



# INTEGRATING FUNCTIONAL SKILLS INTO ACUTE PSYCHIATRIC SETTINGS

Caitlin Synovec, OTR/L; Tess Lichtenstein, OTR/L; Jennifer Schwarzschild, OTR/L





# Role of Occupational Therapy



- Occupational therapists assist people in developing the "skills for the job of living" necessary for independent and satisfying lives.<sup>1</sup>
- Occupational therapy aligns with the main tenets of the Recovery Model, utilized by SAMHSA for mental health care.<sup>2</sup>
- OTs are a key component of the recovery process and integrate Recovery Model principles into practice.

27	Psychiatric
IPRA)	Rehabilitation Association
	Association

Role of Occupational	Therap	٧
----------------------	--------	---



- Occupational therapy addresses barriers perceived by clients in their community, and seeks to improve skills and provide supports for successful engagement.<sup>3</sup>
- Support full engagement and participation in meaningful and productive community activities.<sup>3</sup>
- OTs increase clients' ability to live independently within the community through assessment, task analysis, and development of skills and adaptations through practice.



# Occupational Therapy in Mental Health Settings



- In 2008, the American Occupational Therapy Association (AOTA), as part of the Occupational Therapy Practice Framework, stated "understanding the client as an occupational human being for whom access and participation in meaningful and productive activities is central to health and well-being is a perspective that is unique to occupational therapy".
- For people with serious mental illness, such as schizophrenia, major depression, bipolar disorder, and schizoaffective disorder, developing the skills and obtaining the supports necessary for productive living are important in meeting these goals.



# Health Care Changes and Policies Impacting Occupational Therapy



- · New Freedom Initiative
- · Affordable Care Act
- · Medicare and G-Codes

	Psychiatric
PRA	Rehabilitation
	Association

Importance of Functional
Grou <mark>ps i</mark> n Psychiatric Care
Settings



- At discharge from an inpatient unit, two-thirds of consumers interviewed did not feel confident about their future, questioned their ability to cope, had low self-confidence, and felt they possessed a lack of knowledge and self-management skills.<sup>5</sup>
- It is the role of an occupational therapist to help clients restore, maintain, and transform their lives following a disturbance caused by a serious mental illness.<sup>6</sup>
- Research has demonstrated that when individuals diagnosed with a serious mental illness are provided with the appropriate opportunities to engage in meaningful occupations, skills, competence, and selfidentity are formed.



# Importance of Functional Groups in Psychiatric Care Settings



- Engagement in occupations promotes a sense of self, mastery and well-being, increased skill performance, and social opportunities that lead-to increased quality of life.
- Involvement in meaningful daily life activities can lead to a reduction in symptoms, and thus should be a major focus of occupational therapy (OT) in mental health settings. <sup>7,8,9,10</sup>
- The opportunity for functional engagement in daily routine tasks should be available and provided to consumers within inpatient psychiatric settings.



# Evidence For Skills Based Functional Treatment: Pertinent Findings



- Skill-specific treatment for clients with MI results in faster and more successful community reintegration.<sup>4</sup>
- Skill-based treatment can increase perceived control, confidence in performance, ability to manage daily tasks, ability to communicate with others, and occupational engagement once in the community. <sup>11, 12</sup>
- Skills training with role-play has shown to be more effective than interventions that are solely discussion-based. 4, 14, 15, 16, 17

PRA	Psychiatric Rehabilitation Association
STATE OF THE PARTY.	

