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School of Occupational Therapy

Developing Evidence-Based Occupational Therapy Assessment and Intervention Binders for an
Inpatient Psychiatric Setting

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A capstone project submitted in partial fulfillment for the requirements of the Doctor of Occupational Therapy degree from the University of Indianapolis, School of Occupational Therapy.

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A Capstone Project Entitled

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Submitted to the School of Occupational Therapy at University of Indianapolis in partial
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Abstract

I completed my doctoral capstone project at Sandra Eskenazi's Mental Health Recovery Center. The objective of my DCE project was to focus on developing a standardized model of practice for occupational therapy services in this unit. Secondly, I also aimed to gain advanced practice skills related to advocacy while working in this setting because this facility frequently works with an underserved population, addressing highly stigmatized conditions. My secondary goal was to gain experience in advocating for these clients, as well as in advocating for the best occupational therapy services in this unit. I compiled intervention and assessment binders of evidence-based practice suggestions in order for the occupational therapy staff on the unit to quickly access and utilized evidence-based practice for treatments. I conducted a pre- and post-survey of satisfaction and documented increased satisfaction with OT services provided on the unit.

Primary goals:

Increase efficiency of occupational therapy services on the Mental Health Recovery Center (MHRC) through utilization of OT Intervention & Assessment Binders.

Increase quality of care for patients by utilizing occupational therapy assessments and interventions that are evidence-based and supported by research.

Developing Evidence-Based Occupational Therapy Assessment and Intervention Binders for an Inpatient Psychiatric Setting

The Midtown Mental Health Recovery Center is the inpatient mental health unit at the main campus of Eskenazi Health in Indianapolis. The ultimate goal of this site is “to return patients to their homes and communities as soon as possible” (Eskenazi Health, 2016). This site also emphasizes that its staff members are all aware of the stigma and challenges that come with many mental health conditions and they provide sensitive care, emphasizing the rights and dignity of all patients (Eskenazi Health, 2016). This setting is a mixed adult unit, meaning all clients are over the age of 18, and it has 30 beds. This setting provides care to the underserved, including people who are homeless, individuals with addictions, intellectual disabilities, dementia, and dual diagnoses. Most of the patients in this unit are on Medicare or Medicaid, but the hospital does not turn away individuals who cannot pay for their care. The hospital receives some state funding and grants to help cover the care of individuals who do not have insurance. A typical length of stay for patients in this unit is 3-4 days, but some patients stay for months because the site tries not to discharge clients until they are guaranteed a safe place to go home to, such as a boarding house, shelter, or an apartment or house. This unit is critical in providing necessary care because more than 50% of all people in the United States will be diagnosed with a mental illness or disorder at some point in their life, and people who experience early adverse life experiences such as trauma or abuse are at a higher risk of developing mental health conditions (CDC, 2018). This statistic is particularly relevant for an underserved population who may be at higher risk of experiencing trauma or abuse.

My DCE project focuses on developing a standardized model of practice for occupational therapy services in this unit. However, I also focus on gaining advanced practice skills related to

advocacy while working in this setting because I will be working with an underserved population addressing highly stigmatized conditions. Throughout the development of my project, I will gain experience in advocating for these clients as well as in advocating for the best occupational therapy services in the development of my model of practice. The remainder of this report will emphasize relevant information about this population, the needs assessment I completed, research I conducted, the theories used to guide this project, details about project design and implementation, the outcomes of the project, and wrapping up with overall conclusions.

Background

When speaking to my site mentor at the Midtown Mental Health Recovery Center, she made it clear that one of the biggest issues that she would like to address in their unit is the lack of a standardized approach to providing occupational therapy services to patients in this setting (J. Button, personal communication, 2020). I plan to conduct research on outcome measures, functional assessments, and specific OT models to develop and present a specific model of evidence-based practice that can help improve the efficacy and efficiency of occupational therapy services in this unit. The primary goal in creating this set of practice guidelines for this unit is to increase the efficiency of occupational therapy providers on the unit, which is particularly important due to the fact that this site does not bill in the same way as some more traditional settings, and thus does not track productivity in any official capacity.

