

2011 MH SIS Interactive Session

Infusing the New Mental Health Knowledge and Skills Requirements into OT and OTA Educational Programs

Learning Objectives:

1. Understand the development process and purpose of the MH Knowledge and Skills Paper (2010).
2. Consider ways to use the MH Knowledge and Skill requirements to enrich mental health education standards in OT and OTA educational programs.
3. Identify potential areas not targeted by the paper, which may become future areas of consideration.

What led up to the AOTA Official Document: *Specialized Knowledge and Skills in Mental Health Promotion, Prevention, and Intervention in Occupational Therapy Practice?*

- 2003 Presidential Ad Hoc Workgroup on Promotion of Occupational Therapy in Mental Health
- 2005 Staff Conducted Review of all State and Federal Statutes re Mental Health Practitioners
- 2006 Review done by Commission on Education (René Padilla and Jaime Muñoz) *Education for Specialized Services for People with SPMI in Entry Level OT Curricula*
- 2006 Representative Assembly Asked President to Establish Ad Hoc Workgroup on Policy Barriers and Strategies to Gain QMHP Status for OT
- 2007 Ad Hoc Workgroup on Mental Health Reported To Representative Assembly
 - Out of the workgroups on Mental Health Practice and QMHP status the following activities were pursued:
 - Identification of committee to create a document indicating the core competencies of entry level occupational therapy practitioners; became Knowledge and Skills Paper.
 - Communication with several state and national organizations to promote OT in mental health.
 - Other activities suggested in the 2006 Ad Hoc Report

Where can I find the document?

<http://www.aota.org/Practitioners/Official/Skills/Mental-Health-KS.aspx?FT=.pdf>

How is the document structured?

- Purpose – promotion, prevention, intervention
- Introduction – explains OT practice
- Using This Document
 - Advocacy, Education
 - Articulates Core Knowledge and Skills for entry level practice in mental health
 - Core MH Professional Knowledge and Skills – OT has these in common with other mental health professionals
 - Specific OT Knowledge and Skills applied to Mental Health – unique to occupational therapy

- Knowledge and Skills are divided into 4 Domains
 - Foundations
 - Evaluation & Intervention
 - Professional Role & Service Outcome
 - MH Systems
- References

How might the document be used by occupational therapy educators, practitioners, and AOTA?

- Curriculum development
- Fieldwork development
- Practice development
- Professional development
- Articulate role to administrators, 3rd party payers, and individuals, populations or organizations who might benefit from occupational therapy
- Inclusion in ACOTE review of standards
- Bring the document to Capitol Hill to work toward federal recognition for OT mental health services
- Other?

Presenters:

Katherine Burson, MS, OTR/L, CPRP
 Director, Rehabilitation Services
 Illinois Department of Human Services
 Division of Mental Health
 1200 S. First Ave., P.O. Box 7000
 Hines, IL 60141-7000
katherine.burson@illinois.gov
 Phone: (708) 338-7212

Roseanna Tufano LMFT, OTR/L
 Clinical Assistant Professor, Occupational
 Therapy
 Academic Coordinator of Occupational
 Therapy
 Quinnipiac University
 Hamden, CT 06518
roseanna.tufano@quinnipiac.edu
 (203) 582-5363

David M. Merlo, MS, COTA, CPRP
 Professor, Academic Fieldwork
 Coordinator
 OTA Department
 Erie Community College
 Williamsville, NY 14032
merlodm@ecc.edu
 Phone: (716) 741-9828
 Fax: (716) 851-1267
www.OTfieldwork.net

Tina Champagne, OTD, OTR/L, CCAP
 Program Director
 CHD's Institute for Dynamic Living
 342 Birnie Avenue
 Springfield, MA 01107
TChampagne@chd.org
 Phone: (413) 439-2170
 Fax: (413) 785-1728
 Web: www.chd.org/OT
www.ot-innovations.com
 Adjunct Professor
 Occupational Therapy Department
 American International College
 Springfield, MA

Quinnipiac University
School of Health Sciences
Department of Occupational Therapy

Group Process
OT 446 Lecture
Spring 2011

Educator: Roseanna Tufano, LMFT, OTR\L Lecture Instructor & Coordinator

Extension: 5363

Email: roseanna.tufano@quinnipiac.edu

Course Description: This course reviews group dynamics theory and its application in treatment and professional development. Topics include relationship to group process, group interventions, family systems, cultural influences, group evaluation, and contextual variables including physical and social components.