# Evidence For Skills Based Functional Treatment: Pertinent Findings



- Outpatient skills training lead to significantly greater knowledge and skills for independent living; skills were generalized to community functioning for several years after training and resulted in significantly less readmissions over a 12- month period.<sup>14, 18, 19, 20, 21</sup>
- Individuals scoring both low and high on the ACLS-2000 demonstrated improvements in life skills following skill specific training w/ learning based approach.
- Despite being acutely ill, clients who participated in community re-entry groups on an inpatient unit were able to participate and demonstrate use of skills.<sup>21</sup>

PRA	Psychiatric Rehabilitation Association
Growing and Train	ing the Sermon Window

10

# Evidence For Skills Based Functional Treatment: Occupational Engagement



- Mental health consumers have reported a lack of confidence in their ability to initiate meaningful activities and would like assistance to help structure their time. 3, 10
- Occupational therapy is integral in increasing consumers' daily balance and
  engagement through identification of clients' strengths and desired
  occupations, and a provision of a supportive environment in which to engage,
  thus promoting individual satisfaction with quality of life.8
- Consumers interviewed through survey upon discharge from an inpatient unit reported that identifying and maintaining a balanced schedule was both important and easy to follow through with at discharge after discussing concepts and identifying a schedule while on the unit.<sup>22</sup>



..

# Implications for Practice



- Empirical studies exploring the effectiveness of skills based treatment within psychiatric populations provides evidence for implementation of functional interventions across functional levels and treatment settings.
- Community Living Skills protocols were developed by OTs based on existing qualitative research, as well as clinical observations of client need, and delineated into various IADLs accordingly.



## Method



- Groups are designed for a 60-minute time frame and are easily adapted and gradable to provide appropriate skills training and activities for a variety of cognitive levels, acuity of illness, and discharge environments.
- Due to the variable length of stay and unit census, groups are adaptable for a "one time" session, and/or to progress skills developed in prior sessions.
- Groups are function-based as they include several role play components to enhance ability to communicate and utilize skills discussed.

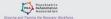


#### g the Recovery Workforce

### Method



- Protocols are designed for use with individuals who are not severely restricted cognitively or by acuity of illness, are appropriate for group treatment, and are willing to engage in treatment.
- Group activities are thematic and directly related to targeted skills.
- Activities are designed to address underlying cognitive and symptomatic difficulties, such as problem solving, communication, organizational skills, insight into illness, planning, sequencing, initiation, and motivation.



# **Group Topics**



- Health Management
- Home Management
- Community Navigation
- Budgeting and Money Management
- Meal Preparation and Grocery Shopping

PRA	Psychiatric Rehabilitation Association	
 and Veninia	or the Secondary Mines S	

Health Managemen	t
------------------	---



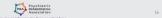
 Planning, organization, attention, communication skills, identification of coping strategies, relapse prevention planning, skill development, health promotion, advocacy

#### "Stress Management"

 Illness education and insight, relapse prevention, coping skills development, skill development, communication skills, problem solving

#### "Myth vs Fact Medication Management"

 Medication education, development of coping strategies, skill development for medication compliance, identification of resources/supports, health promotion, problem solving



# Health Management



#### "A Visit to the Doctor"

- Prop insurance cards
- · Healthcare documents and forms
- · Problem solve the activity demands of a simulated doctors visit

Patient Neme: Home Address:	HI)	Date of Birth: Age: Do you have insurance?
City, State, Zip: Home Phone: Cell Phone:		Name of insurance company: Holder of insurance:
Business Phone: Emeil Address:		Who referred you to us? Pharmacy of choice (Name and Location):
Place of employments Business Address:		Oriver License#1 Occupation:





# Health Management



#### "Stress Management"

- Identify and demonstrate use of coping skills via roleplay
- · Relevant real-life stressors provided as examples



gard.	Psychiatric		
PRA	Rehabilitation		

Health Managemen	gement
------------------	--------



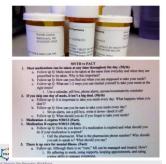
### "Myth vs Fact

# Medication Management" • Use prop medication bottles

- Identify and interpret relevant
  - expiration dates

details

- times of day to be taken
- side effects



# Home Management



#### "Planning for Household Management"

 Insight, organization and sequencing, planning, decision making and problem solving, time management, health promotion, use of coping skills, energy conservation, strategies for motivation, accessing community resources

#### "Mail Sorting and Letter Writing"

 Skill development, organization and sequencing, accessing community resources, social skills, use of coping skills, attention to detail, decision making and problem solving