Some of the occupational therapy services that practitioners frequently use in mental health settings include interventions addressing community reintegration, work and employment, and life skills or activities of daily living (ADLs) (Gibson et al., 2011; Gutman & Brown, 2018; Kirsh et al., 2019). These interventions focus on three of the most commonly impacted areas of occupation for individuals with mental health conditions and can help guide the creation of an

intervention guideline for my DCE project. Another approach to intervention that requires further research into its efficacy is the use of activity-based group work (Bullock & Bannigan, 2011). Activity-based group work can also include activities such as playing board games. In a study by Edel et al. (2017), researchers used this example of board games as an alternative to receiving occupational therapy services. They found that although both groups experienced a reduction in depressive symptoms, the group receiving occupational therapy services effectively reduced anxiety and other symptoms (Edel et al., 2017). These articles provide evidence to support the practice of occupational therapy interventions in mental health units such as the Midtown Mental Health Recovery Center and can guide my creation of an intervention guideline.

Some of the assessments used in mental health occupational therapy services include the Mental Health Recovery Measure (MHRM), activity based assessment (BIA), the Brief Assessment of Cognition in Schizophrenia (BACS), the Schizophrenia Cognition Rating Scale, and the Social Functioning Scale (Chang et al., 2013; Eklund et al., 2008; Shimada et al., 2018). These assessments are all supported as valid and reliable assessment tools for occupational therapy providers to assess cognitive, emotional, and occupational performance skills in clients with mental health conditions. Understanding the research behind specific assessment tools will allow me to compile a list of acceptable and evidence-based assessments that can help improve the efficiency of occupational therapy services in this unit.

Other research supporting occupational therapy in mental health settings include studies about the level of function at discharge as a predictor of readmission rates, predicting quality of life-based on engagement in meaningful activity, and the use of shared decision-making in inpatient mental health settings (O'Flynn et al., 2018; Odes et al., 2011; Stacey et al., 2016).

Each of these studies promotes occupational therapy practices by emphasizing an individualized occupational therapy approach and supporting engagement in meaningful occupations to improve outcomes for individuals with mental health conditions. These are considerations that I will need to make when compiling intervention guidelines for occupational therapy practitioners at this site.

Throughout my research of assessments and interventions commonly used or supported for use in mental health or psychiatric settings, I did not come across any form of resource that compiles these assessments or interventions into an easily understandable and quick reference for practitioners to use to validate their assessment and intervention choices. My goal in conducting this research was to find evidence that supports the use of different assessments and interventions and compile it into one resource that can be easily accessed and utilized by OT practitioners at the Midtown Mental Health Recovery Center.

Theory

The model/theory I chose to guide my DCE project is the model of human occupation (MOHO). I chose this because it is a holistic approach that addresses both external and internal barriers to engagement in occupation, which is particularly important for the mental health population that I will be working with (Cole & Tufano, 2008). Many of these individuals experience a great deal of environmental effects on their condition, as well as having to cope with the internal considerations that may be affected by their condition. It will be important for me to realize that each individual in this setting may have many different barriers or supports for engagement in occupations and that not every group session will be equally effective for all clients. My visual diagram demonstrates that an individual's volition, habituation, and

performance skills shape environmental inputs and interactions with others, affecting their output of performance, skills, and participation (Cole & Tufano, 2008).

The frame of reference that I chose to guide my DCE is the Psychodynamic Frame of Reference. This frame of reference uses Freud's Psychodynamic theory as a guide and includes five primary areas as highlighted in my visual diagram: social participation and relationships; emotional expression and motivation for engagement in occupations; self-awareness through reality testing and feedback from others; defense mechanisms such as denial and sublimation through the symbolism of activities and occupations; and projective activities such as communication and clarification of occupational goals and priorities (Cole & Tufano, 2008). This frame of reference is very applicable to the mental health population that I will be working with because it addresses some of the most common concerns associated with mental health conditions. The Psychodynamic Frame of Reference has several similarities, including its foundation in Freud's theories, with the Psychosocial Rehabilitation theoretical perspective that has been critical in the development of mental health occupational therapy services (Morato & de Oliveira Lussi, 2018). Keeping this frame of reference in mind during my DCE will allow me to consider each client as an individual and appreciate how their conditions may impact their occupations, such as social participation and emotional engagement.

