OBJECTIVES: 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 youth with or at risk for serious mental illness (SMI).

METHOD: Titles and abstracts of 677 articles were reviewed. 244 were retrieved for full review, and 39 met inclusion criteria.

RESULTS: Evidence to support children's involvement in community-based treatment (CBT) and mixed evidence supports cognitive behavioral therapy (CBT) as an effective model to improve mental health. Evidence is strong evidence supports the use of supported employment and supported education (SEDE) in improving social and occupational outcomes in employment and academic settings. Evidence supports the use of psychostimulation (PS) to improve mental health and reduce behavioral problems and improve problem-solving skills in general functioning.

CONCLUSIONS: Occupational Therapy practitioners should integrate CBT, SEDE, and PSE into early intervention with youth with or at risk for SMI. In addition, CBT is an effective therapy for youth with SMI.

PROCESS OF SERVICE DELIVERY

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

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
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


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](https://aota.aota.org)
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:

QUESTIONS?
References


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**