



When Parallel Worlds Merge: Occupational Therapy and Psychiatric Rehabilitation in a Transdisciplinary Universe

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Objectives:

- **Challenges** and **opportunities** facing OT in mental health as outlined in:
 - Promotion of OT in Mental Health Systems - Report to AOTA Board of Directors" (October 12, 2005).
 - Report of Ad Hoc Committee on Mental Health Practice in Occupational Therapy (December 18, 2006)
- **Strategies** to address those challenges and opportunities.
- **Attributes** and **contributions** OT has made and can make to mental health recovery services and systems.
- **Resources** to guide the advancement of mental health OT practice, education, advocacy, and research.

Despite occupational therapy's genesis in mental health settings, the profession has not kept pace with other mental health professionals.

([Promotion of OT in Mental Health Systems](#), 2005, p.2)

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- Role blending and transdisciplinary practice have long been a part of occupational therapy practice in both inpatient and community-based mental health service settings.

([Promotion of OT in Mental Health Systems](#), 2005, p. 10)

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... other mental health professionals, including nurses, social workers, psychologists and psychiatrists, far outnumber them [OT practitioners], particularly in public mental health settings.

([Promotion of OT in Mental Health Systems](#), 2005, p.2)

nurses social workers psychologists occupational therapy practitioners
 psychiatrists rehabilitation counselors peer counselors expressive arts therapists
 nurses social workers psychologists psychiatrists rehabilitation counselors peer
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With the rise of psych rehab as an intervention approach, some OTs have struggled to identify ways in which their practice can be distinguished from that of other practitioners of psychiatric rehabilitation approaches.

([Promotion of OT in Mental Health Systems](#), 2005, p. 10)

OT

... emergence of recovery as a guiding philosophy for adult mental health services ... is a wonderful opportunity for occupational therapy.

([Promotion of OT in Mental Health Systems](#), 2005, p.10)

AOTA's Centennial Vision

- How does OT thrive as an essential component of person-centered recovery-oriented mental health services in the 21st century?
 - **Powerful**
 - **Widely Recognized**
 - **Science-Driven**
 - **Evidence-Based**

- ... we as OT practitioners need to be engaging in competition... Competition needs to be acknowledged. It drives innovation and can improve practice.

(Florence Clark, [2011 AOTA Conference Presidential Address](#), April 14, 2011)

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- The development of a truly recovery-oriented system will depend on innovative cross-disciplinary collaborations among service providers, including clients...

(Krupa, T.; Fossey, E.; Anthony, W.; Brown, C.; Pitts, D. (2009). [Doing Daily Life: How Occupational Therapy Can Inform Psychiatric Rehabilitation Practices](#). *Psychiatric Rehabilitation Journal*, 32, 160.)

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- ... competition among great powers has returned with ideological rivalry as a central focus.

(Hachigian, N., Sutphen, M. (2008). [Strategic Collaboration: How the United States Can Thrive as Other Powers Rise](#). *The Washington Quarterly*, 31(4), 43-57)

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Strategic Collaboration

1. Compounding Our Strengths
2. Constructing Close Relationships
3. Collaborating With Pivotal Powers
4. Covering Our Bets

(Hachigian, N., Sutphen, M. (2008). [Strategic Collaboration: How the United States Can Thrive as Other Powers Rise](#). *The Washington Quarterly*, 31(4), 43-57)

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Strategic Collaboration

1. Compounding Our Strengths

- “The only thing that can destroy us is us.”
- Identify and articulate our strengths:
 - Person-centered, recovery-oriented values
 - Holistic practice models
 - Occupational analysis skills
 - Focus on roles, occupation, and function
 - Utilization of standardized evaluation
- Identify and address our areas for growth:
 - Defining OT in MH practice, Education, Fieldwork, Reimbursement, Research, Leadership Development
- Set organizational priorities.

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Strategic Collaboration

2. Constructing Close Relationships

- Construct respectful and stable bilateral relationships with the pivotal powers
- Presume they are “with us” (because they usually are)
 - Only when vital interests are at stake should we put the constructive nature of relationships on the line.
 - Think creatively and flexibly about how to deal with the ‘chronic irritants’

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Strategic Collaboration

3. Collaborating With Pivotal Powers

- With relationships established, call on partners to use their strength, ideas, and political clout to solve common/shared problems.
 - Research, advocacy, PR, systems change
 - Create forums in which pivotal powers can come together to discuss how all this work will get done.

