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

Purpose

The purpose of this document is to describe the specialized knowledge and skills for entry-level occupational therapy practice in the promotion of mental health and the prevention and intervention of mental health problems, including mental illness. The foundations of occupational therapy are rooted firmly in psychiatry. The profession brings a habilitation and rehabilitation perspective to mental health services in keeping with increased emphasis on recovery and functionality directed toward participation in daily life occupations. The American Occupational Therapy Association (AOTA) supports the inclusion of the profession of occupational therapy as a core mental health profession in the *U.S. Code of Federal Regulations* and as a qualified mental health profession as defined by state statute and regulation (AOTA, 2006a).

In addition to intervention for persons with mental illness, occupational therapy practitioners contribute to the promotion of *mental health,* which refers to a positive state of functioning reflected in the presence of four characteristics: (1) positive affective or emotional state (e.g., subjective sense of well-being, feeling happy); (2) positive psychological and social function (e.g. self-acceptance, fulfilling relationships, self control); (3) productive activities; and (3) resilience in the face of adversity and the ability to cope with life stressors (World Health Organization (WHO), 2004**;** U.S. Department of Health and Human Services, 1999). A public health approach to mental health has been advocated by WHO (2001), which emphasizes the promotion of mental health as well as the prevention of and intervention for mental illness. As such, this document focuses on the knowledge and skills that substantiate occupational therapy's role in mental health promotion, prevention. and intervention.

Both occupational therapists and occupational therapy assistants are educated to provide services that support mental and physical health, rehabilitation, and recovery-oriented approaches. Occupational therapy practitioners[1] serve people throughout their life course in institutional, outpatient, home, school, and other community settings. Entry-level occupational therapists must have at least a master's degree but also may enter the profession with a clinical doctorate degree. Occupational therapy assistants enter the field at the associate's-degree level.

Intended for internal and external audiences, this document specifies the knowledge, reasoning, and performance skills necessary for competent and ethical occupational therapy practice in mental health promotion, prevention and intervention.

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[1]When the term *occupational therapy practitioner* is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2006b). *Occupational therapists* are responsible for all aspects of occupational therapy service delivery and are accountable for the safety and effectiveness of the occupational therapy service delivery process. *Occupational therapy assistants* deliver occupational therapy services under the supervision of and in partnership with an occupational therapist (AOTA, 2009).

Introduction

The roots of occupational therapy are grounded in psychiatry. The moral treatment movement sought to replace the brutality and idleness of earlier treatment for disorders of the mind with kindness and "occupation" (Gordon, 2009, p. 203). In the early 20th century, the founders and early writers in occupational therapy created a body of literature that supported the value of occupation in the healing of mind and body (Gordon, 2009, p. 205). In 1922, Adolph Meyer acknowledged the importance of "work and play and rest and sleep" in his desire to address a therapeutic approach that healed the mind and improved the human condition for those with mental illness (as cited in Gordon, 2009, p. 207).

"Occupational therapy is founded on the understanding that engaging in occupations structures everyday life and contributes to health and well-being" (AOTA, 2008, p. 628). The term *occupation* is defined as "activities that people engage in throughout their daily lives to fulfill their time and give life meaning" (p. 672). The goals of occupational therapy are twofold: (1) to promote mental health and well-being in all persons with and without disabilities and (2) to restore, maintain, and improve function and quality of life for people at risk for or affected by mental illness. Occupational therapy practitioners support "health and participation in life through engagement in occupation" (p. 627).

Through the use of everyday activities, occupational therapy practitioners promote mental health and support functioning in people with or at risk of experiencing a range of mental health disorders, including psychiatric, behavioral, and substance abuse. Occupational therapy facilitates full participation in valued occupations in one's home, school, workplace, and community. As in all occupational therapy practice, services in mental health are client-centered. The client may be an individual or group of individuals, an organization, or a population. Occupational therapists work with clients to determine their wants and needs. Together, they determine the factors that are either barriers or supports to healthy participation in daily life activities. Occupational therapy assistants work under the supervision of and in partnership with occupational therapists (AOTA, 2009) to implement the plan and to assist the team with ongoing evaluation of success and need for change in the intervention strategies.

