Occupational Therapy Manual for the EASA Model

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Introduction

This manual was developed after several EASA teams identified the need for more formal guidelines and information regarding the role of occupational therapy in EASA programs. It is intended for use by all EASA programs and provides information relevant to occupational therapists, administrators, and teams. This document describes the occupational therapy profession and its connection to mental health practice, the roles and services that can be provided on EASA teams, information related to billing and reimbursement, the hiring and supervising process, as well as many resources.

What is Occupational Therapy?

Occupational therapy is a health profession focused on promoting health and well-being through engagement in meaningful occupations (American Occupational Therapy Association [AOTA], 2014). Occupations are defined as the activities of everyday life in which we all participate. The main goal of occupational therapy is to enable individuals to engage in daily activities that they need, want, or are expected to do. These are activities that have meaning and value to the individual. Occupational therapists can support individuals in developing, improving, sustaining, or restoring a level of independence that is desired by the individual by using activities throughout the assessment and treatment process.

Occupational therapy services are provided by qualified professionals with knowledge, clinical reasoning, and decision making skills related to occupational performance (National Board for Certification in Occupational Therapy [NBCOT], n.d.). Occupational therapists must have a deep understanding of the nature of occupations, in addition to knowledge of anatomy, neurophysiology, development, social processes, personality, and medical conditions (Hooper & Wood, 2014).

Philosophy and Vision of Occupational Therapy

Occupational therapy relies on a philosophy and vision to guide the profession. The following are gathered from *The Philosophy of Occupational Therapy: A Framework for Practice* (Hooper & Wood, 2014), and the *Occupational Therapy Practice Framework: Domain and Process*, 3rd edition (AOTA, 2014).

<u>Core Philosophical Assumptions</u>

Humans are occupational beings: Humans need occupations in order to survive, develop, and be healthy and well.

Humans are interconnected with environments: Humans can be understood in the context of their environments, and therefore environments must be taken into consideration.

Human transformation comes from actions and environments: Humans continuously change over time based on their actions and the changes within their environments. Health is seen as a changing state of meaning, satisfaction, well-being, and quality of life.

Vision

The vision of occupational therapy is based on the belief that therapeutic occupations can improve illness and restore or preserve health. This vision includes a practice that is:

- **Occupation-based:** Occupational therapists focus on what an individual wants, needs, or is expected to do, and uses these activities as interventions. The focus is on occupational performance issues and experiences, which incorporates the idea that humans are dynamic occupational beings who are interconnected with their environments.
- **Client-centered:** Occupational therapists collaborate with individuals to understand their development over time, and to explore occupations and environments that have been meaningful and engaging. These occupations may serve as therapeutic experiences. This is often referred to as client-centered, or person-centered, practice because it focuses on the relationship and individual needs, rather than solely on the expertise of the professional.
- **Contextual:** Occupational therapists see individuals as linked with their environments through occupation, meanings, roles, and routines. This can impact the transfer of skills to different environments. All environments must be considered, including where services are received and where the individual lives.
- **Evidence-based:** While occupational therapists learn a variety of content in their education, the focus is on the understanding of occupations. The use of this knowledge is dependent on the individual and situation; thus occupational therapists must have the ability to integrate knowledge and evidence needed for each setting. This includes the integration of new research as it develops and evolves in practice.

The Importance and Function of Occupational Therapy in Mental Health

When individuals describe their experiences after an acute episode of psychosis, many find they must reconstruct their lives, noting changes in roles, routines, and prior daily activities (Brown, 2011). However, they often deal with stigma and barriers that hinder or prevent restoring these activities, impacting their return to wellness and improved quality of life.

Occupational therapists understand the importance of the mental well-being required for an individual to successfully engage in meaningful occupations, and can support people and help remove barriers that may prevent a person from engaging fully within their environments (AOTA, 2015c). Occupational therapists operate in a variety of settings, including schools, hospitals, psychiatric and substance abuse residential facilities, and community-based mental health programs.

While occupational therapists have the skills to fill various roles on the EASA team, serving as case managers/therapists, employment or education specialists, or specialized service providers, occupational therapists are best utilized as their own unique position. Occupational therapists are able to contribute their expertise to improve an individual's occupational participation, engagement, and quality of life (AOTA, 2015c). Occupational therapists also often co-facilitate groups, such as Multi-Family Psychoeducation Groups and targeted groups focused on a range of areas such as identity development, self-expression, social skills, and recovery. Depending on an individual's goals, the occupational therapist can administer assessments, provide family or community education, and/or offer vocational or educational counseling.

Research has supported the use of occupational therapists within early psychosis intervention programs. A study by Poon, Siu, and Ming (2010) found that by providing occupational therapy services to young adults who were not previously engaged in productive activity, 53% remained engaged in productive roles three months after discharge from services.

The Distinct Value of Occupational Therapy in EASA

The EASA model lists an occupational therapist as an essential team member within fidelity guidelines, reinforcing the importance of including occupational therapy in programs in order to best support individuals on their journeys toward improved health and wellness.

Unique Skills of Occupational Therapists

Occupational therapists in Oregon are qualified mental health practitioners (QMHPs) and are able to make preliminary diagnoses when called for with an individual. Occupational therapists are educated in the understanding of neurophysiology, including an understanding of areas of particular significance to psychosis such as cognition and executive functioning, alertness, sensory processing, sleep, and proprioception. Occupational therapists are also knowledgeable about psychosocial and lifespan development, activity and environmental analysis, and group dynamics. This includes the ability to grade activities, make modifications, and find the "just right challenge" for an individual. This also involves supporting individuals to effectively meet the demands of roles and routines in which the individuals engage. Additionally, occupational therapists strive to enable engagement in desired occupations that are satisfying and consistent with expectations within culture. These may include working to remove barriers, supporting individuals to advocate for themselves within their communities, or community-wide education.

Domains of Practice

Occupational therapy addresses many areas of function to encourage maximum participation within desired activities. Occupational therapists can provide evaluation, assessment, and direct intervention to individuals, as well as consultation to other team members. The following domains and specific areas of function are emphasized and addressed within the EASA model. The domains are based on the *Occupational Therapy Practice Framework: Domain and Process*, 3rd edition (AOTA, 2014). Examples of what an occupational therapist can offer are provided for each area, but are not all-inclusive of potential interventions.

- **Occupations**
  The activities that an individual needs to, wants to, or is expected to do.
  - Activities of daily living (ADL)
    - Support can be provided in establishing or re-establishing a daily routine that involves personal hygiene and grooming, eating regular meals, and overall daily self-care.
  - Instrumental activities of daily living (IADL)
    - Medication management: Medications from prescribers may be difficult to keep track of or remember to take regularly, so strategies can be developed to strengthen this scheduled task and support the individual to manage medications on their own.

        - Budgeting: Strategies can be developed to support organization and tracking.
        - Community mobility: Many factors may be addressed, such as development of coping skills to manage social anxiety or paranoia on public transportation, making spatial adaptations to support map navigation, or planning and tracking how to get to work or school on time.
    - Rest and sleep
        - Sleep can often be disturbed by symptoms, by medications, or be a contributor to the symptoms. An occupational therapist can help with awareness and practice of good sleep hygiene, which involves consistency, preparing the environment to promote sleep by removing distractors, developing routines that incorporate self-regulation, and using modifications or adaptations as needed to promote falling asleep.
    - Education
        - Strategies can be established to support attention in classroom settings, develop homework routine, or provide occupation-based recommendations for accommodations through an Individualized Education Program (IEP), 504 plan, or university accommodations.
    - Work
        - Job accommodations or recommendations for best fit can be made in order to support job performance.
        - Support can be offered in finding and engaging in volunteer experiences to explore career interests, provide structured activity, or facilitate social interactions.
    - Leisure
        - Support can be provided in exploring and finding leisure activities, which can involve discovering interests and skills to promote identity formation, providing opportunities to engage in stimulating environments and interactions, or supporting integration of leisure activities as self-care or coping tools.
    - Social participation
        - While this area can be addressed through several other types of occupations, an occupational therapist can support an individual in developing skills and strategies to improve participation in family dinner conversations, youth group activities, or dating.

- **Client Factors**
  Elements that dwell within the individual and influence occupational performance. Values, beliefs, and spirituality impact an individual's views and motivations. Body functions are the physiological and psychological functions of the body. Body structures are the anatomical, or structural, parts of the body that support body function.
    - Values can influence the occupations an individual chooses to participate in or not and can be integrated to support motivation or problem solve challenges.
    - Body functions: Tools to support memory, attention, thought organization, orientation, reality testing, energy levels, impulse control (For example: diminished working memory impairs the ability to process and store information;

by using visual tracking supports, reducing the amount of information presented at one time and repeating that information, individuals are more likely to benefit from their talk therapy sessions).
    - Provide education and strategies related to fight or flight response interfering with cognitive interventions, such as cognitive behavioral therapy (CBT).