Course Required Texts:

Brown, C. & Stoffel, V. C. (2011). Occupational therapy in mental health; *A vision for participation*. Philadelphia, PA: F.A Davis.

Cole, M. (2005). *Group dynamics in occupational therapy (3rd ed)*. Thorofare, New Jersey: Slack.

Optional Materials/Readings

Yalom, I. (2005). *The theory & practice of group psychotherapy (5th ed)*. New York, NY: Basic Books.

1-25 1-27	<p>The Course – Intro to lecture & lab</p> <p>History of MH practice – has Freud slipped away? Appreciating our psychodynamic roots</p> <p>Impact of Contexts on Process – OT PF</p> <p>Communication Techniques – how to talk therapy</p>	<p>Brown/Stoffel Ch 2</p> <p>OT PF review</p>
2/1 2/3	<p>Mental Health – where do we stand today? Evidence Based Practice AOTA Papers</p> <p>The Protocol Assignment Worksheets 1, 2, 3</p>	<p>Brown/Stoffel Ch 5</p> <p>AOTA papers Assignment: Research Study Due: 2/15 & 2/17</p> <p>Cole, Chs 10 & 11 Ch 10 is Moho do you want this here? Worksheets due next week</p>
2-8 2- 10	<p>Mental Health – Roles in Practice AOTA position papers</p> <p>Culture vs. Mental Illness Needs & Disparities in the US</p> <p>Arts in Mental Health</p>	<p>AOTA papers</p> <p>Brown/Stoffel Ch. 30</p>
2-15 2-17	<p>What makes a therapy group? (Grp Composition) Principles, social microcosm, norms & roles Yalom’s Existentialism- therapeutic factor</p> <p>Content vs Process</p>	<p>Cole, pgs 37-43</p> <p>Begin writing General Group Outline - Refer to pages 294- 302 (Cole) for outline.</p>
2-22 2-24	<p>Group Development – stages</p> <p>Yalom’s Therapeutic Factors (Hope, Universality, Imparting of Information & Altruism)</p> <p>Recovery Model – OT Practice CBT – OT Practice</p>	<p>Cole, pgs 29-36</p> <p>Brown/Stoffel Ch. 1 & Ch 19</p>
3-1 3-3	<p>Yalom’s Therapeutic Factors (Social Learning & Imitative Behaviors)</p> <p>Psychoeducation Model – OT Practice Social Skills Training</p>	<p>Brown/Stoffel Ch 21</p>

	Review/Check point - General Group Outline	
3-8 3-10	Yalom's Therapeutic Factors (Interpersonal Learning)	General Outline Protocol Draft Due
		Brown & Stoffel Ch 29
	Recovery Groups – Stages of Change in Addiction (Motivational Interviewing)	Learning Activity – Self Reflection due 5/3 or 5/5
	Spring Break	
3-22	Exam 1 Return Protocol Drafts and Class	
3-24	Discussion of Session Outlines	Brown & Stoffel Ch 29
3-29 3-31	Emotional Regulation & DBT! Domestic Violence	Final General Outline Due Stoffel & Brown Ch 24
4-5 4-7	Mental Illness in the Workplace/Vocational Domain of Practice MH in Geriatrics – Reminiscence, Validation Ross' 5 Stage Group	Brown & Stoffel Chs 42 & 50
4-12 4-14	Yalom's Problem Patients Transference vs CounterTransference	
4-19 4-21	The Intentional Relationship	Source: Taylor textbook
4-26 4-28	Yalom's Therapeutic Factor – Recap of the Primary Family Group Transference & Countertransference – experiential role play (L. Tufano)	Learning Activity – Self Reflection due 5/3 or 5/5
5-3 5-5	Yalom's Therapeutic Factor – Recap of the Primary Family Group Termination/Closure Theme Application to Lion King	Brown & Stoffel Ch 29
	Final Exam	

OT 446 Lab Course Schedule

DATE	TOPIC
1/25 – 1/27	<p>Group Tasks – Instructor Lead (30 minutes)</p> <p>Introduction of course by Instructor: Review General Group Outline Goals for this course (Cole, p.318-320) Have students sign up for “practice setting” mini report due next week (syllabus)</p> <p>Faculty Lead Activity Group (70 minutes)</p>