Through the clinical reasoning process, occupational therapy practitioners select and apply different theoretical perspectives and approaches informed by evidence. These perspectives and approaches are drawn primarily from occupational therapy and occupational science but also from other fields and areas of practice such as physical and psychiatric rehabilitation, psychology, school mental health, sociology, psychiatry, neuropsychiatry, and anthropology. This clinical reasoning process guides occupational therapy evaluation and intervention.

Although there is overlap in knowledge, skills, and attitudes with other professions, occupational therapy offers a unique contribution to mental health service provision. The profession holds a firm belief in the inherent need of all humans to engage in occupations, which are central to fulfilling meaningful life roles, engaging with one's environment, improving and sustaining health and well-being, and allowing full participation in society (Wilcock, 2007). Occupational therapy practitioners are educated to select and use evaluations and interventions that not only promote mental health but also address physical, sensory, and cognitive function affecting

clients' abilities to participate in daily life while considering their interests, values, habits, and roles.

The profession recognizes and emphasizes the complex interplay among the individual variables, the activity demands, and the environmental demands. Occupational therapy practitioners are skilled in analyzing, adapting, or modifying the task or environment to support goal attainment and optimal engagement in occupation so that clients can develop and maintain healthy ways of living in their home, workplace, and community.

Using This Document

Health care, education, community, and mental health services stakeholders (e.g., clients, family members, policymakers, mental health practitioners of all disciplines) may use the document

- As a resource to advocate for inclusion of and coverage for occupational therapy as a core mental health service,
- To assist in articulating occupational therapy's contribution to the promotion of mental health in all persons, and
- To assist in articulating occupational therapy's contribution to mental illness prevention and intervention by promoting successful participation in a meaningful array of occupations that foster emotional well-being.

Occupational therapy practitioners and educators may use the document to

- Guide mental health curriculum and fieldwork development;
- Educate others on the mental health practice knowledge and skills that occupational therapy practitioners have in common with other core mental health practitioners;
- Educate others on occupational therapy's vital and unique contribution to mental health services; and
- Engage clients and family members in discussions about how occupational therapy practice supports mental health promotion, prevention, and intervention to assist individuals and groups in developing and meeting their goals that promote health and participation in daily life.

To facilitate its usefulness, this document is organized into two sections. Section 1, "Core Mental Health Professional Knowledge and Skills," describes knowledge and skills that occupational therapy practitioners share with other core mental health professionals. A deeper understanding of occupational therapy's approach to mental health services can be gleaned by reviewing Section 2, "Specific Occupational Therapy Knowledge and Skills Applied to Mental Health Promotion, Prevention, and Intervention," which describes mental health knowledge and skills specific to occupational therapy practice. Both sections help readers differentiate entry-level occupational therapy and occupational therapy assistant knowledge and skills.

The core mental health knowledge and skills of occupational therapy practitioners have been organized into four domains: (1) Foundations, (2) Evaluation and Intervention, (3) Professional Role and Service Outcomes, and (4) Mental Health Systems. Occupational therapists use and apply skills and knowledge from each domain to promote mental health and help persons with or at risk for psychiatric, substance abuse, and behavior disorders develop and maintain successful

and satisfying ways of living in their home, work, and community. Occupational therapy assistants possess knowledge and skills to deliver services in each domain under the supervision of and in partnership with occupational therapists.

- *Foundations*—Occupational therapy practitioners are knowledgeable about how mental illnesses affect the ability to successfully participate in everyday occupations and what skills, compensatory strategies, or accommodations are needed to mitigate this impact. The are knowledgeable about (1) the promotion of positive mental health through competency enhancement (e.g., skill development, task adaptations, environmental supports, participation in meaningful occupations); (2) prevention of mental illness using risk reduction efforts (e.g., relaxation strategies with early signs of anxiety; establishing habits and routines that support adequate sleep, time for relationships, physical activity, and task accomplishment); and (3) intervention strategies to minimize symptoms experienced with the presence of mental illness (e.g., therapeutic task groups, relaxation strategies) provide an essential contribution to mental health services systems. Occupational therapy interventions promote successful participation in everyday occupations, allowing people to remain engaged and to re-engage in fulfilling, meaningful, and contributory roles. The foundation for this knowledge comes from occupational therapy; occupational science; and other fields of study such as physical and psychiatric rehabilitation, psychology, school mental health, sociology, psychiatry, neuropsychiatry, and anthropology.