- **Performance Skills**
  Observable components of actions that allow for the ability to engage in activities. Motor skills focus on how an individual interacts with and moves themselves and objects. Process skills focus on how an individual prepares to begin an activity, completes parts of an activity, and is able to problem solve. Social interaction skills are focused on how an individual initiates and responds during a social interchange.
    - An occupational therapist addresses challenges in any of these skill areas through the grading or adaptation of activities, such as using specific prompts for an individual who struggles with initiating an activity, or breaking an activity down into smaller parts for an individual who has lower endurance and needs frequent rest breaks.

- **Performance Patterns**
  All of the habits, routines, rituals, and roles an individual engages in may influence participation in activities.
    - Habits can support or hinder an individual. A habit of plugging in a cell phone every night can be linked with a reminder to take evening medications. A habit of waking several times a night to check the locks on all doors and windows may benefit from redirection or interruption to modify the habit.
    - Daily routines may be interrupted by various factors (increasing isolation, diminished motivation, sedation due to medication, absence from school or work, etc.). Reestablishing a balanced, meaningful routine can enhance structure for other ADLs or IADLs, promote orientation and independence, and improve sense of self efficacy. Individuals may also benefit from help in adapting an existing routine to accommodate changes, such as a graveyard shift or early morning classes.

- **Contexts and Environments**
  Activities occur within various contexts and environments. The physical environment is what most people think of, focusing on the surroundings such as terrain or buildings. The social environment refers to relationships with others. Cultural context focuses on beliefs and expectations of the individual's society. Personal context is related to an individual's demographics. Temporal context refers to time-based components, such as stage of life or duration of an activity. Virtual context is focused on interactions in absence of physical contact, such as use of computers or smartphones.
    - An occupational therapist may make recommendations to change the physical layout of a classroom to reduce distractions or aversive stimuli, and to promote attention and focus.

The focus of occupational therapy services will depend on the needs of the individual and may integrate an emphasis on supported housing, employment, education, social skills, psycho-education, supporting developmental skills such as problem solving and emotional regulation, community engagement, physical activity, sensory and coping strategies, daily living activities, or taking care of the home environment.

Roles of the Occupational Therapist in EASA

Types of Services

Based on the domains of practice, occupational therapists can provide a variety of services within EASA. The majority of these services are direct (individual, group), indirect (training and consultation with teams or community partners), program development, or related to advocacy (potential employers, other service agencies, state level). Individuals can be supported in skill building, case management, group interventions, environmental modifications, conflict management, identifying job or education skills and interests, and obtaining jobs (Ramsey, 2014). Additionally, since occupational therapists are QMHPs in Oregon, they can fill-in or even perform the role of primary case manager/therapist, screener, or other clinical roles across the team, while receiving the same training to fulfill the role. An occupational therapist may also be employed across multiple mental health programs (children to adults), or across multiple EASA programs when a full-time dedicated occupational therapist on the team is not feasible due to budgetary or other restrictions.

Models of Practice

There are many occupational therapy models of practice used by occupational therapists to guide practice. The most common models used by occupational therapists at EASA are the Person-Environment-Occupation Model (Law et al., 1996), and the Model of Human Occupation (Kielhofner, 2008). Additionally, Dunn's Model of Sensory Processing (Dunn, 2001) is used in relation to sensory-specific assessments and interventions. See Appendix A for descriptions of these models and common terms used. Occupational Adaptation may also be referenced, which is an occupational therapy model that is focused on the individual making internal adaptation or change to meet occupational demands (Ikiugu & Ciaravino, 2007).

Many frames of reference can supplement and be incorporated into occupational therapy practice, such as cognitive behavioral, psychodynamic, and functional group models, in order to guide best practices (Ikiugu & Ciaravino, 2007; Kielhofner, 2009). The developmental model is a specific frame that occupational therapists use in order to guide interventions with specific individuals based on where each individual is developmentally and whether earlier milestones have been met (Ikiugu & Ciaravino, 2007). It predicts what can be expected and provides understanding of the difference between remediation or retraining, and creating or learning something new. Occupational therapists can also integrate specific models or theories related to mental health practice of other disciplines such as the transtheoretical model of health behavior change (Prochaska & Velicer, 1997), harm reduction model (Harm Reduction Coalition, n.d.), and wellness model (Substance Abuse and Mental Health Services Administration, 2016).

Occupational justice, while not a model, is an important component of occupational therapy practice. Occupational therapists recognize that individuals may experience injustices that may limit their ability to choose or participate in meaningful occupations and impact their quality of

life (Stadnyk, Townshend, & Wilcock, 2010). By using an occupational justice approach, occupational therapists focus on removing the barriers and encouraging a diverse and inclusive society for all individuals.

How Occupational Therapy Complements Other Disciplines

Occupational therapists can support other disciplines in a variety of ways, including helping to construct their interventions and communication styles to meet the needs and preferences of the individual, promoting an understanding of the symptoms or diagnosis within a broader context, and educating team members on sensory considerations for the individual.

Case manager/therapist: The occupational therapist can collaborate on goals and interventions. These may include cognitive interventions to support attention, working memory, sensory regulation or levels of alertness to enhance the effectiveness of the therapist's interventions.

Supported education specialist: The occupational therapist can act as the primary supported education specialist, or collaborate with other team members on areas such as accommodations (IEP, 504 plan, university accommodations), learning styles, educational supports, sensory needs, breaking down tasks, skill building, or the effects of environment on performance.

Supported employment specialist: The occupational therapist can act as the primary supported employment specialist, or collaborate with other team members on areas that include skills building or training (ex: self-organization), workplace accommodations, work preparation groups (ex: not being on phone during work time, gaining experience, getting up on time), or understanding the impact of self-disclosure.

Nurse: The occupational therapist can collaborate on medication management, or help with nutrition and healthy lifestyle modification.

Peer support specialist: The occupational therapist can collaborate on advocacy, providing resources, referrals to peers for engagement and lived experience support, or leadership opportunities.

These relationships with team members are reciprocal, and interventions and models of other disciplines also influence and inform occupational therapy practice. With these dynamic relationships, it is important that the occupational therapist is also a regular part of providing community education.

Case Example

Joey has a primary goal of employment. He has difficulty making eye contact, which is currently a barrier to meeting his goal.

The occupational therapist has Joey complete the Adolescent/Adult Sensory Profile. The results indicate very high sensory sensitivity and sensation avoiding tendencies, meaning that everyday environments can quickly become overwhelming. Sensory defensiveness is rooted in the brainstem and reticular formation, so when Joey experiences sensory overload (such as the high demand to filter and organize all the sources of sensory information when making eye contact) his autonomic nervous system is activated, initiating Joey's fight or flight response. Joey echoes this when he describes his feelings while making eye contact, stating, "I almost feel attacked, and I can only concentrate on how to get away as fast as I can." The occupational therapist works with Joey to explore and integrate sensory strategies into his daily routine to promote balanced self-regulation, and uses activities that require visual scanning and head range of motion, as well

as games and other daily activities that require brief moments of eye contact (ex: making eye contact before throwing the football to each other, going to the grocery store to ask a clerk for help finding an item, or initiating brief conversations with the checkout clerk).

Joey's recovery time after these interactions is also complicated by lingering negative thoughts and anxiety. Joey tells his case manager/therapist, "If I don't do it right, people will think I'm creepy." The case manager/therapist works with Joey on CBT skills to explore and reframe the thought processes he experiences around eye contact. When Joey and the occupational therapist go to the grocery store to practice these skills, the occupational therapist supports Joey in using self-regulation skills to avoid or reduce how long his brain is stuck in fight or flight mode so that when the case manager/therapist provides CBT, Joey is able to actually use his neocortex for higher cognitive thinking.

The supported employment specialist also works with Joey to explore job opportunities and navigate resumes and applications. Since Joey's fight/flight mode can be activated so quickly, he has difficulty with sustaining attention and working memory. The occupational therapist works with Joey and the employment specialist to provide recommendations on job opportunities that not only support his strengths, but also allow for integrating strategies that support his concentration and ability to recall information (ex: making a sandwich at Subway where the customer provides short instructions throughout assembly while also providing an opportunity to engage in momentary eye contact).

Educational Resources

See Appendix B for a literature summary of resources available to further describe occupational therapy services and roles within community mental health, including fact sheets from the American Occupational Therapy Association. This information can be accessed and shared with teams, administrators, and community members in order to guide discussion.

Fidelity Guidelines

The occupational therapy section of the EASA practice and fidelity guidelines (found at http://www.easacommunity.org/resources-for-professionals.html) provides an overview of the activities and functions of occupational therapists. Other team-related guidelines overlap with occupational therapy functions as well, such as community education, assessment and treatment planning, family/support system partnership, multi-family groups, and transition planning.

Overview of Occupational Therapy Services within EASA

Overview of Occupational Therapy Process

The treatment phases of EASA consist of assessment and stabilization, adaptation, consolidation, transition, and post-graduation. The occupational therapy process can fit well within all of these phases. The occupational therapy process includes thorough evaluation, intervention, and outcome targeting in order to promote an individual's health and wellness. The process described below is based on the *Occupational Therapy Practice Framework: Domain and Process*, 3rd edition (AOTA, 2014).