	<p>Homework: 1) Prepare for 5 minute review of Practice Settings to be given orally in next week's class (see sign up sheet in syllabus) 2) Complete Pre-Test: Group Member Progress Rating (Cole, p.321) in syllabus & bring to next class 3) Sign Lab Experience Contract & bring to next class – in syllabus (Cole, p.319)</p>
2/1 – 2/3	<p><u>Group Tasks – Instructor Facilitated</u> Student Oral Discussion of OT Practice Settings (60 minutes) Students sign-up for Student Group/Leader Sessions (see syllabus list and dates) Hand in Pre-Tests & Lab Experience Contract to instructor</p> <p>Review & Practice counseling techniques (open questions, empathy, confrontation) (40 minutes). See practice worksheets in syllabus.</p>
2/8 – 2/10	<p><u>Student Session #1</u> – Creative Arts/Projective Technique (Psychodynamic) about 70 minutes total) Faculty facilitated feedback discussion (see guided process questions) (about 20-30 minutes)</p>
2/15 – 2/17	<p><u>Student Session #2</u> – Culture/Diversity (MOHO theory) about 70 minutes Faculty facilitated feedback discussion (see guided process questions) (about 20-30 minutes)</p>
2/22 – 2/24	<p><u>Student Session #3</u> – Grief & Bereavement (Existentialism theory) Faculty facilitated feedback discussion (see guided process questions)</p>
3/1 – 3/3	<p><u>Student Session #4</u> – Coping & Stress Management (CBT – Ellis) Faculty facilitated feedback discussion (see guided process questions) Homework: Professional Behavior Rating Scale (student self review)</p>
3/8 – 3/10	<p><u>Student Session #5</u> – Social Skills (Psychoeducation model/Behav Learning theories) Faculty facilitated feedback discussion (see guided process questions) Due: Student Self Review of Professional Behavior Rating Scale</p>
	Spring Break
3/22 – 3/24	<p><u>Student Session #6</u> – Social Skills (Psychoeducation model/Behav Learning theories) Faculty facilitated feedback discussion (see guided process questions)</p>
3/29 –	<u>Student Session #7</u> – Recovery Group (Relapse Prevention Model/Stages of

3/31	Change) Faculty facilitated feedback discussion (see guided process questions)
4/5 – 4/7	<u>Student Session #8</u> – Recovery Group- Emotional Regulation (DBT) Faculty facilitated feedback discussion(see guided process questions)
4/12 – 4/14	<u>Student Session #9</u> – Vocational/Work Group (Behavioral or Values Clarification) Faculty facilitated feedback discussion (see guided process questions) Homework: Final touches on Group Session Protocol
4/19 – 4/21	<u>Student Session #10</u> – Ross’ 5 Stage Group (Sensory Integration) Faculty facilitated feedback discussion (see guided process questions) Due: Group Session Protocol
4/ 26 – 4/28	<u>Student Session #11</u> – Health & Wellness (Psychoeducation model) Faculty facilitated feedback discussion (see guided process questions) Homework: Complete post-test: Group Member Progress Rating (Cole, p.321) Homework: Professional Behavior Rating Scale (student self review)
5/3 – 5/5	<u>Student Session #12</u> – Discontinuation/Termination Group (Psychodynamic or CBT) Faculty facilitated feedback discussion (see guided process questions) Return & discuss protocols with group. Final Wrap-up Due: Student Self Review of Professional Behavior Rating Scale

Hearing Voices Simulation

Psychosocial Rehabilitation OT-200

David M. Merlo, MS, COTA, CPRP
Erie Community College – Williamsville, NY 14221
merlodm@ecc.edu

The Hearing Voices Simulation allows students to experience what it is like to hear auditory hallucinations while trying to function. Participants use headphones to listen to a specially designed audiotape that simulates an auditory hallucination experience.

During this simulated experience of hearing voices, participants undertake a series of tasks including social interaction in the community, a psychiatric interview, cognitive testing, and an activities group in a mock day treatment program. The simulation experience is followed by a debriefing and discussion period. The curriculum also includes a one-hour videotaped lecture featuring Dr. Patricia Deegan, exploring the literature and the experience of hearing distressing voices.