- *Evaluation and intervention*—Occupational therapists are qualified to use relevant screening and assessment procedures to identify strengths, needs, problems, and concerns regarding a person's occupational engagement and successful performance of their daily life tasks. Further, therapists determine specific occupational performance issues and selected environmental and contextual factors that support and hinder performance. Occupational therapy assistants can assist with this evaluation process. Occupational therapy mental health interventions are based on assessment/evaluation results, developmental and life stage knowledge, and theoretical concepts of occupation. Interventions can be provided on an individual or group basis as in direct care or education or can be provided via consultation to populations of people to promote mental health and to address mental ill health.
- *Professional role and service outcomes*—Occupational therapy practitioners are educated to partner with consumers of mental health services, families and other natural support persons, individual practitioners, interdisciplinary teams, and community stakeholders to enhance service outcomes. To do this, practitioners learn to value multiple perspectives in addition to that of occupational therapy. In addition, occupational therapists are trained in the process of program evaluation, the knowledge and tools necessary to measure outcomes of occupational therapy intervention, and the context of the application of outcome measurement to mental health practice. They also are responsible for developing mechanisms to ensure the quality and effectiveness of service provision along with client satisfaction.

- *Mental health systems*—Occupational therapists have an understanding of how systems influence mental health services delivery, support mental health and the

prevention of mental illness, and facilitate or inhibit people's ability to be full participants in their communities. Disability, health care, education, workforce, welfare, shelter, legal, criminal justice, housing, and social and familial systems all affect people with or at risk for psychiatric conditions. Occupational therapists are educated to analyze the interaction between and among systems, contexts, persons, populations, and occupations. Therapists use this knowledge to meet the participation needs of individuals as well as others within their communities (e.g., schools, employers, landlords, families).

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This document is based on a charge from the 2007 Representative Assembly and the work of the Mental Health Competencies Ad Hoc Committee. The Ad Hoc Committee along with the COP developed this work into a Knowledge and Skills Paper.

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Adopted by the Representative Assembly 2010CApr15

Section 1. Core Mental Health Professional Knowledge and Skills

The entry-level occupational therapy practitioners in mental health have these knowledge and skills in common with all other core mental health professionals:

X = competent at entry level

A = able to assist at entry level

KX = competent at entry level to analyze and integrate knowledge to make judgments about occupational therapy service provision

KA = competent at entry level to demonstrate knowledge and apply it to occupational therapy practice

	OT	OTA
Evaluation and Intervention		
Knowledge of		
1. Influence of neurophysiological changes, environmental factors, and contexts on mental health and the development of psychiatric conditions.	KX	KA
2. Historical and current perspectives on mental health and its promotion, mental illness and its treatments, including the consumer/survivor/ex-patient movement and concepts of recovery.	KX	KA
3. Current *Diagnostic and Statistical Manual of Mental Disorders* taxonomy (American Psychiatric Association, 2000) with regard to psychiatric diagnosis, etiology, symptoms, impairments, clinical course, and prognosis.	KX	KA
4. Common comorbidities with mental illnesses (e.g., diabetes, COPD, obesity, substance abuse, ADHD, autism spectrum disorders).	KX	KA
5. Psychiatric medications and their actions and side effects.	KX	KA
6. Non-discipline-specific, evidence-based practices and service delivery models (e.g., assertive community treatment, illness management and recovery, supported employment, permanent supportive housing, school mental health, cognitive–behavioral therapy, social and emotional learning (SEL), positive behavioral interventions and supports (PBIS).	KX	KA