- Evaluation
    - Occupational profile: Information regarding an individual's occupational history (including experiences, patterns of daily living, interests, values, and needs).
    - Analysis of occupational performance: Assessments administered to determine and measure factors that support or hinder occupational performance, addressing the person (client/individual factors, performance skills), environments, and occupations.
- Intervention
    - Plan: Goals, needs, selection of occupational therapy approaches and types of interventions.
    - Activity analysis: Needed skills, objects, and set-up to complete an activity used as part of intervention.
    - Implementation: The treatment process. Therapeutic use of self, described as a planned use of one's own perceptions or personality as part of the process, is used during implementation in order to connect with individuals and develop a therapeutic relationship while remaining client-centered.
    - Review: Evaluate plan and implementation to determine if changes are needed.
- Targeting of Outcomes
    - Outcomes: Must be measurable and relate to an individual's goals.

Promotion of and Referral to Occupational Therapy Services

The EASA team is expected to promote occupational therapy through multiple strategies and include basic questions about an individual's daily activities, as well as include information (such as a brochure) related to occupational therapy so individuals are informed about the services available to them. This may also include direct introduction of the occupational therapist during orientation, offering ways for individuals to share stories about the occupational therapy services received, and sharing outcome results to inform others about the benefits of occupational therapy services.

It is helpful to have occupational therapy introduced early on, although it can begin with providing information or a brochure in the intake packet with in-person meetings occurring later. During treatment planning and weekly team meetings, any team member may request or identify the need for occupational therapy services for an individual. Examples of situations where occupational therapy services might be considered include: meeting a specific goal, the individual being interested in receiving occupational therapy services, difficulty with activities of daily living, lack of progress on a personal goal, management of overall health and medications, community mobility concerns, sensory issues, or when an individual seems to lack leisure activities. The occupational therapist may also identify the need based on information provided by team members, or individuals may approach the occupational therapist through group interactions or more informally.

In order to best utilize occupational therapy services, a referral form may be beneficial to streamline the process and prioritize referrals. See Appendix C for an example of a referral form. EASA teams with smaller caseloads may choose to forego the referral form if the occupational therapist will be serving all individuals, or if it is deemed unnecessary.

For any individuals who are not interested in full occupational therapy services, the occupational therapist can do vocational, site, or environmental assessments based on services received from other team members, such as supported employment or education specialists.

Screening in Occupational Therapy Services

For individuals referred for occupational therapy services, a screening by an occupational therapist is recommended. See Appendix D for an example of a screening tool. Alternatively, the Occupational Self Assessment (OSA), or the Model of Human Occupational Screening Tool (MOHOST) may be completed for screening purposes. Appendix F has a description of these tools. An occupational therapy screening allows for the occupational therapist to quickly assess whether an individual needs a more in-depth occupational therapy evaluation with treatment recommendations, and helps to determine which level of occupational therapy services to provide, as described in the next section. For individuals who are seen on a consultative basis, or if occupational therapy services are limited, the screening enables the ability to check on individual progress during annual reviews and re-assessments.

Evaluation

In order to maximize the benefit of a limited-time occupational therapist, assessments and evaluations can be prioritized to allow for maximum efficiency and ability to pursue reimbursement, with recommendations provided so that other team members can provide treatment for an individual. For example, an individual working with a supported employment specialist may be struggling with understanding instructions and completing job tasks. Through an occupational therapy evaluation, it is found that the individual has auditory sensory needs. The occupational therapist can recommend modifications such as using a combination of visual and verbal instructions, and reducing auditory distractors through the use of noise cancelling headphones. The supported employment specialist can implement these recommendations on the job site.

The evaluation process involves gathering an occupational profile through informal and formal interviews with individuals and their families/support systems, and specific assessment tools, as indicated. This may also include clinical observations within the home, school and/or work, and community environments. Occupational therapists can gather some of this information by joining appointments with other team members, such as case managers/therapists or medical providers.

At the minimum, it is strongly recommended that the evaluation include the occupational profile, interpretation of results from assessments completed, and treatment plan recommendations. See Appendix E for an example of an evaluation form. Depending on the electronic health record system, forms may look different.

Standardized and non-standardized assessments are completed during evaluation and may occur over several sessions. See Appendix F for list of assessment tools to have available. Administering and interpreting the results of these assessments allow for the occupational therapist to provide quality care and meet the needs of individuals, starting with where they are at presently and moving toward where they want to be. Appendix G includes additional tools and resources available for evaluation, as well as for treatment planning.

Treatment Planning and Intervention
Based on the results of the evaluation, the occupational therapist will make recommendations for the treatment plan. Each individual has a single treatment plan, or Individual Service and Support Plan (ISSP), which is predominantly filled in by the case manager/therapist for the individual, although all team members can contribute to the plan. The occupational therapist collaborates, builds off of, and contributes to the ISSP. See Appendix H for sample treatment plan goals, including specific short term goals or objectives.

Occupational therapy interventions are provided during sessions and cover many areas depending on each individual's needs and goals. Interventions are provided in collaboration with other team members. The following are areas of intervention that occupational therapists often address:

- Cognition: Memory, attention, abstract thinking.
- Sensory processing: Making sense of experiences and adapting environments to support performance.
- Participation/engagement in daily activity: Self-care, daily structure, leisure.
- Work and school participation: Help individual learn and advocate for self (may be in support of, or integrated into supported employment or education model, or may be a separate service).
- Emotional regulation: Often used in relation to social skills.
- Social skills: Relationships, knowing what to talk about, when and how to interact effectively with others.
- Independent living skills: Organization, transportation, physical health and wellness, motivation, interests, home management.

Regular documentation needs to communicate information about the individual from an occupational therapy perspective, describe the reasoning for services and relation to individual outcomes, and create a chronological record of services provided, including the individual's response and individual outcomes (AOTA, 2013). Documentation needs to be legible, relevant, and sufficient not only to justify the services being billed (NBCOT, n.d.), but also be useful to the individual, supporters, and other team members. The occupational therapist is also expected to participate in regular progress reviews within the EASA program, including 90-day reviews and annual reviews. These reviews can include updating goals, tracking overall progress and outcomes, and reassessing occupational therapy needs with both the individual and team.

Transition Planning
This is a developing area that could benefit from increased participation of the occupational therapist. When an individual is transitioning out of EASA services, or transitioning between different milestones in life, such as school, jobs, or a change in family structures, occupational therapists are trained to support individuals through transitions and can provide collaboration during this process to ensure a smoother transition. Individuals have to manage a cultural shift since they will likely not be transitioning to another occupational therapist, but shifting to more natural supports. This may involve clear identification of support structures, connecting with groups or programs that meet an individual's needs that may not be specifically mental health focused, reviewing their wellness/relapse prevention plan (triggers, symptoms, steps to help), or

identifying self-care activities (exercising, listening to music, drawing, writing, gardening, cooking, spending time with friends, or meditating). Occupational therapists may also play an important role in facilitating alumni involvement and participatory decision making activities such as the creation of advisory boards.

Levels of Occupational Therapy Services

The level of occupational therapy services offered is based on the intensity of occupational therapy service need. Individual services are the most intensive services offered to individuals, followed by group, as needed, and then consultation.

Individual
The occupational therapist offers services to individuals one-on-one, including evaluation and ongoing intervention.
Individual services begin with a comprehensive evaluation in order to determine strengths, challenges, and supports, as well as the goals of the individual that will guide the intervention and treatment process. Services provided may address self-care, memory, attention, organization, executive functioning, daily structure, interpersonal skills, perception of self, motivation, physical ability, physical environment, and/or social supports. Examples of these may include:

- Working on study skills in preparation for a written driving exam to meet a goal of driving independently
- Organizing a schedule to prepare for a return to school or work
- Using aromatherapy to help with being alert, or being calm, at different times of the day in order to complete daily activities.

Group
The occupational therapist offers services to individuals in a group setting, either exclusively or provided in addition to individual services.
Occupational therapists are trained in group dynamics and can offer a wide range of group interventions. It is recognized that a group may not be the best choice for every individual depending on the range of symptoms experienced, the variety of skill levels, or differing interests. However, for those who are able, group interventions provide unique opportunities that can build interpersonal and other skills. Occupational therapists can collaborate with other team members to create groups related to individual needs. This may include groups that emphasize employment skills and behaviors, or education-related groups (interpersonal skills in the workplace, education on self-disclosure, study skills, time management, and learning styles). Occupational therapists can also co-lead Multi-Family Groups.

In addition to the previously mentioned groups, some examples of groups planned and led by occupational therapists include:

- Leisure exploration
- Healthy lifestyles
- Coping strategies
- Creative expressions
- Community outings
- Fitness and physical activity or sports
- Vocational preparation group

- Identity group
- Healthy relationships
- Goal formation
- Problem solving
- PhotoVoice
- Self-advocacy group
- Illness management group
- Community mobility
- Social media safety

As Needed
Also known as PRN, the occupational therapist offers brief or intermittent individual assessment and/or intervention.
As needed services are provided through targeted assessments, observations, and accompanying recommendations. The occupational therapist may provide direct treatment for an individual as the need arises.