#### "Party Planning"

 Planning, organization and sequencing, social skills, communication skills, skill development, time management



# Home Management



#### "Planning for Household Management"

- Organize pictures of various stages of organization into "cleanest" to "messiest"
- Identify home management tasks and schedule for completing tasks
- Launder, organize, label, fold and sort clothing items for OT "clothes closet" to apply strategies discussed in groups



-	***************************************
PRA	Rehabilitation Association

# Home Management



#### "Mail Sorting and Organization"

- Identify what items can be immediately discarded, what items will need further attention, and which are of high importance, requiring immediate response
- Problem solve appropriate responses to high priority items
- Opportunity to write, address, and send mail as identified





# Home Management



#### "Party Planning"



- Variety of situations and tasks to be completed in a day, including organizing the home, running errands, and engaging with others to plan for a party
- Problem solve various solutions and schedules to complete all tasks
- Use strategies to plan actual party for group



# Community Navigation



#### "Community Transit Routes"

 Planning, organization and sequencing, attention to detail, time management, problem solving, skill development for community transitions, accessing resources

#### "Community Navigation within Hospital"

 Planning, organization, sequencing, problem solving, energy conservation, environmental awareness, use of coping skills, communication skills, accessing resources, skill development

#### "Applying for MTA Mobility"

 Organization, attention to detail, accessing community resources, skill development, advocacy, utilizing resources, problem solving skills



# Community Navigation



#### "Community Transit Routes"

- Maps and schedules of the local transportation system
- Variety of situations to identify various routes, and discuss skills needed to use transportation in the community
- Identify strategies to complete a variety of errands in their community using maps and schedules



# Community Navigation



#### "Hospital Navigation"

- Hospital maps and list of locations
- Plan and complete errands to identify information requested







#### 26

# Community Navigation



Maryland Transit Administration (MTA)	constitutes that wides 21 days 15 and 60 ft will be below a region of an	an ages with the bosons			
Mobility Certification Office	NET IN SPECIAL PROPERTY.	PLANS PRINT:			
4201 Patterson Avenue, 2nd Floor, Bottimore, MD 21215	For Madellin Services, Prince Send one				
Phone: 410-704-0101	continue spinore, literal for		Part Ageliums		
	Building for you assume the Code State				
*LICATION FOR AMERICANS WITH DISABILITIES AC MOBILITY PARATRANSIT SERVICE	- maning Call will be Thin min Call will a Will be Call with a support of processing and the Call will be compared to the Call will be called the Call				
ryon provide will be used to determine your yilighting for MEA's Marking large confidenced in accordance with stars law. Providing false information of	colled by METS prevaint to interest low. The Call or Ball. progress is a temperature update could make plugfills continuous. Postulganess in Call or Ball does not office, displace for METS blanks				
century a crime manufulable under here.	o Natur Park State		100		
	on hidden.		April 1		
for Mobility survive meet complete an application and have a healthcare per-	f		2x Con		
on you have a complete application agend by your health care provider, pla- movals representation to come applications! Plants affers up to 2 % boson for	no Plane Transac	Coll Photo Post			
evende transportation to your approximation. Please affire up to 2 % hours for no its waked to participate in a functional or cognitive assessment to comple-	m of Broke	Mar	Protein		
of an inter-a handles are common a referent mention of contra	ail Address to consequentions of process.				
	migray Comer Plans				
	organic Colour Photo Names		revise the		
A - Aborest all questions, he as specific or you can. If a question does not	and of additional or applicate complex				
cit discur's apply using "NA" tast applicable). Make over to answer every A and Part II to come Haaltkears assertder who increes the most about too	and make these line steet				
A and Part II in your Hauffinger provider who haves its own about you. Not of performance who can appears your application. Health care gredies but A for you had they must not also fill out Part II for you.	and the shall be not healthen				
tors a complete Part II. make over that your healthcare provider has signly or her forces member and the trace of Section bound.	or the Maderal Names of Your Bhadelities of old of Combines	to the Committee of the	Desilve of mality		
Fair A and Pair B are complies, ralk NEA Mobility at 409-764 6081 for a prompt menu and select Conflication. The MEA Office is open from 6.00 a holes, exhibiting from behilders.					
such an agent, an approximated will be exhaulted for you along with transport from if you would it.					
on interview is a required part of the application. Interviews are held at the 7 o-Office at 4201 Patternes Acc., 2" Pleas, Bulkinson, Maryland 21211.		1404	um @ uma		
I your application. Bring your completed application with you to the in- ment approved shouldestification. I be ably to shours for no if you do not have a complete application. This	ORIGINAL SIGNATURES REQUIRED				
the able to salarying you if you do not have a complete application. The					
mersion, you may be asked to participate in a functional or regulative essent splication process and failure to participate may be unusakened as an incomp will be below at the and all the interview research. It was an desired classic.					
e will be sent to you with your determination better.					