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Strategic Collaboration

4. Covering Our Bets

- “Selective Hedging”:
 - Intelligence (know what the others are doing)
 - Maintain deeper ties with pivotal powers than they have with one another.
 - As a last resort, defend our interests if deterrence fails.

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How do we fit in?

How do we stand out?

How do we...
Articulate and emphasize relevant values, beliefs, outcomes



Fit In?

- Shared belief in the importance and value of a systems approach that is relationship and client-centered

Stand Out?

- We've demonstrated historically that we are deeply client-centered and understand the necessity of being client-centered/relationship-centered.

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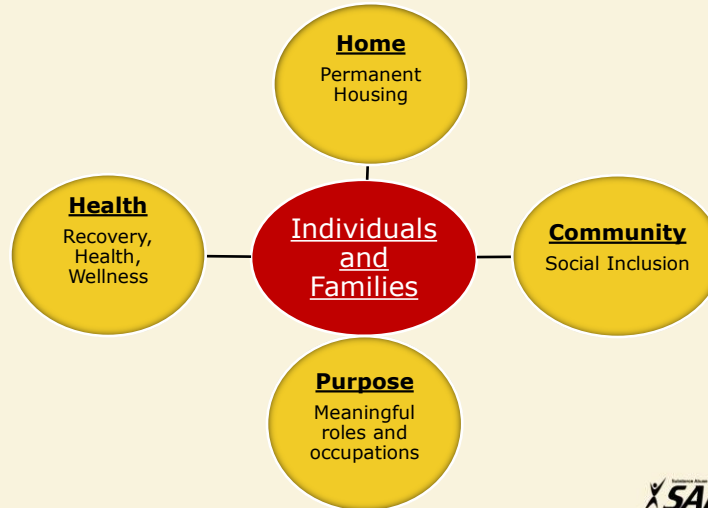
- Occupational therapy practitioners are more ready, than other mental health practitioners, to practice from this [recovery] perspective given our long standing base in rehabilitation.

([Promotion of OT in Mental Health Systems](#), 2005, p. 10)

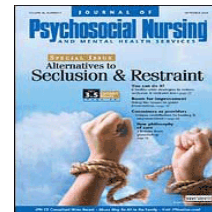


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Recovery Support Strategic Initiative



How do we...
**Identify, develop, integrate,
and promote OT practice**



Fit In?

- Help clients learn strategies to assist with learning how to increase self-awareness and to learn new coping skills (e.g., sensory modulation)
- Help professionals learn new ways to assist clients in this manner (e.g., sensory modulation)

Stand Out?

- We understand the complexity of sensory processing and related assessments, intervention, programming & environmental enhancements in a way that is authentic to our professional scope of practice (e.g., occupational analysis)

Specialized Knowledge and Skills in Mental Health
Promotion, Prevention, and Intervention in OT Practice

(4/15/2010)

Fit In?	Stand Out?
<ul style="list-style-type: none"> • Core Mental Health Professional Knowledge and Skills 	<ul style="list-style-type: none"> • Specific OT Knowledge and Skills Applied to Mental Health Promotion, Prevention, and Intervention Practice

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How do we...

Partner with key groups, focusing on common issues and goals

Fit In?	Stand Out?
<ul style="list-style-type: none"> • Deeply believe in and value the necessity of the national initiative; the transformation of culture of the MH care 	<ul style="list-style-type: none"> • Our client-centered, holistic nature and occupational analysis skills help us to bring our unique skills to the table to help work toward common goals on the individual client, organization and population scales.

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Partners

- Overarching Agencies
 - (Organizations that address broad spectrum of needs and practice areas)
- Projects (regional/local, state)
- Legislative Bodies
- Professional Associations
- Foundations
- Non-profit organizations
- Consumer and self-help organizations
- MacArthur Foundation
- Robert Wood Johnson
- Ben & Jerry's Foundation
- National Assn. of County Behavioral Health and Dev Disability Directors
- National Assn. of State Mental Health Program Directors
- SAMHSA
- NAMI
- NIH
- NIMH
- VA
- USPRA
- Recovery, Inc.
- PTA
- AARP

([Report of Ad Hoc Committee on Mental Health](#), Appendix C: Critical Partners in Mental Health, p. 38-48)

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USPRA US Psychiatric
Rehabilitation Association



MAOJ, Inc.