Consultation
The occupational therapist serves as consultant to team members; few or no direct services are provided to individual.
Consultation may include consulting on recommendations from evaluation results with treatment team members and/or family, consulting with other staff and team members, or consulting with other community partners. As mentioned in previous sections, occupational therapists can offer a range of skills and knowledge that can be used in collaboration with team members. This includes the possibility of providing in-services, trainings, or education in cognition (development, executive functioning), sensory processing, emotional regulation, social skills, learning styles, skills needed for independent living, and understanding the impact of the environment on activities. Overall, occupational therapists are knowledgeable about kinesiology, neuroscience, development across the lifespan, psychosocial/mental health, physical challenges, and research in order to provide evidence-based practice.

Billing and Reimbursement

Relevant Oregon Laws and Administrative Rules
There are several Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OARs) related to occupational therapy practice. These include ORS 675.210 to 675.340, and OAR 339-005-0000 to 339-020-0100, as connected to licensure in Oregon and the Occupational Therapy Practice Act (Oregon Secretary of State, 2016; Oregon State Legislature, 2015). These can be reviewed on the following official websites:
ORS - https://www.oregonlegislature.gov/bills_laws/ors/ors675.html
OARs - http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_339/339_tofc.html

Documentation Related to Billing Codes
Billing may differ depending on each county and coordinated care organization (CCO). Occupational therapists can bill as QMHPs. For a list of possible billing codes, including more detailed descriptions of each service and what it covers, see Appendix I. Services rendered by a certified occupational therapy assistant under the direction of an occupational therapist are able to use codes that list a qualified mental health associate (QMHA) as permissible staff.

How to Acquire and use Occupational Therapists

Occupational therapists are specially trained to provide occupation-based services to individuals. While all team members are expected to provide support for individuals from recruitment and intake to goal setting and treatment, and ultimately discharge or transition, occupational therapists are focused on daily activities related to an individual's needs or desires and provide specific supports based on training in activity analysis, group dynamics, and developmental theory.

In more rural counties and/or in programs with smaller overall caseloads, a dedicated full-time occupational therapist may not be feasible. It may be possible to combine the use of an occupational therapist between nearby counties in order to provide part-time services and meet the needs of all individuals. Additionally, occupational therapists are qualified mental health practitioners and trained in many of the same ways as other team members, and therefore are able to combine their position by providing services of a case manager/therapist, supported employment or education specialist, or a screener. For programs with larger overall caseloads, the capacity and service provision of the occupational therapist should reflect the caseload numbers and need for services. This will be covered in more detail in the following section.

Hiring an Occupational Therapist

When looking to recruit an occupational therapist for a program, a thorough job description is needed. Examples of job descriptions for an EASA occupational therapist can be found in Appendix J. Once a job description is written, it can be sent out to the usual county postings, EASA Center for Excellence, the Occupational Therapy Association of Oregon (OTAO), the American Occupational Therapy Association, Pacific University's Occupational Therapy program, and broader websites such as JobsOT.com or Indeed.com.

When interviewing for an occupational therapy position, it is recommended that a current EASA occupational therapist be present, either in person or by phone or via a video conferencing platform. Alternately, an occupational therapist can do a follow-up interview if one is not available during the initial interview process. It is important to ask questions regarding mental health experience, occupational therapy approaches, clinical reasoning, experience leading groups, etc. Important skills to consider may include: strong interpersonal skills in order to work with and be able to advocate for individuals; ability to work independently and also work collaboratively with treatment team; knowledge of mental health system, community, and resources that will support the individual; and ability to develop relationships with related providers.

Occupational therapists must be licensed within the state of Oregon to practice occupational therapy. Occupational therapists are required to have continuing education in order to promote professional growth and keep abreast of latest evidence-based practices. As with other team members, occupational therapists will benefit from trainings including Multi-Family Group, Cognitive Behavioral Therapy for Psychosis, Motivational Interviewing, Collaborative Problem Solving, Recovery Model, Typical Adolescent Development, and Differential Diagnosis.

Additionally, other trainings or continuing education more specifically geared toward occupational therapy is needed throughout.

Median Salary Range

Within community mental health settings in the Pacific region, across rural, urban, and suburban areas, the median salary range, depending on level of experience is $59,000 - $75,000. This is based on AOTA's *2015 Salary & Workforce Survey* (2015a) results. According to the Bureau of Labor Statistics (2015), the median salary range for qualified mental health practitioners in Oregon is $41,880 - $47,777. It is recommended that both of these be taken into consideration when hiring for an occupational therapist.

Occupational Therapy Services Based on Service Delivery

The ultimate goal is for all individuals to have access to occupational therapy services. If caseloads are too large to accommodate this, or if occupational therapy services are limited based on occupational therapist availability, services can be prioritized. Listed below is a recommended way to delineate how time is spent based on optimal, adequate, and minimal occupational therapy service delivery.

Optimal: To be effective, an occupational therapist providing optimal services can serve 25-30 individuals at any particular point in time, with the understanding that the individuals will change as their needs change. In other words, while the overall number of individuals being served by the entire team may vary, for optimal service delivery, the occupational therapist should manage a maximum of 25-30 active individuals on their caseload at one time. This includes evaluation and intervention for these individuals, as well as providing groups, as needed services, or consultation for other team members.

Adequate: When less occupational therapy capacity is available, an active ratio of 1:25-30 of occupational therapist to individuals on their caseload can be maintained. However, the occupational therapy services will be focused on evaluation and time-limited interventions, with as needed services and consultation provided for other team members to meet individual needs.

Minimal: For limited occupational therapy capacity, it is recommended that screenings and evaluations take priority, so that recommendations and consultation with other team members can be provided to meet the basic needs of individuals.

No occupational therapist: It is important to understand that occupational therapists bring an array of knowledge and skills, which are of great importance in serving individuals with mental health needs. Therefore, to the degree that occupational therapists are unable to provide services directly, the team may choose to seek training and consultation from an occupational therapist in order to provide support to individuals.

The level of access and intensity of occupational therapy services will vary based on the team's occupational therapist capacity. In any case, it is best to include the occupational therapist in all coordination and treatment planning meetings. For teams that need occupational therapy services for more than 30 individuals at one time, a second occupational therapist or a certified

occupational therapy assistant (COTA) is highly recommended in order to provide optimal services to meet individual needs.

Telehealth

While occupational therapy services are ideally provided in-person, telehealth offers a newer form of service delivery for occupational therapists, and can be used in locations where it may be difficult to obtain in-person services. Any occupational therapist providing services to individuals in Oregon through telehealth must be licensed within the state of Oregon, as determined by the standards of practice listed in OAR 339-010-0006 (Oregon Secretary of State, 2016). When delivering services through telehealth, it is best to use a COTA on-site to provide support and interventions. If a COTA is not available, it is recommended that the occupational therapist providing telehealth services and the team jointly identify an appropriate team member that can provide in-person support as needed during treatment sessions. For further information on the provision of occupational therapy services through telehealth, visit the American Occupational Therapy Association webpage on telehealth (http://www.aota.org/Practice/Rehabilitation-Disability/Emerging-Niche/Telehealth.aspx), and review the OARS related to occupational therapy practice (http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_339/339_tofc.html).

Large vs. Small EASA Teams and Occupational Therapy Role

As mentioned previously, occupational therapists are QMHPs, meaning that small EASA teams looking to fill limited positions can employ an occupational therapist to fulfill not only their own role, but also the role of case manager/therapist, screener, supported employment or education specialist, or any other QMHP roles. This allows for small teams that cannot support a dedicated occupational therapist role to utilize the intersecting training and knowledge of an occupational therapist with other team members. Occupational therapists can also co-lead groups such as multi-family group.

For sites that may be limited in funding, but able to hire a Certified Occupational Therapy Assistant (COTA) with occupational therapy supervision, COTAs are able to complete treatment and intervention, with an occupational therapist providing supervision and formal evaluation as needed. COTAs are able to bill as QMHAs.

For sites that may have limited occupational therapy services and need more services, occupational therapy students can offer services (with an occupational therapist supervisor), such as leading groups.

Integration with Treatment Team

The occupational therapist is expected to be part of the integrated treatment team, which will allow for communication, collaboration, and referrals to support an individual's access to occupational therapy. Occupational therapists are expected to participate in weekly team meetings, document services in an individual's chart, and encourage referrals for individuals who have not received occupational therapy services, as appropriate.

Occupational therapy evaluations and recommendations are expected to be included in an individual's chart and relevant documentation, as well as shared (as requested or permitted by individuals) with family supports, schools, or work sites. Treatment goals are understood to be a collaborative process, with specific occupational therapy goals written as needed in understandable terms. The occupational therapist may meet monthly with each of the case managers/therapists to go through their caseloads and identify where the occupational therapist is providing supports, as well as where referrals may be needed. This promotes close communication, understanding, and collaboration between the occupational therapist and an individual's main contact.

Occupational therapists can provide in-service presentations, trainings, or other services to teams in order to increase the understanding of occupational therapy, the benefit to individuals, and the tools and resources that occupational therapy can offer. By having a greater understanding throughout the team, occupational therapy can become more fully incorporated.