Performance Skills		
7. Assess mental health status (e.g., affect, cognitive competency, insight, comprehension, impulse control, suicide risk) and factor findings in all phases of evaluation and intervention.	X	A
8. Establish rapport and promote behavioral change in clients by selecting therapeutic counseling and communication strategies (e.g., therapeutic use of self, communication of hope, ethical and interpersonal boundaries, motivational interviewing, active listening, limit setting, group process, conflict resolution).	X	A
9. Prevent, manage, and/or facilitate the resolution of crisis for individuals and groups by comparing and selecting effective counseling techniques and interventions (e.g., crisis prevention and management, conflict resolution, strategies for dealing with problem behaviors, psychopathological behaviors, psychiatric emergencies).	X	A
10. Perform comprehensive and targeted functional assessments using evidence-informed approaches and tools.	X	A
11. Establish medical necessity for rehabilitation services directed toward functional impairments associated with psychiatric conditions by articulating how symptoms and underlying neuropsychiatric conditions interfere with performance of daily life tasks.	X	A
12. Design and execute individual and group intervention approaches used in mental health practice, including but not limited to those below: I. Cognitive–behavior therapy II. Psychoeducation III. Psychodynamic approach IV. Behavioral approaches V. Social and emotional learning VI. Recovery models VII. Resiliency models VIII. Psychosocial rehabilitation IX. Skills training X. Biopsychosocial XI. Dialectic behavioral therapy *XII.* Motivational stages of change.	X	A

Reasoning Skills		
13. Evaluate human development and behaviors throughout the life course, including how the time and/or the life stage of the emergence of mental illness influence development and the capacity to function as a member of society.	X	A
14. Integrate client-centered and recovery-oriented approaches in collaborating with clients to facilitate goal development and attainment.	X	X
15. Identify and evaluate one's own values, attitudes, and beliefs toward individuals with psychiatric conditions and their potential impact on a person's potential for recovery.	X	X
16. Evaluate the influence of culture, diversity, socioeconomics, and values on a person's experience of mental health challenges, their view of mental health treatment, and their experience of and potential for recovery.	X	A
17. Critique current medical and psychological intervention approaches associated with common psychiatric diagnoses, including the impact of medication side effects on functioning.	X	A
18. Synthesize relevant theories and models that guide intervention and delivery of mental health services, in different settings.	X	A
Professional Role and Service Outcomes		
Knowledge of		
19. Mental health practice roles that an occupational therapist or occupational therapy assistant can assume, such as case manager, group facilitator, community support worker, qualified mental health professional, consultant, program developer, and advocate.	KX	KA
20. Mental health disciplines and professions (e.g., psychology, social work, nursing, psychiatry, mental health technicians, therapeutic recreation, art therapy, music therapy, peer support, rehabilitation counseling, occupational therapy) and the issues involved in both role differentiation and role collaboration.	KX	KA
21. Methodologies for measuring individual, program, and systems outcomes in mental health practice.	KX	KA
22. Methods and principles used to conduct needs assessments and generate practical recommendations.	KX	KA
Performance Skills		
23. Demonstrate skill in writing medical documentation and behavioral objectives.	X	X
24. Demonstrate basic skills in program development and consultation, supervision, management, administration, quality improvement, outcome measurement, and advocacy related to mental health services.	X	A
Reasoning Skills		
25. Synthesize and evaluate perspectives of collaborating disciplines to maximize client outcomes.	X	A
26. Synthesize and incorporate key factors into consultation and program planning and development, including determining client expectations, understanding the purpose of the organization, understanding of systems, desired and expected outcomes, culture and willingness to change, resources available to client or organization, and regulations and laws governing the organization.	X	A

