Occupational Therapy Practice in Mental Health

Section 4:

Occupational Therapy Guide to Rehabilitation Interventions

Preamble and purpose of guide to rehabilitation interventions document

Occupational Therapists (OTs) are recognised as rehabilitation experts and have the opportunity to take a lead role in the development and provision of rehabilitation programs and services across mental health services (OTs in Mental Health Strategic Framework 2013, SA Health – in draft).

This document describes a framework for rehabilitation intervention planning and implementation for Occupational Therapy (OT) practice in mental health. It accompanies the Assessment and Report Writing packages developed by the OT in Mental Health Leadership group and endorsed by OT Australia SA (see Sections 1 and 3 of this manual).

This document draws on the Occupational Therapy Practice Framework: Domain & Process (2nd ed) of the American Occupational Therapy Association (AOTA 2008). The AOTA Practice Framework was developed to define and guide the way in which OTs operationalise their expertise in practice. This intervention guide is intended to be used with reference to relevant models, such as the AOTA (2008) Practice Framework and evidence sources in order to articulate how OT services are delivered.

This intervention guide is therefore intended to also compliment the conceptual constructs of the Model of Human Occupation (Keilhofner 2008) and the range of approaches and programs utilised in contemporary OT mental health practice.

Objectives of the Guide

- To provide a resource for selection of rehabilitation interventions in OT mental health practice
- To promote a framework for best practice implementation of interventions in mental health OT for staff and students
- To promote high quality and consistent occupational therapy services across mental health networks
- To develop uniform terminology and a common dialogue among mental health OT’s
- To provide an information resource for the multidisciplinary team.
Intervention Focus Areas
- Motivation
- Leisure/Play
- Habits & routines
- Meaningful & valued roles
- Prevocational Rehab
- Life skills
- Functional cognition
- Physical Activity
- Community tenure/
  Independence
- Communication/interaction
- Self-management
- Emotional regulation
- Environment

Occupations
- Self Care
- Instrumental
  Activities of Daily
  Living
- Leisure
- Work/Education
- Rest/Sleep

Social Participation

Link to MoHO domains:
- Motivation for
  Occupation (Volition)
- Patterns of
  Occupation (Habits/Roles)
- Skills for Occupation
  (Performance Capacity)
- Environment (Social &
  Physical)

Therapeutic Strategies
- Therapeutic Use of Self
- Therapeutic Use of
  Occupations/Activities
- Re-motivation Process
- Sensory modulation
- Graded skills
  development
- Creative Activities
- Validating
- Identifying
- Giving Feedback
- Advising
- Negotiating
- Structuring
- Coaching
- Encouraging
- Providing physical
  support

The Process used in delivery of OT Interventions
- Create/ Promote
- Establish/ Restore
- Maintain
- Modify (Adapt)
- Prevent

Monitor,
evaluate,
re-evaluate to
continue,
discontinue or
discharge in
context of the
client's
occupational
performance and
desires.
The Occupational Therapy Clinical Process

Therapeutic intervention plans are an integral part of occupational therapy clinical process and practice (AOTA 2008 p 648). The following lists the OT clinical process from assessment through to evaluation of OT services.

- Assessment of Occupational Performance and development of each client’s occupational profile (see Section 1, Mental Health OT Assessment document)

- Intervention Plan – Develop a plan that includes:
  - Objective and measurable goals
  - Interventions based on theory and evidence
  - Mechanisms for service delivery
  - Consideration of discharge needs and plans
  - Selection of outcome measures
  - Recommendations to others as appropriate (AOTA 2008 p 648)

- Intervention implementation requires the OT to:
  - Determine types of OT rehabilitation interventions to be used
  - Articulate the intervention approach and strategies relevant to implementing the type of (see below)
  - Carry out, and or oversee, the intervention
  - Monitor clients response according to ongoing assessment and reassessment
  - Conduct an intervention review
  - Re-evaluate the plan against targeted outcomes
  - Modify intervention as needed
  - Determine need for continuation, discontinue or discharge (AOTA 2008 p 648).

- Outcomes – as they relate to supporting health and participation in life through engagement in occupation ensure the OT appropriately and skilfully:
  - Selects and administers outcome measures (AOTA 2008 p 648).
Occupational Therapy Intervention Guiding Principles

The intervention planning and implementation process consists of the skilled actions taken by the OT in collaboration with the client and/or carer/family to facilitate engagement in occupation related to health and participation. Occupational Therapy interventions most often arise from comprehensive OT Assessment (AOTA 2008 p 652). The following list indicates key principles to guide planning, implementation and that provide a quality process checking mechanism during the intervention phase of the OT process.