FIRST EVER NATIONAL OCCUPATIONAL THERAPY
PSYCHIATRIC REHABILITATION SYMPOSIUM

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How do we...

Contribute to evidence-based practice (research on efficacy of OT assessment and intervention)

Fit In?	Stand Out?
<ul style="list-style-type: none"> • Create, enhance, and implement general practices used within MH (CBT, WRAP, etc.) as other professionals do. 	<ul style="list-style-type: none"> • Create, implement and publish innovative OT practices and research that is specific to more traditional OT interventions (e.g., added sensory and cognitive components) • Publish in multidisciplinary journals.

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Stand Out?

- Identify, develop and promote our practice niches
 - Depression
 - Recovery and Peer Support Model
 - Sensory Approaches to Mental Health
 - Veterans' and Wounded Warriors' Mental Health
 - Transition for Older Youths

(Yamkovenko, S. (n.d.) [The Emerging Niche: What Is Next In Your Practice Area?](http://aota.org/Practitioners/PracticeAreas/EmergingAreas.aspx)
Retrieved June 7, 2011, from
<http://aota.org/Practitioners/PracticeAreas/EmergingAreas.aspx>)

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Case in Point: Culture Change & Building an Evidence-base

- MA State Adolescent Inpatient Unit service's aggregate data (comparison of 2000 & 2003) revealed:
 - 91% decrease in restraint episodes from 3,991 to 373
 - 92% cost reduction (\$1,446,740.00)
 - Higher adolescent GAF scores
- MA DMH LTC units, given the history of R/S event rates prior to 1999
 - Estimated 34,000 restraints were avoided through 2008
 - Estimated savings of more than \$10 million in redirected staff time & resources
 - 99% reduction in worker's comp claims
 - Significant decrease in lengths of stay, staff sick time, staff & consumer injuries

(LeBel & Goldstein, 2005; LeBel & Champagne, 2010)

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How do we...

Gain appropriate professional status (i.e. Core MH Professional, QMHP and LPHA)

Fit In?	Stand Out?
<ul style="list-style-type: none"> • Over time, the changing of educational requirements of OTRs to become master's and doctoral prepared has put us on a similar professional level as other licensed mental health professionals that bill for services. • Complementary certifications/credentials: <ul style="list-style-type: none"> – CPRP, LCSW, etc. 	<ul style="list-style-type: none"> • Although we view ourselves as core mental health professionals we have not kept up with regulatory or educational requirements necessary to help OTRs to become included in this realm • Gaining additional OT certifications (AOTA Board Certification in Mental Health).

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- The OT/OTA team could be marketed as a cost-effective means of providing OT services within community-based recovery-oriented mental health services.



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Attributes & Contributions

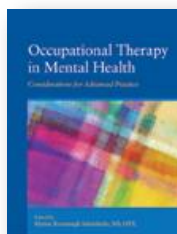
- Working collaboratively with:
 - Clients/peer advocates
 - Inpatient & Community-based organizations
- Local, State & National Organizations
 - OT practice, education, advocacy
 - Public policy



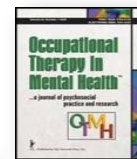
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Resources

- Resources to guide advancement of MH OT practice, education, advocacy & research
 - AOTA's Mental Health SIS
 - State OT Assn. MH Special Interest Groups



Consortium of Psychiatric
Rehabilitation Educators



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Work in Progress

- Although we are making strides, we have a long way to go...
 - Increase in official documents, fact sheets, Advanced MH OT publication
 - Pilot studies with AOTA & ASD
 - Creating innovative programs & contributing to the evidence-base
 - Fieldwork in recovery-based settings
 - Developing leaders

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YOU, THE CLIENTS AND CAREGIVERS ARE THE CULTURE CHANGE

- "Never doubt that a small group of concerned citizens can change the world. Indeed it's the only thing that ever has."

- Margaret Mead



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