27. Critique barriers to implementation of programs and interventions.	X	A
Mental Health Systems		
Knowledge of		
28. Legislation, policies, procedures, and related legal and ethical issues that influence mental health service delivery (e.g., involuntary treatment, insurance parity, advance directives, confidentiality, school mental health).	KX	KA
29. Payment systems relevant to mental health practice settings.	KX	KX
30. Diverse mental health service delivery contexts (e.g., schools, hospitals, community-based centers, shelters, prisons, institutes for mental disease).	KX	KA
31. Mental health stakeholder groups (e.g., consumers, family members, at-risk populations, employers, mental health care providers, community programs, advocacy groups, legislators, third-party payers).	KX	KA
32. Agencies and standards that influence mental health and rehabilitation service delivery (e.g., SAMHSA, RSA, CMS, state Medicaid agency, Center for School Mental Health, state mental health authority, state vocational rehabilitation agency, private insurance, standards of practice, state licensure, certification, JCAHO, CARF, confidentiality).	KX	KA
Performance Skills		
33. Access relevant information to ensure service delivery and documentation complies with current applicable standards (e.g., state mental health acts, HIPAA, confidentiality acts, licensure laws, CARF, JCAHO, President's New Freedom Commission Report, criminal justice acts).	X	A
34. Engage in activities to transform mental health service delivery systems to be consumer-driven, family-driven, and community-focused.	X	X
Reasoning Skills		
35. Critique social, economic, policy, and system factors that affect the health, well-being, and participation of persons with serious mental illnesses (e.g., poverty, housing, education, unemployment, estrangement from family, inadequate insurance, lack of integration between/among service systems).	X	A
36. Evaluate the dynamic interactions between/among an individual, family, community, and social systems and their impact on a person's mental health.	X	A
37. Integrate the consumer/survivor/ex-patient movement and its implications for mental health services and systems of care.	X	X

Note. CARF = Commission on Accreditation of Rehabilitation Facilities. CMS = Centers for Medicare and Medicaid Services. COPD = chronic obstructive pulmonary disease. HIPAA = Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191). JCAHO = Joint Commission on the Accreditation of Healthcare Organizations. OT = occupational therapist. OTA = occupational therapy assistant. RSA = Rehabilitation Services Administration. SAMHSA = Substance Abuse and Mental Health Services Administration.

Section 2. Specific Occupational Therapy Knowledge and Skills Applied to Mental Health Promotion, Prevention, and Intervention Practice

Led by their firm belief in the inherent drive of all humans to engage in meaningful and purposeful occupations and also the influence of occupational engagement on health and recovery from psychiatric conditions, occupational therapy practitioners use occupation and an understanding of the variables that influence a person's ability to successfully engage in occupations (everyday activities) to engage clients in achieving their occupational participation recovery goals.

X = competent at entry level
A = able to assist at entry level
KX = competent at entry level to analyze and integrate knowledge to make judgments about occupational therapy service provision
KA = competent at entry level to demonstrate knowledge and apply it to occupational therapy practice

	OT	OTA
Foundations		
Knowledge of		
38. Occupational therapy practices for medical, physical/somatic, intellectual, learning, and other nonpsychiatric disabling conditions.	KX	KA
Performance Skills		
39. Evaluate the relationship between/among health, well-being, and participation in daily life activities throughout the life course for individuals at risk for or with mental health challenges.	KX	KA
40. Analyze activities, occupations, contexts, and environmental characteristics to determine those that challenge or support the client's interests, skills, and performance.	KX	KA
Reasoning Skills		
41. Evaluate and select occupational therapy theories, frames of references, and intervention models of practice to design and deliver occupational therapy services in various practice settings in order to promote mental health, prevent mental illness, and intervene with the presence of diagnosed psychiatric conditions.	X	A
42. Assess and determine how to guide the transactional interactions among persons with or at risk for psychiatric conditions, environment, and activity to influence engagement in occupations, participation, and health of clients.	X	A
Evaluation and Intervention		
Knowledge of		
43. Role of occupational therapy in the evaluation and intervention processes persons with or at risk for psychiatric conditions and the promotion of mental health in all individuals with or without disabilities.	KX	KA