- Interventions should be based on identified occupational strengths and challenges experienced by the consumer and/or their carer, identified via consideration of the MoHO domains and considered in the context of client’s recovery and service goals (AOTA 2008; Keilhofner 2008).

- Occupation-based intervention should be client centred in which the OT and client collaboratively select and design activities that have specific relevance or meaning to the client that support the client’s interests, need, health, and participation in daily life.

- OT interventions should have an occupational focus and be aimed at facilitating change and supporting occupational engagement in work, play/leisure, social participation education, rest and sleep and activities of daily living (AOTA 2008 p 626 & 656).

- Intervention is provided to assist the client in reaching a state of physical, mental, and social wellbeing; to identify and realise aspirations; and to change or cope with the environment.

- OT may implement the intervention plan themselves, or,

- The interventions may be performed by other professionals or significant persons (i.e. IPRSS worker, carer) as guided by the OT intervention plan and under the supervision of an OT as required (AOTA 2008 p 656).

- Occupational therapy intervention plans are documented with the report’s audience in mind, and where appropriate, in conjunction with the service provider and other stakeholders.

- The intervention plan should be undertaken within the overall goals of the “Service Plan” and the context of service delivery in which the intervention is provided (AOTA 2008 p 655).
Intervention Framework

In conjunction with clinical reasoning skills and body of knowledge regarding client factors (such as values, beliefs, body functions, body structures and performance skills AOTA 2008 p 628), strategies in the intervention plan need to be applied to reduce the effects of disease, disability, and deprivation and to promote health and well-being.

Rehabilitation intervention plans can be structured using MoHO as a theory driven method of activity analysis to assist in the understanding of the client's engagement in activities of daily living and other occupational domains e.g. self-care, productivity, or leisure pursuits). Table 2.1 illustrates two approaches to inform clinical reasoning and decision making when developing intervention plans.

Approach 1 – focus on occupations: identify areas of occupational participation and within each describe how the client’s volition, habituation, skills and environment affect their ability to engage in ADLs and other occupational participation.

Approach 2 – focus on supportive factors: organise the discussion around the client’s volition, habituation, (skill and their environment)and the impact this has on their occupational participation.

The approach used depends on the client, work area and the match to the skills of the collaborating OT.

Table 2.1: Two options to guide clinical reasoning when planning an intervention

<table>
<thead>
<tr>
<th>Approach 1 focus on occupations</th>
<th>Approach 2 focus on supportive factors:</th>
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</thead>
<tbody>
<tr>
<td><strong>Self Care</strong></td>
<td><strong>Volition</strong></td>
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<tr>
<td>Volition</td>
<td>Self Care</td>
</tr>
<tr>
<td>Habituation</td>
<td>Productivity</td>
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<tr>
<td>Performance capacity</td>
<td>Leisure</td>
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<td>Environment</td>
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<tr>
<td><strong>Productivity</strong></td>
<td><strong>Habituation</strong></td>
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<td>Environment</td>
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</table>

(taken from Keilhofner 2008, p 424)

Occupational Therapy Intervention Approaches
The ways in which the intervention focus areas are addressed in the rehabilitation plan depend on the specific intervention approach that is required. When planning and delivering interventions it is important to identify whether the approach is to promote health, restore a skill, maintain capacity, modify the task, prevent onset of other health limitations or modify the environment to enable participation.

A description of each intervention approach as defined by the AOTA Practice Framework (2008) is outlined below.

<table>
<thead>
<tr>
<th>Create/ Promote</th>
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<tbody>
<tr>
<td>A health promotion intervention approach that does not assume a disability is present or that any factors would interfere with performance but seeks to enhance performance in the natural contexts of life.</td>
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<tr>
<td>e.g. Promote effective handling of stress by creating time use routines with healthy clients.</td>
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<tr>
<td>just with this example it’s promoting to client’s (whom would have a diagnosis/presumed disability)</td>
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</table>