Training Objectives:

1. Understand the day-to-day challenges that face people with psychiatric disabilities and recognize the strength and resiliency necessary to cope and function.
2. Appreciate the subjective experience of hearing voices that are distressing.
3. Become more empathic toward people who hear voices that are distressing.
4. Identify ways to change clinical practices to better address the needs of people who hear distressing voices.
5. Become familiar with self-help principles, support networks, and coping strategies for voice hearers.



The curriculum was originally developed and piloted for a wide range of mental health professionals including: Inpatient/outpatient psychiatric nurses, psychiatrists, social workers; psychologists; direct care workers in residential, day treatment and psychosocial rehabilitation programs; mental health administrators and policy makers; and academic faculty and students. I adapted the training to be used in my course "Psychiatric Rehabilitation" to replace my lectures on the topic of psychiatric symptoms.

Since incorporating the Hearing Voices Simulation, students have developed a deeper understanding of the impact that psychotic symptoms can have on individuals with psychiatric disabilities.

The entire unit occurs over several class sessions:

1. Guest lecture or a film by a person who experiences hallucinations
2. Video lecture by Dr. Patricia Deegan
3. The actual simulation
4. A debriefing and wrap-up



Setup:

The simulation involves five “stations” set up to simulate the following environments. Volunteers are recruited to role-play the various mental health staff: psychiatrist, psychologist, psychiatric nurse, OT mental health practitioner. Other campus staff from the library, snack bar, and academic departments helps by playing various roles. Simulation environments include:

1. A **community Day treatment program** for outpatient psychiatric clients, staffed by mental health paraprofessionals. Participants are engaged in a demeaning puzzle activity.
2. A **psychological testing center**, staffed by a psychologist. Participants are administered (under pressure of time) a timed comprehension test.
3. A **psychiatric emergency room intake unit**, staffed by a psychiatrist. Participants are interviewed and assessed for possible hospital admission.
4. A **clinic treatment center** staffed by a psychiatric nurse. Participants are administered the Mini-Mental Status Exam, a standardized screen for memory impairments.
5. Participants are also given various “task” cards requiring that they engage in various kinds of social and cognitive assignments on campus.

Discussion Topics:

The purpose of the debriefing session is to give students the opportunity to share and compare experiences, as well as talk about what they learned and how it might change their approach to working with people with psychiatric disabilities in general.

1. Discuss how participants felt both physically and emotionally. What does this tell us about people with psychiatric disabilities who we sometimes judge as “lazy” or unmotivated”?
2. Discuss the various ways participants “coped” with hearing voices. What methods did they use to drown out, rationalize, ignore, or override the voices?
3. What were the students’ perceptions of the oppressive, impersonal, disempowering styles used by the “staff” at the workstations? How did they feel about themselves? How did they feel toward the “staff”?
4. Having experienced the simulation, what will you do differently in your work with people with psychiatric disabilities?

Suggested Questions for Discussion:

- Overall, how did you feel both physically and emotionally?
- What does your brief experience tell us about people with psychiatric disabilities who society and healthcare professionals sometimes views as lazy, unmotivated, withdrawn, and bazaar?
- How did you cope with hearing voices? What methods did you use to drown out, rationalize, ignore, or override the voices?
- What were your thoughts and reactions to the staff and the ways they treated you? How did it make you feel about yourself?
- How did you feel toward the staff?
- What were you thoughts and reactions to the various “interventions” (match puzzle, Mini Mental Assessment, reading comprehension test, etc.)?
- Having experienced the simulation, what will you do differently in your work with people with psychiatric disabilities?

Skill Program Assignment

Psychosocial Rehabilitation OT-200

David M. Merlo, MS, COTA, CPRP
Erie Community College – Williamsville, NY 14221
merlodm@ecc.edu

Overview: Using a friend or partner as the "client" you will create a skill program to help overcome a critical skill deficit. In other words, in collaboration with your client you will come up with a plan to help the "client" to be able to improve the use of a very important skill. You should assume that the "client's" present overall rehabilitation goal is to remain in a specified environment for the next 6-24 months. It may be helpful to refer to Mike Smith's Skills Program during this assignment.

Discuss and identify a critical skill that your "client" presently does not exhibit at the needed frequency or circumstance within the specified environment (a skill which is either very important for satisfaction or for success within the chosen environment). Do this by:

- Considering areas where the client experiences frustration, or receives repeated criticism (studying for school, relating to friends or partners, exercising, completing important responsibilities, etc.) briefly describe the area of dissatisfaction or failure.
- Based on this specific area of dissatisfaction or failure, determine the underlying *critical skill*. State the skill using proper skill "language" (gerund verb-form conveying action which can be seen, heard, or somehow measured).