RIGINAL SIGNATURES REQUIR

ORIGINAL SIGNATURES R	eum 🔘 vmx
ORIGINAL MUNICIPALS A	LOCURE
Place thereby have one already a model continues like a	
Physic distribution you physical or modul conditions time or manner; mile the time, manneralizang, light task, or more, or particulating, light-sell-or man, Player for gas-tile.	a partie of temper of

	"Applying for MTA Mobility"
•	Education on available public
	transportation services

- Complete forms necessary to access these services, set-up appointments, role play how to complete this process in the community
  - How to access various community supports

Money Management	RECOVERY WORKFORCE SUMMIT	
"Evaluation of Spending Habits"  — Insight building, decision making, identification	on of triggers	
"Identify a Monthly Budget/Expenses"  - Budgeting, money management, planning, or solving	ganization, decision making, problem	
"Balancing a Checkbook and Reviewing Bank St  Organization and sequencing, attention to det frustration tolerance, problem solving		
"Bill Paying"  Organization, attention to detail, skill develop following directions, implementation of copin		
"Using Money in the Community"		
<ul> <li>Skill development, communication skills, plan</li> <li>PRA Psychiatric Rehabilisation</li> </ul>		
Growing and Training the Recovery		
Money Management  "Evaluation of Spending Habits"  Answer questions to evaluate spending hab  A) I buy something when I feel like it  B) I buy things only after much consideration  Identify spending habits that cause problem  Identify strategies to improve management finances	ofts    Continue   Con	
Growing and Training the Becomes	moduce	
Money Management	WORKFORCE  WORKFORCE  SUMMIT  Following Conference	
"Identify a Monthly Budget/Expenses"		
Complete budgeting scenarios	My Monthly Budget  My monthly income:  Hent	
Identify monthly expenses	BOE: Cable:	
Fill out a weekly or monthly budgeting ledger	Prescriptions: Dobt Payments: Grocertas:	

PRA Psychiatric Rehabilitation Association

# Money Management



#### "Balancing a Checkbook and Reviewing Bank Statements"

- Use a bank statement to balance a checking or savings account
- Identify and fix any discrepancies between a bank statement and a written account register



# Money Management



#### "Bill Paying"

- Groups are facilitated to increase participants' ability to:
  - Identify important information on a monthly bill such as the due date, means of payment, check writing, etc.
  - Identify means of payment and steps to make the payment
  - Write checks and fill out withdrawal forms to pay bills





# Money Management



#### "Using Money in the Community"

- Problem solve solutions to potential problems
  - The cashier at the store gives you the wrong amount of change
  - You realize you don't have enough cash to pay the total
  - You decide to pay at check out and realize the machine isn't working right.
  - You plan to purchase something that was listed as on sale but when you get to the register the item rings up for the full price.