<table>
<thead>
<tr>
<th>Establish/Restore</th>
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<tbody>
<tr>
<td>An intervention approach designed to change client variables to establish a skill or ability that either has not developed or to restore a skill or ability that has been impaired.</td>
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<tr>
<td>e.g. Collaborate with clients to help them establish healthy sleep-wake patterns. Gradually increase time required to complete tasks to increase attention span. Assist in establishing routine to support engagement in leisure activities.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Maintain</th>
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<tbody>
<tr>
<td>An approach designed to provide the supports to maintain performance capabilities they have gained. Assumption is that without maintenance, performance would decrease or they would not be able to effectively engage in occupation affecting quality of life.</td>
</tr>
<tr>
<td>e.g. Use of timer to assist in maintaining medication schedule. Use of multisensory activities in nursing home to maintain alertness. Physical activity programs in community to maintain fitness.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Modify (Adapt)</th>
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<tbody>
<tr>
<td>An approach aimed at finding ways to maintain or improve occupational performance by utilising compensatory techniques, providing cues, reducing other features or providing equipment.</td>
</tr>
<tr>
<td>e.g. Visual schedules to help follow routines. Sequencing tasks to assist with cognitive issues to complete a morning ADL routine. Home modifications for access. Modify number of people in a room to reduce distractibility in a group.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Prevent</th>
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<tbody>
<tr>
<td>An intervention approach designed to address clients with or without a disability who are at risk for occupational performance problems.</td>
</tr>
<tr>
<td>e.g. Facilitating walking/health groups aimed at preventing weight gain. Reduce risk of falls by modifying environment and removing hazards.</td>
</tr>
</tbody>
</table>

**Intervention Focus Areas**

Once the overarching approach appropriate to client context is identified, the OT intervention plan and its implementation may draw from more than one focus area at a time.

Using cooking as an example, a plan may be situated within the approach of “Establish / Restore” (AOTA 2008). The plan may set goals and design strategies for simultaneous work on *life skills acquisition*, and through participation in food preparation, be also working on *functional cognitive* skills such as concentration and *emotional regulation* such as frustration tolerance or persistence. The activity of cooking may reflect the clients’ *interests* and regular engagement in cooking may support the adoption of *habits and routines* that support a healthy lifestyle. Further, the attainment of cooking skills may support the person’s expression of *meaningful roles* at home or in the community, for example as a parent or a volunteer. During the cooking activity, the *social environment* affords the therapist and client the opportunity to practice *communication and interactions skills*.

In this way, therapeutic use of occupation reaches its full potential as a *means* to stimulate and rehabilitate client factors, such as cognition, emotional regulation, and as an *end point*, i.e. the capacity to engage in the occupation of cooking and foster health and well-being (Wilcock, 2005).