How to Support Occupational Therapists

Supervisor

While occupational therapists are not required by licensure to have formal occupational therapy supervision, as QMHPs they are required by administrative rule to have a team supervisor available to provide general supervision as with other team members. The duties of the supervisor are similar to the supervision duties to all other team members. This includes ongoing supervision, communicating with team members to encourage incorporation of occupational therapy services, problem solving any program issues, and promoting the value of occupational therapy. A supervisor less familiar with the day-to-day clinical roles of the occupational therapist would benefit from observing the occupational therapist in action while working with individuals (evaluation, assessment, and treatment sessions) in order to ask questions and provide support for problem solving to improve skills. While a supervisor is not expected to have explicit occupational therapy knowledge, general skills of a supervisor and general understanding of occupational therapy is beneficial for appropriate supervision. Providing consistent opportunities for the occupational therapist to share what they are doing with individuals is also beneficial in providing support. Reviewing individual goals, outcome measures, and planning program improvements can also be helpful. Occupational therapists also use formal assessments during screening and evaluation, therefore financial support will be needed in order to purchase some of the assessments listed in Appendix F.

Occupational therapists are expected to follow the *Occupational Therapy Code of Ethics* (AOTA, 2015b). Supervisors can familiarize themselves with the ethics and prompt discussions or refer to other occupational therapists if deemed necessary. New occupational therapists would benefit from orientation by another EASA occupational therapist. Peer review and consultation should be made available, such as through EASA occupational therapy calls or in-person meetings.

Other Resources
There are several ways for occupational therapists to connect, both within EASA and in the broader occupational therapy community. This is an important component of continued professional development within the field of occupational therapy.

- EASA Occupational Therapy Call: See the Conference Call Instructions and Descriptions on the EASA website (http://www.easacommunity.org/resources-for-professionals.html) for the current schedule. These calls may include updates statewide or nationally, sharing of new resources, case reviews, or other related information.
- EASA Occupational Therapy Knowledge folder on Google Drive: Contains a wealth of resources and knowledge regarding the provision of occupational therapy services within an EASA program.
- AOTA Mental Health Special Interest Section: Provides a national forum for discussing mental health practice (http://www.aota.org/Practice/Manage/SIS/SISs/MHSIS.aspx). AOTA also has resources regarding mental health services.

Occupational therapists would also benefit from specific trainings or continuing education courses related to occupational therapy in mental health. After attending these trainings, occupational therapists can bring back and share related information to the team through in-service presentations.

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Table of Appendices

Appendix A: Occupational Therapy Models of Practice

The following models are most commonly used by occupational therapists within the EASA program. However, several other occupational therapy models may be used, as well as frames of reference that influence occupational therapy practice.

Person-Environment-Occupation Model, or PEO (Law et al., 1996)

This model focuses on the interaction between the *person*, the *occupations* or activities in which they engage, and the *environments* or contexts that they are in. Together, these three components interact to form *occupational performance*. Occupational performance is defined as the experience of a person engaging in activities within environments. This model recognizes that occupational performance can change over time due to developmental changes, environmental challenges, or occupational needs. The use of this model allows for an occupational therapist to address these three main components to support an individual in improving occupational performance.

Model of Human Occupation, or MOHO (Kielhofner, 2008)

This model focuses on how an individual engages in activities within environments and how the individual both shapes, and is shaped, by the activities. Listed below are some of the key terms used.

- Volition: Relates to the individual's values, sense of ability, and satisfaction.
- Habituation: An individual's typical daily routine and behavior, including social roles.
- Performance Capacity: An individual's ability to do things based on physical and mental components, and how they experience the world.
- Environment: Consists of the physical space, objects, interaction with other people, and any meaning associated with it.
- Occupation: In addition to the actual activities, it relates to participation, performance, skills, identity, competence, and adaptation.

Dunn's Model of Sensory Processing (Dunn, 2001)

This model considers the importance of neurological thresholds, response or self-regulation strategies, and the interaction between thresholds and strategies. Listed below are some of the common terms used.

- Low Registration (high neurological threshold, passive response strategies): An individual experiencing low registration may not notice environmental cues and appear to be oblivious or not fully connected. However, most events are not intense enough for them to process.
- Sensory Avoiding (low neurological threshold, active response strategies): Unfamiliar or excessive sensory input may be upsetting or challenging to process. An individual may limit sensory input by having strict rules and habits, or may appear withdrawn.
- Sensory Seeking (high neurological threshold, active response strategies): An individual who seeks sensory input may seem very active and energetic. New events and high levels of stimulation are often sought to meet sensory needs.
- Sensory Sensitivity (low neurological threshold, passive response strategies): An individual may be much more aware of sensory input, which can be challenging in unstructured environments. Planning and forming activities that offer more predictability can be beneficial.

Appendix B: Literature Summary of Resources

The following list of official documents are found on the American Occupational Therapy Association (AOTA) website (http://www.aota.org/Practice/Manage/Official.aspx) and are used to guide occupational therapy practice related to mental health. Some are available to the general public, but others are only available to AOTA members.

- *Addressing Sensory Integration and Sensory Processing Disorders Across the Lifespan: The Role of Occupational Therapy* (2015)
  Describes the occupational therapy services for sensory concerns, including possible accommodations or adaptations to meet sensory needs.

- *Cognition, Cognitive Rehabilitation, and Occupational Performance* (2013)
  Describes the role of occupational therapy in addressing cognition, including the delivery of cognitive rehabilitation interventions to improve occupational performance.

- *Occupational Therapy Code of Ethics* (2015)
  Describes the values, principles, and standards of the occupational therapy profession in order to guide ethical behaviors and decisions.

- *Occupational Therapy's Perspective on the Use of Environments and Contexts to Facilitate Health, Well-Being, and Participation in Occupations* (2015)
  Describes the importance of assessing and addressing environments in order to provide quality occupational therapy services.

- *Occupational Therapy's Role in Mental Health Recovery* (2011)
  Describes the fit between occupational therapy and the recovery model, and the skills used to support individuals in the recovery process.

- *Occupational Therapy's Role in Community Mental Health* (2013)
  Describes the occupational therapy services provided in mental health, and the promotion of meaningful and productive roles in the community.

- *Occupational Therapy Services in Facilitating Work Performance* (2011)
  Describes the role of occupational therapy in supporting an individual's engagement in desired and meaningful work activities and roles.

- *Occupational Therapy Services in the Promotion of Mental Health and Well-Being* (2015)
  Describes how occupational therapy addresses psychological and social factors in relation to health and well-being and overall occupations.

- *Scope of Practice* (2014)
  Describes the domain and services of occupational therapy practice, as well as the certification requirements for occupational therapists.

- *Specialized Knowledge and Skills in Mental Health Promotion, Prevention, and Intervention in Occupational Therapy Practice* (2010)
  Describes the knowledge and skills needed for occupational therapists practicing in mental health settings.

Appendix C: Occupational Therapy Referral Form Example

Multnomah County
Health Department

CONFIDENTIAL INFORMATION
NOT FOR RE-RELEASE
VIOLATION OF OAR 179-505

Client: _____ DOB: _____ EASA Intake: _____
MHC: _____ OT Referral: _____

Multnomah EASA Occupational Therapy Referral

		What interventions have/have not been effective – Why OT
MOTIVATION	**Confidence –** shows pride/satisfaction, seeks challenges, able to assesses personal abilities & sense of effectiveness in using those abilities	
	Interest – identifies, chooses, participates in interests (finds particular activities enjoyable or satisfying to do)	
HABITUATION	**ADLs** – personal hygiene & grooming, dressing, eating, physical activity, sleep hygiene	
	Productivity – able to identify & engage in responsibilities, roles, routines (school/work/home & other contexts)	
	IADLs – care of others/pets, driving/transportation, use of finances, leisure pursuits, self-care/wellness, home management	
PERFORMANCE	**Interpersonal skills –** communication & interaction skills, nonverbal skills, expression, conversation	
	Cognitive ability – attention, memory, tracking, problem solving, thought, emotion, perception	
	Physical ability – motor skills, mobility, energy, other limiting factors or significant barriers	
ENVIRONMENT	**Physical environment –** facilities, privacy, accessibility, stimulation, comfort, transport, safety	
	Social support – family dynamics, friends, community, coworkers, expectations and involvement	

Client: _____ DOB: _____

Client's ISSP goals	Date of next 90 day ISSP review:

Reason for OT referral

To be completed by occupational therapist

Identified need for Occupational Therapy	Plan for follow up

☐ **No clear need for direct occupational therapy services at this time**

☐ **Need for occupational therapy consult and/or further assessment**

☐ **Need for full occupational therapy screening and individual services**

Occupational therapist signature: _____ Date: _____

Appendix D: Occupational Therapy Screening Tool Example

OTS:_____ Eff. Date:_____

Early Assessment and Support Alliance (EASA)
Occupational Therapy Screening Tool

Client Name: _____ Client ID# _____

Date of Enrollment: _____ Date of Birth: _____

Date of OT Screening: _____ Case Manager: _____

Reason for OT Referral: _____

_____

☐ Consult only with ongoing assessment as needed

☐ Group OT intervention with ongoing assessment as needed: _____

☐ Individual OT intervention with ongoing assessment as needed: _____

Performance Areas	Major Deficit	Minor Deficit	Functional	Minor Strength	Major Strength	Comments	TX Area
Self-Care							
Memory							
Attention							
Organization							
Executive Functioning							
Daily Structure							
Interpersonal Skills							
Perception of Self							
Motivation							