Project Design

For my project, I developed a portfolio of assessment tools and interventions for patients in an inpatient mental health setting and organized them based on the specific aspects of mental health or occupation that they address. I developed this portfolio by conducting research on some of the most popular and frequently used assessments and interventions in this population, as well as newer assessments or interventions that are evidence-based. After determining if an

assessment or intervention had enough research to support its use, I would assess what areas of occupation and mental health are addressed within it and create a category for my portfolio. For the assessment binder, I separated assessments into categories based on the Occupational Therapy Practice Framework (AOTA, 2020). The categories include the following: outcome measures, occupational profile, occupational performance- ADLs/IADLs, occupational performance- leisure, performance skills- sensory, performance skills- cognition, performance skills- social interaction skills, performance patterns, and client factors. After assigning each assessment to one of the previously listed categories, I would then write a brief overview of the assessment, its uses, its cost, and where it can be purchased in order to give OT practitioners a quick method of determining whether or not that assessment will fit their patient's needs at the time. The intervention portion of the binder was categorized by common areas of goals for patients in the unit. The intervention categories were as follows: communication, coping, future orientation, grief & loss, group activities, planning & scheduling, self-esteem, and wellness & mindfulness. In order to determine the success of my project, I decided to implement a pre- and post-test survey of the OT staff on the unit focused on their satisfaction with the evaluation and intervention process on the unit.

Project Implementation

Implementation of my project consisted of completing the portfolio and both printing a hard copy for the OT office as well as giving the OTR on staff a digital copy of the portfolio via email. After printing off hard copies and assembling them into physical assessment and intervention binders, I had to educate the OT staff on how to use the information within the binders. Some of the challenges I faced in implementing the project included finding research supporting assessment tools that had higher prices attached to the official test and not having

access to them. Some of the successes during my research came from speaking to other students in the cohort who have experienced working in an inpatient mental health setting and could share some of the assessment tools and interventions that were successful at their site.

Project Outcomes

Results were calculated by implementing a pre- and post-intervention satisfaction survey among the Occupational Therapy staff on the unit. Areas that were addressed in the survey include the following: satisfaction with current evaluation process, whether or not patients' needs are appropriately identified with current evaluation process, comfort with performing standardized assessments and evaluations, appropriateness of current assessments and evaluations for the population, whether current assessments and evaluations appropriately identify patients' needs, patients' benefit from current intake process, whether there is room for improvement in current intake process, if current intake process is evidence-based, satisfaction with current interventions, whether or not current interventions address patients' needs, comfort with planning interventions to address patient goals, patients' benefit from current interventions, room for improvement in interventions, and whether or not interventions are evidence-based. Overall, all areas of the survey were ranked as either the same or improved since implementation of the intervention and assessment binders on the unit.

Areas in which improvement in the operations of the occupational therapy department was documented on the pre- and post-test surveys were the following questions:

“I am satisfied with the current OT evaluation process for our patients.”

“I feel that the standardized assessments and evaluations used on this unit give OT providers appropriate knowledge of patients' needs.”

“I feel that the patients benefit from the current OT intake process.”

“I feel that the current OT intake process could be improved.”

“The current OT intake process is up to date with evidence-based practice and supported by research.”

“I am satisfied with current OT interventions being implemented on the unit.”

“The current OT interventions being implemented on the unit address individual patients’ needs appropriately.”

“I am comfortable planning OT interventions to address the individual goals and needs of our patients.”

“I feel that the patients benefit from the current OT interventions being implemented on the unit.”

“I feel that the OT interventions currently being implemented on the unit could be improved.”

“The OT interventions currently being implemented on the unit are up to date with evidence-based practice and supported by research.”

Summary

The major need that I identified at my site was a need for a more standardized approach to the method that OT practitioners on the unit use to address assessing new patients to determine goals as well as the methods that they use to address those goals through interventions. My project was to create a more standardized approach to providing OT services on the unit by creating intervention and assessment binders that include evidence-based research to support interventions and assessments that are commonly used in inpatient psychiatric settings. The goal was to increase efficiency of OT services and improve the quality of care that patients are receiving on the unit. In order to address this goal, I researched assessments and interventions and compiled organized binders. After implementing the binders on the unit and educating OT

staff about how to effectively utilize these binders, I conducted the post-survey to assess subjective satisfaction and compared results to the pre-survey. Overall, OT staff reported increased satisfaction with the methods of providing OT services on the unit.

Conclusions

Throughout this project, I successfully created a resource of evidence-based interventions and assessments that are appropriate for an inpatient psychiatric setting and organized them in a way that will be easy to understand and utilize for OT staff on the unit. Occupational therapy practitioners at the Mental Health Recovery Center reported overall increased satisfaction with OT services provided on the unit after implementation of the OT intervention and assessment binders. The assessment and intervention binders address the goals of increasing efficiency of OT services on the unit and improving quality of care for patients by providing OT staff with resources of evidence-based practice that can be quickly applied to specific patient goals and utilized more quickly than prior interventions.