Table 2.2 lists the main *focus areas* of occupational therapy intervention types that are planned following comprehensive assessment. Each area corresponds with at least one of the MoHO domains (Keilhofner, 2008).
<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Motivation</strong></td>
<td>Enhancing participation in occupations through addressing challenges a client may have with motivation (values, interests and personal causation). May include the Re-motivation Process - a specific intervention aimed at people with very low volition (de la Heras 2003).</td>
</tr>
<tr>
<td>Values</td>
<td></td>
</tr>
<tr>
<td>Interests</td>
<td></td>
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<tr>
<td>Personal Causation</td>
<td></td>
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<tr>
<td><strong>Leisure/Play</strong></td>
<td>Use of occupations with the primary goal of enjoyment (eg socialising, creative expression, outdoor activities, games, sport). Can also be used to meet a range of therapy goals including developmental needs (social, emotional, cognitive, physical, language (AOTA 2008 p 628; Howells 2011).</td>
</tr>
<tr>
<td><strong>Habits &amp; Routines</strong></td>
<td>Promoting healthy habits and routines that underpin life roles and occupational participation through interventions such as activity scheduling and graded support and may also include healthy lifestyle programs. (Creek &amp; Lougher 2008; Helbig 2005; Brown &amp; Stoffel 2011; Lloyd &amp; Bassett 2012).</td>
</tr>
<tr>
<td><strong>Meaningful &amp; Valued Activities &amp; Roles</strong></td>
<td>Maintaining and or establishing valued roles in order to enhance life satisfaction, meaning and purpose and, leading to the development of a positive occupational identity (Keilhofner 2008). Assist people to engage in meaningful activity in order to promote health and wellbeing (Wilcock 2005).</td>
</tr>
<tr>
<td><strong>Prevocational Rehabilitation</strong></td>
<td>Identifying skills and appropriate intervention level to support productive life roles in paid and voluntary employment (Pitts 2011).</td>
</tr>
<tr>
<td>Training, education, career choices, work preparation, work retention</td>
<td></td>
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<tr>
<td><strong>Life Skills</strong></td>
<td>Interventions aimed at enabling participation in required and desired occupations within settings of home, family, neighbourhood and workplace. May involve a range of individual and group interventions focusing on acquiring skills or modifying/adapting the task and or environment to promote safety and performance. Interventions may include basic survival skills (obtain/prepare food, developing &amp; maintaining self care, transport, instrumental ADLs, sleep hygiene) to developing a sense of identity (e.g. student, wage earner or volunteer, home management). May also include specific focus areas such as money management (e.g. gaining financial independence for people on an administration order). (Dallas 2011; Lloyd &amp; Bassett 2012; Keilhofner et al 2008; Roberts 2012)</td>
</tr>
<tr>
<td>(incl Promoting community tenure and/or independence)</td>
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<tr>
<td><strong>Functional Cognition</strong></td>
<td>Focus on skills relating to reasoning, mental processing, thinking, remembering, planning and problem solving in the context of occupational participation. Specific interventions may include cognitive remediation, adaption and compensatory thinking techniques, cognitive disability practice model, errorless learning, reality orientation and validation therapy. (Brown &amp; Stoffel 2011; Duncan 2012). May include The Perceive: Recall: Plan: Perform (PRPP) System of Task Analysis (Chapparo &amp; Ranka 1996).</td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td>Aimed at using exercise to improve mental well-being and reducing risk of metabolic syndrome (John et al., 2009).</td>
</tr>
<tr>
<td><strong>Communication &amp; Interaction</strong></td>
<td>Enhancing communication skills and participation in social occupations in order to promote participation in social occupations (Stoffel &amp; Tomlinson 2011).</td>
</tr>
<tr>
<td><strong>Self-Management</strong></td>
<td>Focus on coping with the everyday activities that life demands in order to maintain health and wellbeing Includes promoting self-help approaches (Deane &amp; Kavanagh 2012). Assist people to self-organise and regulate reactions to sensory input in a graded and adaptive manner (Champagne, 2011).</td>
</tr>
<tr>
<td><strong>Emotional Regulation</strong></td>
<td>Actions or behaviours used to identify, manage and express feelings while engaging in activities or interaction with others. May include persisting in tasks despite frustrations, controlling anger, and displaying appropriate emotions (Scheinholz 2011).</td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td>Modifying the physical environment and/or creating the optimum social environment to enable the person to engage in self-care, leisure or work activities (AOTA 2008; Brown &amp; Stoffel 2011).</td>
</tr>
</tbody>
</table>
Therapeutic Strategies

Numerous strategies can be utilised when working with clients to support and facilitate their engagement in the intervention process and achievement of their goals. Table 2.3 describes some useful strategies that can be utilised in therapy, depending on the support needs and requirements of the client, based on assessment results and occupational profile.

The specific strategies can be included in the intervention plan to assist in clarifying the way in which the recommended intervention is best facilitated: this may be useful for other workers who will be involved in carrying out the intervention, as well as providing means of monitoring the client’s progress. The strategies outlined in table 2.3 are drawn from Keilhofner Model of Human Occupation: Theory and Application (4th Ed) (2008).

Table 2.3 Therapeutic Strategies

<table>
<thead>
<tr>
<th>Therapeutic Strategies</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Therapeutic Use of Self</strong></td>
<td>Planned use of personality, insights, perceptions, and judgements as part of the therapeutic process to maintain a good working relationship with the client and support occupational engagement. Below are specific therapeutic strategies that can influence the clients doing, feeling, and/or thinking to facilitate desired change. To be used reflectively so the therapist can adjust depending on the client’s need.</td>
</tr>
<tr>
<td><strong>Therapeutic Use of Occupations/ Activities</strong></td>
<td>Use of occupation as both a means (a process or a way to achieve an end result, a method of intervention) and an end (an outcome or an end result), within therapeutic practice. This enables occupational-based activities to be used both to achieve goals and outcomes with consumers, and also as the end result or goal to be aimed towards within intervention.</td>
</tr>
<tr>
<td><strong>Re-motivation Process</strong></td>
<td>The Remotivation Process is a continuum of strategic interventions designed to enhance the motivation to engage in occupations.</td>
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<td>-------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Graded Skills Development</td>
<td>A framework utilising activity analysis to assist in structuring group programs and/or developing individual rehabilitation interventions. Assists in identifying interventions that will provide a “just right challenge” depending on a person’s capacities (Helbig 2005).</td>
</tr>
<tr>
<td>Creative Activities</td>
<td>Use of drama, art, dance, music, poetry, writing, pottery and similar activity to tap into the client’s own potential in order to assist them to meet their goals.</td>
</tr>
<tr>
<td>Validating</td>
<td>Use to convey respect for the clients experience or perspective, whether it is the lived body experience, experiences associated with volition (enjoyment, loss of capacity, anxiety), or experiences stemming from societal reactions to disability. Acknowledge even tiny gains and achievements. Validation is especially important for clients with very low volition. Take care to observe how the client reacts and acts in therapy, look for signs of enjoyment, anxiety, boredom, excitement, investment. Simply ask them about and demonstrate an active interest in their thoughts and feelings.</td>
</tr>
<tr>
<td>Identifying</td>
<td>This strategy is used to provide the client with an understanding of the personal and environmental opportunities and resources. Used to provide information about options for enhancing occupational performance and participation in work, play/leisure, and activities of daily living that the consumer wants and needs to do.</td>
</tr>
</tbody>
</table>
### Giving feedback
This involves gathering information to arrive at a conceptualisation of the client’s situation which is then feedback to the client in order to enhance skill and performance. Giving feedback that reframes can influence how a client interrupts, experiences, or anticipates the future. May involve sharing results of a practical assessment, provides feedback on behaviour in a group setting, providing praise regarding choices made or progress in therapy.