OTS:_____ Eff. Date:_____

Performance Areas	Major Deficit	Minor Deficit	Functional	Minor Strength	Major Strength	Comments	TX Area
Physical Ability							
Physical Environment							
Social Support							

Client subjective view of functioning and identified goals (if any): _____

_____

_____

Recommendation for Occupational Therapy Services: _____

_____

_____

_____

_____

_____

The following assessments may be considered for more comprehensive evaluation (check all that may apply):

- □ Adolescent/Adult Sensory Profile
- □ Allen Cognitive Level Screen (ACLS)
- □ Dual Attention Card Sort Task
- □ Occupational Self Assessment (OSA)
- □ Canadian Occupational Performance Measure (COPM)
- □ Motor-Free Visual Perceptual Test (MVPT)
- □ Clock Test
- □ Auditory Paragraph Recall
- □ Visual Memory for 20 Objects
- □ Quick Neurological Screening Test (QNST)
- □ _____
- □ _____

Occupational Therapist signature: _____ **Date:** _____

Glossary of Terms

Major Deficit: this area is almost always a challenge; performance is highly restricted	**Minor Strength:** this area is supporting consistent success in daily tasks
Minor Deficit: this area frequently gets in the way of success in daily tasks	**Major Strength:** this area is facilitating success in daily tasks

Self-Care	Basic appearance, presentation of clothing, hygiene, grooming
Memory	Working memory, short & long term, able to learn new tasks, uses tools and strategies to support memory
Attention	Ability to focus; sustained & joint attention
Organization	Ability to sequence thoughts and tasks to completion
Executive Functioning	Judgment, planning, problem solving, mental flexibility, multi-tasking, initiate and monitor actions
Daily Structure	Efficient time use, productivity, routines, responsibilities
Interpersonal Skills	Eye contact, posture, socially appropriate, responsive and engages
Perception of Self	Personal causation; appraisal of ability, expectation of success, realism, understanding of strengths and limitations, sense of control
Motivation	Enjoyment, satisfaction, curiosity, participation, choices, goals, preferences, sense of purpose, commitment
Physical Ability	Posture, mobility, coordination, strength, effort, energy
Physical Environment	Facilities, opportunities, privacy, accessibility, stimulation, comfort, finance, aids and equipment, possessions, transport, safety
Social Support	Family dynamics, friends, neighbors, peers, work colleagues, expectations and involvement

Appendix E: Occupational Therapy Evaluation Form Example

Early Assessment and Support Alliance (EASA)
Occupational Therapy Evaluation

Name of Client: **Date of Evaluation:**
Client #: **Client DOB:**
Therapist:

Reason/Source of Referral:

Client's Personal Qualities, Values:

Client's Personal Goal(s):

Date of Initial OT Screening (if applicable):

Assessment Tools Used:

Findings:
Performance Skills
Occupations

Additional Observations:

Client/Family/Caregiver Report (Strengths and Concerns):

Recommendations:

Plan:

Therapist Signature:_____ **Date:**_____

Appendix F: Required and Recommended Assessments to Have Available

Required Assessments to Have Available

These assessments should be made available for the occupational therapist to use during the screening or evaluation process. The use of an assessment is based on clinical reasoning of the occupational therapist and depends on each individual. Not all assessments will be administered to every individual.

Cognitive

- *Allen Cognitive Level Screen (ACLS-5)*
  A quick measure of cognitive processing and performance abilities.
  Required materials: Manual and leather lacing kit.
  Ordering information: See http://www.therapro.com/Browse-Category/Cognitive-Assessments/Allen-Cognitive-Level-Screen-5_3.html for current cost and availability.

- *Auditory Paragraph Recall*
  Assesses working auditory memory, which is the ability to take in information presented orally, store the information in the brain, and then recall it.
  Required materials: Instructions.
  Download/Ordering information: No cost. See EASA Occupational Therapy Knowledge folder on Google Drive for instructions.

- *Dual Attention Card Sort Task*
  The individual must sort a deck of cards while processing two sets of information simultaneously. It provides a quick assessment of attention and processing skills.
  Required materials: Deck of playing cards and protocol.
  Download/Ordering information: Uses standard deck of playing cards, no additional cost. See EASA Occupational Therapy Knowledge folder on Google Drive for protocol.

- *Montreal Cognitive Assessment (MoCA)*
  A screening tool that measures for mild cognitive impairment.
  Required materials: Instructions and printable assessment forms.
  Download information: Paper version is no cost. See http://www.mocatest.org for materials.

- *Visual Memory for 20 Objects*
  Twenty common household items are studied, with visual recall assessed immediately after the first exposure, and then 30 minutes after a second exposure.
  Required materials: Instructions.
  Download/Ordering information: No cost for assessment, may be a small cost to obtain needed materials. See EASA Occupational Therapy Knowledge folder on Google Drive for protocol.

Independent Living

- *Model of Human Occupation Screening Tool (MOHOST) – Can be used for screening*
  Gathers information regarding an individual's motivation for occupation, process, patterns, motor skills, environments, and communication or interaction.
  Required materials: Manual and printable assessment forms.
  Ordering information: See http://www.cade.uic.edu/moho/productDetails.aspx?aid=4 for current cost and availability.

OR

- *Occupational Self Assessment (OSA) – Can be used for screening*
  Self-report form to gather an individual's perceptions of their own ability level with various activities, as well as value for the activities. Establishes priorities for change and identifies goals.
  Required materials: Manual and printable assessment forms.
  Ordering information: See http://www.cade.uic.edu/moho/productDetails.aspx?aid=2 for current cost and availability.

Motor

- *Quick Neurological Screening Test (QNST-3)*
  Used to help identify neurological soft signs and motor impairments that may impact learning, motor coordination, and daily functioning.
  Required materials: Manual and record forms.
  Ordering information: See http://www.wpspublish.com/store/p/2929/quick-neurological-screening-test-third-edition-qnst-3 for current cost and availability.

Sensory

- *Adolescent/Adult Sensory Profile*
  Self-questionnaire to evaluate sensory processing patterns and experiences, and the potential impact on daily function.
  Required materials: Manual and record forms.
  Ordering information: See http://www.pearsonclinical.com/therapy/products/100000434/adolescentadult-sensory-profile.html#tab-pricing for current cost and availability.

Visual Perceptual

- *Motor Free Visual Perception Test (MVPT-4)*
  Assessment of visual-perceptual skills without use of motor abilities. Useful for those who have learning, physical, or cognitive challenges. Can help identify challenges that interfere with learning, school, work, or other daily functioning.
  Required materials: Manual, set of test plates, and record forms.
  Ordering information: See https://www.wpspublish.com/store/p/3303/motor-free-visual-perception-test-4-mvpt-4 for current cost and availability.

OR

- *Bender Visual-Motor Gestalt Test (Bender-Gestalt II)*
  Assessment of visuomotor perceptions, development and neuropsychological functioning, and drawing techniques. Individuals must draw a figure from a series of cards, followed by a recall to test visuomotor memory.
  Required materials: Manual, motor and perception test booklets, stimulus cards, and record forms.
  Ordering information: See http://www.pearsonclinical.com/psychology/products/100000190/bender-visual-motor-gestalt-test-second-edition-bender-gestalt-ii.html for current cost and availability.

Recommended Assessments to Have Available

The following assessments are beneficial for the occupational therapist to have access to, but are not required to have on hand. The use of an assessment is based on clinical reasoning of the occupational therapist and depends on each individual.

Cognitive

- *Clock Test*
  A screening tool that asks the individual to draw a clock face and include the current time. This provides information about memory, information processing, and vision.

- *Cognistat*
  Quick assessment of neurocognitive functioning, including orientation, attention, memory, language, constructional ability, calculation, and executive skills.

- *Contextual Memory Test*
  Standardized assessment of memory in adults, including capacity and recall.

- *Executive Skills Questionnaire*
  Self-assessment of executive skills, with resulting strengths and weaknesses.

- *Index of Learning Styles*
  Consists of a 44-item self-questionnaire that assesses an individual's learning preferences on four scales. The results provide tendencies that may contribute to strengths or challenges in academic settings.

- *Loewenstein Occupational Therapy Cognitive Assessment (LOTCA)*
  Assesses an adult in 6 cognitive areas, including visual and spatial perception, visuomotor organization, orientation, praxis, and thinking operations. An individual completes short tasks to evaluate the basic cognitive functions needed for daily activities.

- *Organizational Evaluation: Shopping List*
  Assesses understanding of relationships between items and categorization through use of a shopping list task. An individual must sort listed items into categories.