1	
-	
- ATTEN	-
	200

Psychiatric Rehabilitation

Meal Preparation and
Grocery Shopping



#### "Enrollment in Rewards Cards"

Attention to detail, organization, utilizing community resources

"Grocery Shopping Scavenger Hunt"

— Planning, attention to detail, organization, problem solving, communication skills, skill development for meal planning and grocery shopping

#### "Grocery Shopping and Meal Planning"

Budgeting/money management, planning, problem solving, insight into spending habits, decision making, organization, healthy eating

#### **Meal Preparation**

Kitchen safety, time management, organization and sequencing, communication skills, skill development, following directions



# Meal Preparation and **Grocery Shopping**



#### "Enrollment in Rewards Cards"

Fill out a Grocery Card Enrollment forms in order to get deals for grocery store items







# Meal Preparation and **Grocery Shopping**



#### "Grocery Shopping Scavenger Hunt"

- Use a grocery circular to locate food items on a list
- · Determine prices with and without coupons and grocery store membership



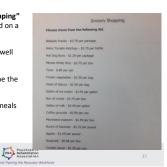
29	Psychiatric			
PRA	Psychiatric Rehabilitation Association			

# Meal Preparation and Grocery Shopping



#### "Meal Planning and Grocery Shopping"

- Plan a grocery shopping list based on a set budget
- Determine food items to make a well balanced meal
- Calculate discounts and determine the total cost
- Organize shopping list based on meals planned for the week

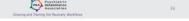


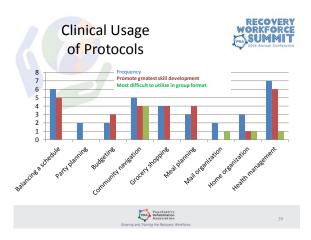
# Meal Preparation and Grocery Shopping

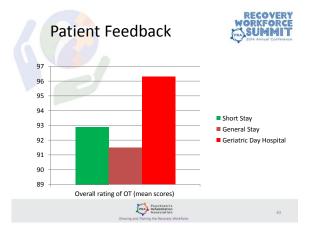


#### "Meal Preparation"

- Groups are focused on making healthy food choices
- Planning a meal on a budget
- Using a grocery circular
- Creating a grocery list
- · Grocery shopping
- Kitchen safety
- Identifying and completing steps to prepare a meal
- Communicating with peers to work in the kitchen







### Questions



Additional Contact Information:

Tess Lichtenstein, OTR/L tlichte2@jhmi.edu

Jennifer Schwarzschild, OTR/L jschwa54@jhmi.edu



Caitlin Synovec, OTR/L csynove1@jhmi.edu



## References



- American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain & process. American Journal of Occupational Therapy, 62 (6), 625-683.
- process. American Journal of Occupationan Interapty, 62 (e), 625-685.

  C. Glay, P. (2013). December). Shared principles: The recovery model and occupational therapy. Mental Health Special Interest Section Quarterly, 36, 1-3.

  Castaneda, R., Olson, L. M. & Carjill Radley, I. (2013). Occupational therapy's role in community mental health.

  AOTA Foct Sheet, American Occupational Therapy Association.
- Gisson, R. W., Almico, M. and G., Arbeiman, M. (2011). Occupational therapy interventions for recovery in the areas of community integration and normative life roles for adults with sections mental illness: A systematic review. The American Journal of Occupational Theraps, 5(3), 247–256.

  Nolan, P., Bradley, E., & Brimblecome, 102(11). Disengaging from acute inpatient care: A description of service users' operences and views. Journal of Psychiatric and Mental Health Nursing, 19, 359–367.

- Mee, J., Sumsion, T., & Craik, C. (2004). Mental health clients confirm the value of occupation in building competence and self-identity. *British Journal of Occupational Therapy*, 67(5), 225-233.
   Law, M. (2002). Participation in the occupations of everyday life: 2002 Distinguished Scholar Lecture. *American Journal of Occupational Therapy*, 56(6), 640-649.
- Bejerholm, U., & Eklund, M. (2007). Occupational engagement in persons with schizophrenia: Relationships to self-related variables, psychopathology, and quality of life. The American Journal of Occupational Therapy, 61, 21-
- Sannenberg, K., Amini, D., & Hartmann, K. (2010). Occupational therapy services in the promotion of psychological and social aspects of mental health. The American Journal of Occupational Therapy, 64 (6), 878-891.