Limitations of this project include limited opportunity to implement new standardized assessments due to high case load and limited time for OT practitioners to review new assessments. Another limitation is the cost of new standardized assessments, there may not be room in the unit's budget for purchasing new assessment tools. In order to continue to promote evidence-based practices in the OT department, the OT binders should be regularly updated with new information on assessments or interventions that are relevant to this population. This project can remain an ongoing focus for any OT setting in order to increase efficiency and quality of care that OT practitioners provide to their patients.

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Appendix

| Week | DCE Stage (orientation, screening/evaluation, implementation, discontinuation, dissemination) | Weekly Goal | Objectives | Tasks | Date complete |
|------|--|---|---|--|------------------|
| 1 | Orientation | 1.) Complete orientation by the end of the week | <p>Complete staff introductions and tour of the unit/facility</p> <p>Gain access to EPIC and get badge/keys</p> <p>Observe the role of OT on the unit</p> <p>Observe current process for intake/evaluations of new patients</p> | <p>Complete any orientation training/paperwork</p> <p>Update/finalize MOU</p> <p>Review any documentation/resources the facility has on current practices for OT</p> | 1/14/2022 |
| 2 | Screening/Evaluation | <p>1.) Complete needs assessment</p> <p>2.) Complete literature search of inpatient mental health OT interventions by end of week</p> | <p>Finalize questions for needs assessment</p> <p>Complete SWOT analysis</p> | <p>Review needs with site mentor & faculty mentor</p> <p>Research interventions</p> | 1/21/22 |

| | | | | | |
|---|----------------------|--|--|--|---------|
| 3 | Screening/Evaluation | <p>1.) Observe administration of intakes/evaluations</p> <p>2.) Create pre/post-test outcome measure for patients</p> <p>3.) Complete literature search on OT mental health assessments by end of week</p> | <p>Establish outcome assessment</p> <p>Determine appropriate OT assessments for the unit</p> | Review outcome assessments with site and faculty mentors | 1/28/22 |
| 4 | Screening/Evaluation | <p>1.) Complete literature search on OT mental health evaluations by end of week</p> <p>2.) Begin data collection starting mid-week</p> | <p>Conduct intake interviews with site mentor</p> <p>Conduct discharge interviews with site mentor</p> | Review data collected with site mentor | 2/4/22 |
| 5 | Screening/Evaluation | 1.) Compile rough draft of evaluation guidelines | Create evaluation guidelines for unit | Review evaluation guidelines with site mentor | 2/11/22 |
| 6 | Screening/Evaluation | 1.) Complete final draft of evaluation guidelines | Send final draft to site and faculty mentor | Revise draft as needed | 2/18/22 |
| 7 | Implementation | 1.) Educate staff on new evaluation guidelines | Meet with OT and COTA to review evaluation guidelines | Finalize posttest measure | 2/25/22 |

| | | | | | |
|----|-----------------|--|--|--|---------|
| 8 | Implementation | 1.) Continue implementation of evaluation guidelines and data collection | Continue evaluations of patients with new guidelines | Collect data during intakes/discharges with patients | 3/4/22 |
| 9 | Implementation | 1.) Continue implementation of evaluation guidelines and data collection | Continue evaluations of patients with new guidelines | Collect data during intakes/discharges with patients | 3/11/22 |
| 10 | Implementation | 1.) Continue implementation of evaluation guidelines and data collection | Continue evaluations of patients with new guidelines | Collect data during intakes/discharges with patients | 3/18/22 |
| 11 | Implementation | 1.) Continue implementation of evaluation guidelines and data collection | Continue evaluations of patients with new guidelines | Collect data during intakes/discharges with patients | 3/25/22 |
| 12 | Implementation | 1.) Continue implementation of evaluation guidelines and data collection | Continue evaluations of patients with new guidelines | Collect data during intakes/discharges with patients | 4/1/22 |
| 13 | Discontinuation | 1.) Analyze survey results by end of week | | | 4/8/22 |
| 14 | Dissemination | 1.) Present project results to site by end of week | Disseminate DCE and project | Present project to site | 4/15/22 |

Doctoral Capstone Experience and Project Weekly Planning Guide