Skill Use Description

Write a *skill use description*, which should include the *behavior, circumstance and frequency unit*. Determine the frequency in which the skill **NEEDS** to be exhibited (*the needed level*). Estimate the frequency in the skill is **PRESENTLY** exhibited (*present level*).

The typical format for the Skill Use Description should be:

- (*skill name*) means the (*frequency unit: # of, or % of*) times per (*time unit: hour, day, week, month...*) that "Joe" (*description of the skill behaviors*) when (*circumstance*).

Identify the Barriers

With your client, discuss and identify the problems that inhibit the skill from being exhibited at the needed frequency or circumstance. Briefly describe the problems and indicate the type of barrier for each (*lack of confidence, lack of knowledge, lack of forethought, lack of resources*). Describe at least two barriers.

Develop the Program

For each barrier you have identified, determine the best type of strategy to overcome the barrier. Each strategy should then be elaborated by outlining the necessary steps in a logical sequence.

Write the skill program using the chart format. Indicate timelines (target start dates and completion dates attached to the steps). For steps that may be somewhat overwhelming, identify (with your client) realistic and meaningful rewards that the client will "earn" when the steps are completed. Indicate how the completion of each step will be monitored (log, checklist, etc.), and who will be responsible for monitoring.

SKILL PROGRAM ASSIGNMENT

STUDENT NAME:

CLIENT NAME:

CRITICAL SKILL USE DESCRIPTION

Describe the specific skill or behavior that is necessary for success or satisfaction in a specific environment. State why the skill is essential for client success or satisfaction. State the needed frequency and circumstance:

Break down the above skill description into the following components: (Behavior, Frequency Unit, Circumstance)

- **Behavior** (Actions that are observed when the person is performing the skill):
-

- **Frequency Unit:** (# or % of times within a specified period the person **PRESENTLY** performs the skill and how often the person **NEEDS** to perform the skill):

Time Unit: Per Per Per Per
(indicate one) hour day week month **other:**

Fraction:
or % PRESENT Level
or % NEEDED Level

- **Circumstance:** (The occasion or situation where the skill should be performed):
-
-

DEVELOP THE PROGRAM

Describe at least 2 barriers to skill performance. Identify the types of barriers. Develop strategies and appropriate action steps to overcome the barriers. Determine a reasonable timeline, realistic rewards, and a procedure for monitoring follow-through.

BARRIER 1:

DETAILED DESCRIPTION OF THE <u>BARRIER</u>:	LACK OF...	TYPE OF STRATEGY: (PICK ONE)	
	<input type="checkbox"/> Confidence	<input type="checkbox"/> Rehearsal, or	<input type="checkbox"/> Successive Approximation
	<input type="checkbox"/> Knowledge	<input type="checkbox"/> Research	
	<input type="checkbox"/> Forethought	<input type="checkbox"/> Planning, or	<input type="checkbox"/> Rehearsal
	<input type="checkbox"/> Resource	<input type="checkbox"/> Resource Acquisition	
DESCRIPTION OF THE OVERALL <u>STRATEGY</u>:			
DETAILED STEPS (outlining the strategy):	TIMELINES:	REWARDS:	MONITOR:
	▪ Start Date Complete Date		▪ Who ▪ When ▪ How

BARRIER 2:

DETAILED DESCRIPTION OF THE <u>BARRIER</u>:	LACK OF...		TYPE OF STRATEGY: (PICK ONE)
	<input type="checkbox"/> Confidence	<input type="checkbox"/> Knowledge	<input type="checkbox"/> Rehearsal, or <input type="checkbox"/> Successive Approximation
	<input type="checkbox"/> Forethought	<input type="checkbox"/> Resource	<input type="checkbox"/> Research <input type="checkbox"/> Planning, or <input type="checkbox"/> Rehearsal
	<input type="checkbox"/> Resource		<input type="checkbox"/> Resource Acquisition
DESCRIPTION OF THE OVERALL <u>STRATEGY</u>:			
DETAILED STEPS (outlining the strategy):	TIMELINES: ▪ Start Date Complete Date		REWARDS:
			MONITOR: ▪ Who ▪ When ▪ How