### References



- Helfrich, C.A, Chan, D.V., Sabol, P., (2011). Cognitive predictors of life skill intervention outcomes for acmental illness at risk for homelessness. American Journal of Occupational Therapy, 65(3), 277-286. doi: es for adults with 10.5014/ajot.2011.001321
- 10.5014/ajort.2013.001321
  11. Fukul, S, Davidson, L. J, Holter, M. C., & Rapp, C. A. (2010). Pathways to recovery: Impact of peer-led group participation on mental health recovery outcomes. Psychiatric Rehabilitation Journal, 34 (1), 42-48.
  21. Lim, K. H., Morris, J., & Cralk, C. (2007). Inpatiently peespectives of occupational therapy in acute mental health. Australian Occupational Therapy Journal, 54, 22-32.
- Patterson, T. L., Mausbach, B. T., McKibbin, C., Goldman, S., Bucardo, J., & Jeste, D. V. (2006). Functional adaptation skills training (FAST): A randomized trial of a psychosocial intervention for middle-aged and older patients with chronic psychotic disorders. Schizophrenia Research, 86, 291–299. doi: 10.1016/j.schres.2006.05.017.
- Bartels, S. J., Forester, B., Mueser, K.T., Miles, K. M., Dums, A. R., Pratt, S. I., Sengupta, A., Littlefield, C., O'Hurley, S., White, P., Perkins, L. (2004). Enhanced skills training and health care management for older persons with severe mental illness. Community Mental Health Journal, 40(1), 75-90. Doi: 10.1023/B:COMH.0000015219.29172.64.
- Bickes, M.B., Deloach, S.N., Dicer, J.R. & Miller, S.C. (2001). Effectiveness of experiential and verbal occupational therapy groups in a community mental health setting. Occupational Therapy in Mental Health, 17(1), 51-72.
   Duncombe, L.W. (2004). Comparing learning of cooking in home and clinic for people with schizophrenia. American Journal of Occupational Therapy,58, 272-278.



#### References



- Granholm, E., McQuaid, J. R., McClure, F. S., Auslander, L. A., Perivoliotis, D., Pedrelli, P., Patterson, T., Jeste, D. V. (2005). A randomized, controlled trial of cognitive behavioral social skills training for middle-aged and older outpatients with chronic skribophrena. *American Journal of Psychiatry*, 126(3), 5205-29.
   Liberman, R.P., Wallace, C.J., Blackwell, G., Kopelowicz, A., Vaccaro, J.V., & Mintz, J. (1998). Skills training versus psychosocial occupational therapy for persons with persistent schizophrenia. *American Journal of Psychiatry*, 155, 1087-1091.
- Anzal, N. E., Yoneda, S., Kumagai, N., Nakamura, Y., Ikebuchi, E., & Liberman, R. P. (2002). Training persons with schizophrenia in illness self-management: a randomized controlled trial in Japan. Psychiatric Services, 53(5), 554-56.
- Chan, S. H., Lee, S. W., & Chan, I. W. (2007). TRIP: a psycho-educational programme in Hong Kong for people with schizophrenia. *Occupational Therapy International*, 14(2), 86-98. doi: 10.1002/pdi.226
   Kopelowicz, A., Wallace, C. I., & Zarate, R. (1998). Teaching psychiatric inpatients to re-enter the community: A brief method of improving the continuity of care. Psychiatric Services, 49, 1313-1316
- Synovec, C. & Feheely, K. (2012). Recovery in Mental Health: Innovation and Practice in Occupational Therapy.
  Poster presented at American Occupational Therapy Association Annual Conference, Indianapolis, IN;
  Maryland Occupational Therapy Association Annual Conference, Baltimore, MD; RTS Clinical Showcase, Johns
  Hopkins Hospital, Baltimore, MD.