	OT	OTA
44. Impact of mental health on the ability to engage in everyday occupations (e.g., ADLs, IADLs, education, work, play, leisure and social participation, sleep/rest).	KX	KA
45. Impact of psychiatric conditions and medication side effects on performance skills (e.g., sensory–perceptual, motor and praxis, emotional regulation, cognitive, communication and social skills) and performance patterns (e.g., habits, routines, roles, rituals) within relevant contexts and environments.	KX	KA
46. Influence of a client's values, beliefs, spirituality, sense of efficacy, and experience of mental health challenges on the meaningfulness of occupations.	KX	KA
47. Assessment tools and methods to evaluate occupational engagement and the impact of mental and physical impairments on performance skills (e.g., sensory–perceptual, motor and praxis, emotional regulation, cognitive, communication and social skills) and performance patterns (e.g., habits, routines, roles, rituals).	KX	KA
48. Environmental supports for and barriers to occupational performance and environmental modification strategies to enable participation at home, school, community, and work.	KX	KA
49. Cognitive skills training and adaptive strategies.	KX	KA
50. Sensory processing and modulation skill development and adaptive strategies.	KX	KA
51. Strategies and environmental accommodations used to compensate for performance skill and pattern challenges commonly associated with psychiatric conditions.	KX	KA
52. Learning styles and a variety of teaching methods that can be adapted to accommodate challenges commonly associated with psychiatric conditions.	KX	KA
Performance Skills		
53. Develop an occupational profile using client-centered strategies to gather information about a client's occupational history and experiences, life roles, interests, needs, and concerns about performance in areas of occupation and identifying strengths and limitations.	X	A
54. Incorporate knowledge of co-occurring medical and somatic conditions into the evaluation and intervention process to facilitate engagement in meaningful and necessary occupations.	X	A
55. Evaluate client's performance in ADLs, IADLs, sleep and rest, education, work, play/leisure, and social participation using standardized and nonstandardized procedures.	X	A
56. Evaluate client's performance skills that support and interfere with participation in meaningful life roles using standardized and nonstandardized procedures. Performance skills include • Motor and praxis skills • Sensory–perceptual skills • Emotional regulation skills • Cognitive skills	X	A

	OT	OTA
• Communication and social skills.		
57. Evaluate a client's performance patterns that support and interfere with participation in meaningful life roles using standardized and nonstandardized procedures. Performance patterns include habits, routines, roles, and rituals.	X	A
58. Evaluate client factors that may affect performance in areas of occupation using standardized and nonstandardized procedures. Client factors include a client's values, beliefs, and spirituality; body functions (e.g., cardiovascular, pulmonary) and body structures (e.g., bones, organs).	X	A
59. Observe, measure, and inquire about the physical and social/interpersonal environmental influences on engagement in occupation through formal and informal evaluation procedures.	X	A
60. Establish medical necessity for rehabilitation services directed toward functional impairments associated with psychiatric conditions by discerning and articulating the relationship between/among functional impairments, occupational engagement, and the performance skills and patterns affected by the mental health challenges.	X	A
61. Collaborate with clients to determine targeted outcomes specific to that individual's personal vision of recovery.	X	X
62. In collaboration with clients, develop intervention plans to help clients complete tasks related to life roles such as developing of skills, habits, and routines for work or school; obtaining and preparing meals for self or others; maintaining home or apartment; and participating in healthy social and leisure occupations as determined from the evaluation.	X	A
63. Apply a variety of approaches used in mental health practice, such as but not limited to, those listed in Item 12 above, in individual and group interventions to enable occupational performance and participation.	X	A
64. Enable clients to explore a variety of interests and begin to develop competencies to support increased participation in meaningful occupations.	X	X
65. Develop intervention sessions using activities to teach and practice new skills and when possible develop actual opportunity to engage in needed tasks such as work or school tasks.	X	X
66. Design and implement individual and group interventions that support development of cognitive, sensory regulation, social, and communication skills requisite for role performance.	X	A
67. Teach clients to understand the role of their sensory system in regulating their level of alertness and how to use different sensory tools to increase or decrease their level of alertness so they can focus on and participate successfully in their chosen activities.	X	A
68. Teach clients to understand their cognitive strengths and challenges and to make use of strategies and treatments that optimize occupational performance.	X	A
69. Develop modifications to tasks and environments to compensate for cognitive, sensory, interpersonal, and communication challenges, and increase successful/effective participation in life roles.	X	A
70. Select and communicate to clients, relevant support systems, and other professionals best evidence that supports	X	A