### Advising
The therapist advises client’s when they recommend intervention goals based on assessment. Advising involves sharing feasible and desirable outcomes, and indicating possible options to achieve the outcome. Providing a rationale for a given option and advise a particular choice or commitment is an important component of client-centred practice as allows clients to make informed decisions.

### Negotiating
Negotiation is used when engaging in a give-and-take with the client to achieve a common agreement or perspective about something the client will or should do in the future. Negotiating occurs when there are different viewpoints and is used to resolve disagreements, or to compare and reconcile different perspectives. Give and take can empower the client. The therapist needs to be careful and respectful in eliciting the client’s views, thoughts and feelings, and be flexible and willing to compromise, to see things differently, or depart from usual process.

### Structuring
Therapists often structure a client’s occupational engagement. Structuring involves establishing parameters for choice and performance by offering clients alternatives, setting limits, and establishing ground rules. Can provide clients with a sense of control and safety by making opportunities and constraints clear. Can be used to convey expectations which in turn can support volition.

### Coaching
Coaching is directed at enabling clients to develop performance capacity and enhance skills through the use of instructing, demonstrating, guiding, verbally or physically prompting.

### Encouraging
Therapists use encouragement to provide emotional support and reassurance to support their personal
causation and performance capacity when they are trying new things. Assist in building confidence, enjoyment, and elicits positive thoughts and feelings about performance.

| Provide physical support | This strategy focuses on the physical aspects of completing tasks and can be used for any clients with reduced motor skills to use the physical body to support the completion of an task or part of a task when clients cannot or will not use their motor skills. |

**Measuring Intervention Outcomes**

Intervention review is a continuous process of monitoring, re-evaluating and reviewing the intervention plan, the effectiveness of its delivery, and the process towards outcomes (AOTA 2008 p 656). As during the planning and implementation phases, review includes collaboration with clients based on their goals (AOTA 2008 p 656).

Re-evaluation and review may lead to changes in the intervention plan. Intervention review includes:

- Re-evaluate the plan and how it is implemented relative to achieving outcomes
- Modify the plan as needed
- Determine need for continuation or discontinuation of services and referral to other services
- Program evaluation regarding serviced delivery on occasion (AOTA 2008 p 656)
- Subjective/qualitative evaluation (asking clients/ key workers how the intervention has made a difference)
- Quantitative reassessment using OSA, MOHOST, HoNOS scores
- Baseline level or pre-occupational performance (observed quality of occupational performance) before and after using observation of performance skills when doing functional tasks in situ
- Measure and observation of goals achieved and any other outcomes of intervention, e.g. skills transferring to other environments
- Outcome measures that indicate improvements or maintenance of health, participation and engagement in occupation (AOTA 2008 p 660).

**Document Review Date – 1 December 2015**
References & Further Reading


For copies see Karen Adams-Leask (previously Helbig).


Introduction to Occupational Therapy Care Packages in Mental Health [http://www.uic.edu/depts/moho/images/Care_Packages_-_introduction_v2.1_(no_logos)%5B1%5D.pdf](http://www.uic.edu/depts/moho/images/Care_Packages_-_introduction_v2.1_(no_logos)%5B1%5D.pdf)


Occupational Therapy Care Packages in Mental Health


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