- *Trail Making Test*
  Assesses executive function and cognitive skills including mental flexibility and visual scanning.

Independent Living

- *Canadian Occupational Performance Measure (COPM)*
  A measure conducted in a semi-structured interview format to identify areas of importance to an individual (self-care, productivity, and leisure), performance issues, and setting related goals. When administered at evaluation, during therapy, and at discharge, the measure can and is intended to be used as an outcome measure.

- *General Self-Assessment*
  Self-administered questionnaire with statements describing common daily tasks and activity demands. The individual must identify how frequently these tasks and demands occur.

- *Independent Living Skills Assessment (ILSA)*
  Assesses skill level (from basic to excel) in independent living activities such as money management, housekeeping, personal appearance, job seeking, and knowledge of community resources.

- *Kohlman Evaluation of Living Skills (KELS 4/e)*
  Assesses basic living skills, with scores indicating areas where an individual is independent, or areas where assistance may be needed.

- *Model of Human Occupation Screening Tool Self-Assessment (MOHOST-SA)*
  Self-assessment to be used in conjunction with MOHOST in order for individuals to provide feedback about their occupational participation and perceptions, and to allow for discussion of any differences between the therapist and individual in perceptions.

- *Occupational Performance History Interview (OPHI)*
  A historical interview to provide broad information regarding an individual's life history, impact of any disabilities, and future goals of the individual.

- *Routine Task Inventory – Expanded (RTI-E)*
  Assesses cognitive abilities in routine daily activities in order to promote safety and maximize participation in meaningful occupations.

- *Texas Functional Living Scale (TFLS)*
  Screening tool that measures functional abilities in daily tasks, such as using clocks and calendars, counting money, making a snack, and taking medications.

Sensory

- *Levels of Alertness Map*
  Individuals chart their daily experience in terms of alertness throughout the day. Information gathered can lead to a discussion and creation of a more structured daily routine and integration of sensory strategies to help regulate energy.

Visual Perceptual, Auditory Processing

- *Test of Auditory Processing Skills (TAPS-3)*
  Tool to measure auditory processing or language issues. Valid up to 18 years of age.

Appendix G: Supplemental Tools and Resources
The following resources are optional for occupational therapists to use to further guide their practice.

Books

- *Anxiety: Hidden Causes* by Sharon Heller
- *Cognitive and Perceptual Rehabilitation: Optimizing Function, 1st Edition* by Glen Gillen
- *Executive Skills in Children and Adolescents, Second Edition: A Practical Guide to Assessment and Intervention* by Peg Dawson & Richard Guare
- *Occupational Therapy in Mental Health: A Vision for Participation, 1st Edition* by Catana Brown and Virginia C. Stoffel
- *Sensory Integration Tools for Teens: Strategies to Promote Sensory Processing* by Diana A. Henry, Tammy Wheeler, and Deanna Iris Sava
- *The Sensory Connection Program Curriculum for Self-Regulation* by Karen M. Moore & Karen Conrad Weirauch
- *Uptight & Off Center: How Sensory Processing Disorder Throws Adults off Balance & How to Create Stability* by Sharon Heller

Websites

- The Spiral Foundation: http://thespiralfoundation.org/

Appendix H: Treatment Plan Examples of Occupational Therapy Goals

The following examples of goals are categorized into common areas addressed by occupational therapy. The occupational therapist is expected to collaborate with both the individual and the team to set the goals. While direct quotes from individuals stating their objectives are not included in these examples, it is important that the occupational therapist uses the individual's personal objectives as the basis for creating the goals.

Self-Regulation & Symptom Management

Client/Individual Goal: To learn to manage symptoms so that I can engage in daily activities.

Objective: I will be able to use reality testing, staff support, and coping skills in 3 of 5 situations when delusions and hallucinations are occurring.

Intervention/Plan: Occupational therapy 2 times per month to identify supports and coping skills I can utilize to manage my symptoms.

Independent Living Skills & Daily Routines

Client/Individual Goal: To manage and develop my independent living skills so that I can work towards living independently.

Objective: I will engage in at least 3 independent living skills (cooking, cleaning, ADL, etc.) daily so that I can improve my skills and increase my confidence about living on my own.

Intervention/Plan: Occupational therapy a minimum of 2 times per month to help me identify the skills that I would like to improve and assist me in finding the tools/supports to develop them.

Work & School (Cognitive Skills / Executive Function)

Client/Individual Goal: To feel more comfortable and confident in school-related tasks, such as attending classes and completing homework assignments.

Objectives: I will use a consistent system to organize my information and assignments for school.

I will communicate with my teachers ahead of time when I need help with an assignment or need to access accommodations.

Intervention/Plan: Occupational therapy 2-4 times per month to explore system of organization and engage in activities to build my cognitive skills, memory, and attention in school.

Complete an Adolescent/Adult Sensory Profile with occupational therapist within 3 months in order to identify sensory strategies for feeling more comfortable in the school environment.

Occupational therapy 2-4 times per month to assist in self-advocacy and communication skills that I can use to access supports at school.

Social Skills & Relationships

Client/Individual Goal: To have more positive and supportive relationships with peers and community members.

Objective: I will increase my positive interactions with peers and staff by identifying and verbalizing my needs, listening patiently for feedback, and being open to problem solving.

Intervention/Plan: Weekly individual therapy focused on building trust/rapport and social skills training for one year.

Occupational therapy 2-4 times per month to help me address my barriers to meeting new people and develop my skills in social setting and interactions.

Leisure Exploration & Engagement

Client/Individual Goal: To explore leisure engagement opportunities that allow for social engagement/participation and recreational/community involvement.

Objective: I will attend at least 1 weekly peer group per month to have a structured social environment to work on skill development and leisure exploration in a meaningful way.

Intervention/Plan: Occupational therapy-led weekly peer groups 1-3 times per month.

Appendix I: Billing Codes Used in Oregon Related to Occupational Therapy Services
Listed below are some of the possible billing codes that occupational therapists may use as QMHPs in Oregon. As previously stated, this is not an exhaustive list of possible codes, and use of codes depends on the insurance company.

Code	Official Service Title	Occupational Therapy Relevance
90832	Individual Psychotherapy with patient and/or family member	Bill for occupational therapy evaluation or Individual occupational therapy in range of 16-37 minutes.
90834	Psychotherapy, 45 minutes with patient and/or family member	Bill for individual occupational therapy in range of 38-52 minutes.
90837	Psychotherapy, 60 minutes with patient and/or family member	Bill for individual occupational therapy longer or equal to 53 minutes.
90849	Multi-Family Group Psychotherapy	Bill if co-leading Multi-Family Group.
90853	Group Psychotherapy (other than Multi-Family Group)	Bill if leading group focused on group dynamics, work toward healing.
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions	Bill for occupational therapy environmental intervention, which includes work done with agencies, employers, or institutions on an individual's behalf in order to achieve environmental changes and interventions.
90887	Explanation of psychiatric, medical examinations, procedures, and data to other than patient	Bill for occupational therapy interpretation of results when providing explanation to individual's family/support team.
H0004	Behavioral Health Counseling and Therapy	Bill for individual counseling or therapy in the planned treatment of an individual's problems as identified by an assessment and listed in the treatment plan. The intended outcome is the management, reduction or resolution of the identified problems.
H0031	Mental Health Assessment, by non-physician	Bill only if involved in completing mental health assessment, which includes gathering information to determine need for mental health services and treatment.
H2011	Crisis Intervention Services	Bill if providing unplanned, immediate support to an individual in order to stabilize the individual, including visits to emergency rooms.

H2014 GO	Skills Training and Development	Bill for individual occupational therapy skills training, including IADLs, ADLs, managing illness and treatment, and community integration.
H2014 HQ	Skills Training and Development	Bill for group occupational therapy skills training, including IADLs, ADLs, managing illness and treatment, and community integration.
H2032 GO	Activity Therapy	Bill for individual occupational therapy activities, including music, dance, creative art, or any type of plan, not for recreation, but related to the care and treatment of the individual's mental health problems.
H2032 HQ	Activity Therapy	Bill for group occupational therapy activities, including music, dance, creative art, or any type of plan, not for recreation, but related to the care and treatment of the individual's mental health problems.
T1016	Case Management	Bill for occupational therapy services that include coordinating the access to and provision of services from multiple agencies, establishing service linkages, advocating for treatment needs, and providing assistance in obtaining entitlements based on mental or emotional disability.
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	Bill for occupational therapy screening of the mental health service needs of individuals for consideration of admission to outpatient treatment services. This is different than a mental health assessment due to the possibility of evaluating both an individual's treatment needs and available treatment options.

Appendix J: Occupational Therapist Job Description Examples

Multnomah County Job Description

Position: Mental Health Consultant Occupational Therapist
Program: Early Assessment and Support Alliance
Department: Health Department
Reports to: Program Supervisor

OVERVIEW:
Multnomah County Health Department invites applications for a Mental Health Consultant Occupational Therapist for the Early Assessment and Support Alliance (EASA) program. This is a full time 0.8 FTE position located in downtown Portland and Gresham.