	OT	OTA
intervention choices.		
71. Select appropriate teaching methods (e.g., handouts; schedules; organizational charts; visual, auditory, and tactile cueing systems; grading of activity; chunking) to address client needs with respect to culture, learning style, and current abilities.	X	A
Reasoning Skills		
72. Synthesize information from different theoretical perspectives, models of practice, frames of reference, and evidenced-based practices from occupational therapy, physical and psychiatric rehabilitation, psychology, sociology, psychiatry, school mental health, and neuropsychiatry to select relevant assessment tools and guide the evaluation and intervention processes.	X	A
73. Determine need to refer clients for additional evaluation or services to specialists internal and external to the profession.	X	X
74. Analyze the environmental and contextual factors that support or hinder a person's ability to participate in meaningful and productive roles and occupations.	X	A
75. Determine the effects of medical treatment side effects (e.g., psychiatric medications, ECT) on participation in occupation: ADLs, IADLs, rest and sleep, education, work, play and leisure, and social participation.	X	A
76. Identify and analyze historical barriers to occupational participation that result in inability to develop an occupational identity or in loss of occupational identity.	X	A
77. Synthesize information gathered from the evaluation of a person's strengths, skills, abilities, preferences, goals, challenges, needs, and environments, as well as information from activity analysis to create effective interventions to enable occupational performance at home, school, and workplace.	X	A
78. Anticipate barriers to participation due to aging, physical disabilities, medical conditions and illnesses, and problem solve to maximize participation.	X	A
79. Synthesize intervention and support needs with appropriate resources to maximize participation in desired occupations.	X	A
80. Formulate most effective intervention to enable occupational participation (e.g., skills training, adaptation of task, modification of environment).	X	A
81. Determine how environmental supports and barriers influence participation in meaningful and productive roles in one's community and facilitate reducing barriers.	X	A
82. Explain the clinical reasoning process behind the occupational therapy procedures or care processes in a way that is understandable and usable for the client, other professionals, and funding sources.	X	A
83. Select appropriate means to explain the importance of participation and its relationship to recovery for people with or at risk for psychiatric conditions in a way that is understandable and relevant to clients, team members, and third-party	X	X

	OT	OTA
payers.		
Professional Role and Service Outcomes		
Knowledge of		
84. AOTA Code of Ethics, applicable licensure laws, AOTA Scope of Practice, and AOTA Standards of Practice as they pertain to mental health practice.	KX	KX
85. Different practice roles that occupational therapy practitioners may assume in mental health practice. i. Direct intervention aimed at changing the functional participation of a client using a variety of approaches such as promoting health, restoring or maintaining function, modifying the environment or activity, or preventing disability ii. Education of caregivers and staff aimed at imparting knowledge and information that results in improved health and improved ability to perform and participate in desired occupations iii. Consultation aimed at improving occupational participation goals for the client.	KX	KA
86. Practice scopes of occupational therapy and other mental health disciplines and professions (e.g., psychology, social work, nursing, psychiatry, mental health technicians, therapeutic recreation, art therapy, music therapy, peer support, rehabilitation counseling).	KX	KA
87. Funding sources for occupational therapy services in different mental health service delivery systems.	KX	KX
88. Strategies to evaluate occupation-based outcomes in mental health service delivery systems and client satisfaction with occupational therapy services.	KX	KA
Performance Skills		
89. Build respectful relationships and select effective strategies to work with persons with a variety of skills, abilities, and experiences (e.g., paraprofessionals, professionals, consumers, family members) to make successful changes in the organization.	X	X
90. Clarify how occupational therapy interventions support and compliment interventions of other providers.	X	X
91. Conduct needs assessment to determine when OT services may benefit a partial or full mental health system that does not currently utilize occupational therapy.	X	A
92. Partner with consumers, family members, and other mental health professionals/disciplines in the development, implementation, and evaluation of mental health and occupational therapy services.	X	A
93. Select and use standardized procedures and tools to organize, collect, compile, analyze, synthesize, and interpret quantitative and qualitative occupational performance practice outcomes and client satisfaction data, summarizing findings into comprehensive, objective reports.	X	A
94. Design ongoing processes for quality improvement based on functional outcomes.	X	A
95. Design and implement needs assessments that determine best occupation-based practices for individuals with or at risk	X	A

	OT	OTA
for psychiatric conditions, factoring in setting, population characteristics, and funding.		
96. Frame consultation within the regulations and structure of the organization.	X	A
97. Operationalize administrative and occupational therapy process changes that target improved outcomes for occupational therapy intervention and client satisfaction in mental health practice settings.	X	A
Reasoning Skills		
98. Appraise the priority outcomes for an individual or groups of individuals receiving occupational therapy services in a mental health context.	X	A
99. Infer the role of recovery in promoting occupational engagement for people with psychiatric conditions.	X	X
100. Critique, discern, and interpret the applicability of qualitative and/or quantitative outcome and satisfaction measurements and methods when evaluating services directed toward persons with or at risk for psychiatric conditions.	X	A
101. Choose interventions that fit the values and abilities of those providing and receiving care.	X	A
102. Discern and critique factors that affect change for clients with or at risk for psychiatric conditions.	X	A
103. Discern and critique factors that facilitate/hinder provision of occupational therapy services in settings that serve people with or at risk for psychiatric conditions.	X	A
104. Justify administrative changes in the provision of occupational therapy services that will promote positive outcomes for clients in settings that serve people with or at risk for psychiatric conditions.	X	A
105. Compare and contrast occupational therapy outcome measures with outcome measures related to the recovery model in mental health practice.	X	A
106. Integrate health insurance language and mental health recovery language with *Occupational Therapy Practice Framework* (AOTA, 2008).	X	A
Mental Health Systems		
Knowledge of		
107. Different environments and contexts in which occupational therapy practitioners have a role in mental health promotion, prevention, and intervention (e.g., psychiatric settings, schools, residential facilities, jails).	KX	KA
108. Systems (e.g., organizations, entitlements, community programs) to be accessed that enable occupational participation and performance.	KX	KA
Performance Skills		
109. Use relationships with advocacy organizations and persons with the lived experience of mental illness to understand challenges with occupational engagement and performance, such as what these persons have identified as most and least helpful in regaining, maintaining, and improving their ability to engage fully and meaningfully in desired occupations (e.g., roles, activities).	X	X

	OT	OTA
110. Facilitate clients' access to support systems (e.g., family, associations, friends, organizations) to enhance recovery.	X	X
111. Recommend reasonable changes/accommodations that can be made to policies, procedures, and practices to improve occupational engagement, participation, and performance of populations served.	X	A
112. Locate and access information about a system's goals, priorities, or needs.	X	X
113. Choose methods to explain the role of occupational therapy to various mental health stakeholder groups that relate to stakeholders' system, goals, priorities, or needs (see Item 31 for example stakeholder groups).	X	A
114. Discern actual and potential consumer and family member leadership roles within mental health service systems (e.g., programs, agencies, organizations, private and public payer systems).	X	A
115. Use evidence to help organizations understand how the regulations with which they must comply influence occupational participation of persons with or at risk for psychiatric conditions.	X	A
116. Obtain and synthesize information about third-party payer coverage for occupational therapy services directed toward the remediation and restoration of functional impairments caused by mental illnesses (example payers include private insurance, Medicaid, Medicare, vocational rehabilitation, state board of education).	X	A
Reasoning Skills		
117. Differentiate and critique mental health services and service delivery systems that are consumer-driven and community-focused from those that are more staff-driven and mental health setting–focused.	X	X
118. Differentiate and critique "recovery," "resiliency," and "strengths-based" planning, interventions, and programs from those that are problem-based or deficit-based.	X	X
119. Discern and create means by which occupational therapy practitioners partner with consumers and family members to develop consumer-driven and family-driven care for individuals and programs.	X	A
120. Evaluate the interactions between/among individuals, family, community, and other social systems (e.g., schools, faith-based organizations, police, long-term-care facilities, group homes, one-stop centers, vocational rehabilitation systems) and their impact on occupational participation and mental health.	X	A
121. Discern how changes in policies, procedures, and practices in various systems may enhance or deter occupational performance and participation for persons with or at risk for mental health challenges/conditions (example systems include family, community agency or program, mental health care, medical care, education/schools, employment/employer, social security, disability).	X	A

Note. ADLs = activities of daily living. AOTA = American Occupational Therapy Association. ECT = electroconvulsive therapy. IADLs = instrumental activities of daily living. OT = occupational therapist. OTA = occupational therapy assistant.