The Mental Health and Addiction Services Division (MHASD) builds and maintains the public behavioral health system of care in Multnomah County. MHASD is the Local Mental Health Authority responsible for crisis and safety net services, it provides direct clinical services to children and youth in school and other settings, and operates Multnomah Mental Health, the county's health plan responsible for managing the Medicaid mental and addiction health benefit of more than 130,000 Oregon Health Plan members in Multnomah County. MHASD contracts with more forty individual behavioral health providers and agencies, manages a budget of over 100 million from federal, state and county revenue streams.

The Early Assessment and Support Alliance (EASA) was created to address the needs of young people ages 15-25 who are experiencing their first episode of psychosis. The purpose of the program is to provide intensive supportive services, to reduce symptoms and to mitigate the impact of psychosis, on the individual, family and society. EASA provides psychiatric medication management, nursing support, occupational therapy, individual, family and group therapy, case management, vocational/educational support, psycho-education, and crisis intervention.

THE POSITION:
The Occupational Therapist works as part of a multi-disciplinary team and provides assessments, treatment plans, and interventions that include sensory motor processing, cognitive, and environmental aspects of the client's life to promote optimal success in the context of their mental health, education and vocation services. The case load includes youth and young adults ages 15 to 25 who meet criteria for the EASA program and services are provided in a community based setting including clients' homes.

Essential Functions Include:

Engagement and Assessment
Responsible for client evaluation including initial outreach meetings and assessments. Formulates diagnoses, and identifies appropriate OT treatment services. Notifies clients and significant other of diagnosis and initial recommendations. Completes written narrative of evaluations and obtains necessary releases.

Develops Occupational Therapy Intervention Plan
Creates Occupational Profiles, Performance Analyses, Occupational Therapy Evaluations, and Occupational Therapy Treatment and Intervention plans. Consults with treatment team to select activity programs and coordinate occupational therapy with other therapeutic activities to help clients learn work, school, and independent living skills and adapt to challenges. Recommends changes in clients' work or living environments, consistent with their needs and capabilities. Selects activities that will help individuals learn work and life-management skills optimizing their mental and physical capabilities.

Team Based Care
Participates in Rounds, Administrative Meetings, Retreats and individual case staffings. Consults with treatment team to select activity programs and coordinate occupational therapy with other therapeutic activities to help clients learn work, school, and independent living skills and adapt to challenges. Provides consultation or follow up support to clients, families, employers/schools and multidisciplinary teams consistent with Occupational Therapy Treatment and Intervention Plans. May train caregivers how to provide for the needs of a patient during and after therapy. Co-facilitates family psycho education groups and other groups as appropriate.

Maintains Fidelity of Occupational Therapy
Functions as an Occupational Therapist. Responsible for the delivery, safety and effectiveness of occupational therapy services. Completes all required documentation (including progress notes, assessments, treatment plans, state forms, and outcome measures). Demonstrates proficiency in occupational therapy and maintains educational or credentialing requirements to be an Occupational Therapist.

Diversity and Inclusion: At Multnomah County, we don't just accept difference; we value it and support it to create a culture of dignity and respect for our employees. We are proud to be an Equal Opportunity
Employer.

TO QUALIFY:
We will consider any combination of relevant work experience, volunteering, education, and transferable skills as qualifying unless an item or section is labeled required. Please be clear and specific about how your background is relevant. For details about how we typically screen applications, review our overview of the selection process page.

Minimum Qualifications/Transferable Skills*:

Education/Training:
- Must meet provider Qualified Mental Health Professional (QMHP) credentialing requirements as required by Oregon Administrative Rules (OARs) 309-019-0125 (8).
- Master's Degree in Occupational Therapy

Experience/Certification:

- Two (2) years of professional experience in a related field including a minimum of 1 year as an Occupational Therapist.
- Must be licensed as an Occupational Therapist by the State of Oregon.

May require valid driver license.

Candidates will be required to pass a criminal background check.

Preferred Qualifications/Transferable Skills*: You do not need to have the following preferred qualifications/transferable skills to qualify. However, keep in mind we may consider some or all of the following when identifying the most qualified candidates. Please clearly explain on your application how you meet any of the following preferred qualifications/transferable skills.

- Prior experience working with adolescents and/or young adults up to age 25.
- Experience with people having severe mental health symptoms such as paranoia, delusions, hallucinations and or psychosis.

***Transferable skills:** Your transferable skills are any skills you have gained through education, work experience (including the military) or life experience that are relevant for this position. Be sure to describe any transferable skills on your application and clearly explain how they apply to this position.

SCREENING AND EVALUATION:
The Application Packet:

1. Resume or curriculum vitae
2. A cover letter: Your cover letter should address your interest in the opportunity and your qualifications.

The Selection Process: For details about how we typically screen applications, review our overview of the selection process page. We expect to evaluate candidates for this recruitment as follows:

1. Initial review of minimum qualifications
2. Phone screen
3. Oral exam
4. Consideration of top candidates
5. Language assessment (if applicable)
6. Background, reference, and education checks

ADDITIONAL INFORMATION:
Type of Position: This salaried hourly union-represented position is eligible for overtime.

Deschutes County Job Description

Position: Behavioral Health Specialist II – Occupational Therapist
Program: Child & Family Team
Department: Mental Health
Reports to: Program Manager

SUMMARY:
Deschutes County is actively seeking applications for a Behavioral Health Specialist II, Occupational Therapist. This position will be responsible for providing safe and effective occupational therapy, community-based therapy and intensive case management for individuals ages 15-27 years old, and their natural support systems, who are experiencing their first symptoms of psychosis. Position will provide services to a broad-based population with complex needs in a fidelity based, recovery-oriented system of care. Services include but are not limited to providing occupational profile and performance analysis; written occupational therapy evaluation, treatment planning, case management, and therapy to individuals enrolled in the EASA program who require support with daily living and community integration activities in order to maintain daily functioning in the community; providing training, education and support to multi-disciplinary team and community members; and co-facilitating family psycho education groups and other groups as appropriate.

Job Summary, Duties, & Responsibilities: Position provides occupational therapy services for the EASA program clients at Deschutes County Mental Health (DCMH).

- Provide occupational profile and performance analysis.
- Provide written Occupational Therapy evaluation, treatment and intervention plans for all EASA clients.
- Function as an autonomous Occupational Therapist, responsible for the delivery, safety, and effectiveness of occupational therapy services within the EASA program, in collaboration with the multi-disciplinary EASA team.
- Provide or consult on follow-up support to EASA clients, families, employers/schools and multi-disciplinary team consistent with Occupational Therapy treatment and intervention plan.
- Provide relevant training and education to multi-disciplinary team and community members on understanding and improving functional performance.
- Co-facilitate family psycho-education groups and other groups as appropriate.
- Document all services in a timely fashion according to standards provided.
- Participate in team meetings and coordinate all activities with the EASA team.
- Document all activities following identified standards.
- Assessment in the areas of functional cognition, sensory motor processing, skills, interests, employability/school performance, self-care, productivity and leisure.
- Perform other duties as required or assigned.

In addition, the following applies to all employees of DCMH:

- Establish and maintain positive and professional working relationships with co-workers, customers, and other agencies.
- Maintain punctual and regular, established work hours.

- Comply with Deschutes County Mental Health policies, procedures, and regulations, and other related policies.
- Participate in employee training and orientation.
- Provide training to co-workers, as requested.
- Maintain required licenses/certifications/credentials, as required by position.
- Maintain a current State of Oregon driver's license and acceptable driving record.
- Provide own transportation and maintain proof of personal automobile liability insurance, at a minimum, in the amount required by Oregon law (ORS Chapter 806), or provide alternate reliable transportation.

MINIMUM QUALIFICATIONS:

Preference will be given for:

- Master's degree in occupational therapy and two years of experience working with behavioral health issues with the understanding that anyone with a Bachelor's degree in Occupational Therapy who has been practicing since 2000 has been grandfathered into OT licensure and has Master's level equivalence
- Experience working with individuals with mental health challenges as well as trauma and substance abuse
- Training and experience in evidence-based practices
- Bilingual in Spanish

Must have knowledge and skill in:

- Intensive mental health and addictions services in a community-based setting
- Human relations including, interviewing, coaching and writing skills
- Techniques of community behavioral health

Must have a demonstrated ability to:

- Communicate effectively both verbally and in writing
- Understand and interpret community mental health and chemical dependency services
- Apply theory in mental health diagnoses and the planning and implementation of intervention programs
- Work independently as well as in a team setting
- Prepare and maintain clear and concise reports and client treatment and progress records
- Establish and maintain cooperative relationships with clients and their families, physicians, law enforcement agencies, the courts, public and private agencies and administrators, and the community in general

NECESSARY SPECIAL REQUIREMENTS:
Possession of or ability to obtain a valid Oregon driver's license within 30 days of hire date. The employment offer will be contingent upon an acceptable and verifiable driver's license and driving history, a drug screening, and a thorough employment and criminal history investigation.

Possession of Occupational Therapist Registration in the State of Oregon.
If selected for an interview, candidates will be required to bring a copy of their college degree and transcript to the interview.