

The Role of Occupational Therapy in Psychosocial Interventions

December 2009

Position

The Alberta College of Occupational Therapists (the College) advises that the provision of psychosocial interventions is within the scope of practice of occupational therapists in Alberta. The College endorses the roles of occupational therapists in psychosocial screening, assessment and interventions. Occupational therapists' basic competence to practice in the psychosocial domains is founded on skills and knowledge developed through academic preparation and supervised clinical experiences. Enhanced competence is developed through professional experience and mandated involvement in the College's continuing competence program.

Definitions

In the context of this statement, **psychosocial** refers to psychological functioning of individuals within their social contexts and is inclusive of mental health.

Psychosocial interventions are a cluster of interactions including screening, assessment and therapeutic interventions.

Recommendations

1. Occupational therapists should be engaged in clinical psychosocial strategies and should be active in interdisciplinary mental health roles as well as designated occupational therapy roles.
2. Occupational therapists should provide psychosocial screening, assessment, interventions and management for individuals with psychosocial needs.
3. Occupational therapists should work from a client-centered philosophy, employing an interdisciplinary and collaborative care model, as appropriate.
4. Employers should respect and acknowledge occupational therapists' authority to practice in the psychosocial areas with all populations, including at-risk individuals as identified in the Government Organization Act (7.1).
5. Employers should acknowledge the regulatory function of the Alberta College of Occupational

Therapists in protecting the public through registration, monitoring of continuing competency and, if required, review and discipline of occupational therapists in Alberta.

6. Occupational therapists engage in ongoing competency enhancement activities and employers are encouraged to provide support for competency activities by providing opportunities for occupational therapists to, for example, access and critique research literature, utilize mentorship and attend workshops.
7. Occupational therapists should participate in and/or lead research activities related to mental health practice.

Background

Occupational therapists uniquely contribute a wholistic, client-centred model of practice with a focus on function in the provision of screening, assessment and intervention services.

Occupational therapy services target the needs of individuals, and range from wellness, health promotion and early intervention programs (e.g.: primary care networks and schools), through to services for persons with acute and chronic mental health issues (e.g.: community- and employment-focused programs, crisis management, formal capacity assessments, psychotherapeutic interventions, in-patient functional assessments and interventions), to services for persons requiring care for chronic conditions or palliative care.

Occupational therapists practice with a wholistic approach and include psychosocial screening, plus assessment and intervention as appropriate, for all clients. Approximately eight percent of occupational therapists in Alberta work primarily in mental health settings, in roles ranging from sole-practitioners to members of trans-disciplinary teams.

Clients Served by Occupational Therapists

Occupational therapists work with persons and their environments, including family and caregivers. At the core of all interactions with individuals is the occupational therapists' therapeutic use of self, coupled with their professional knowledge and experience. Description of clients served by occupational therapists are offered to assist in describing occupational therapy services but do not represent a complete picture of the role of psychosocial occupational therapy.

Persons with severe and chronic mental illness. Occupational therapists assist persons with severe and chronic mental illness, such as those dealing with affective and psychotic disorders, or substance dependence and abuse, to preserve function and maintain dignity. They do so by providing key services such as training in independent living skills, employment assessment, preparation and placement, life skills training, social readiness programs and psychotherapeutic interventions.

Individuals adjusting to significant psychosocial stressors. Occupational therapists provide therapy to individuals adjusting to significant psychosocial stressors (e.g.: loss of a loved one, relocation, trauma) to assist them to address life resolution issues, maintain or resume important roles in their lives. The occupational therapists may assist such individuals to acquire new knowledge, insights, and skills through psychotherapeutic interventions.

Infants, children, adolescents and their families. Occupational therapists work with infants, children, adolescents and their families to address psychosocial issues related to trauma, affective and developmental disorders, and relational and family system dysfunction. They often use play as a primary intervention tool with this population.

Organizations. Occupational therapists work in and with organizations (such as schools, community agencies or continuing care facilities) in a health promotion role to educate families and staff about managing challenging behaviors and to encourage mental health and wellness.

Assessment and Intervention Approaches

Occupational therapists use numerous approaches to assess individuals' psychosocial needs including interviews, questionnaires, task observation/situational assessment/activity analysis and standardized assessments. The screening and assessment data is then used by occupational therapists, individuals and families, and the clinical team if applicable, to develop personalized goals and treatment plans. Intervention plans consider the demands of activities (cognitive, physical, functional or relational) and individuals' physical and emotional abilities to participate. The plans also reflect the individuals' personal needs and preferences, spirituality, cultural context, signs and symptoms, risk factors, and capabilities (emotional, affective, cognitive and physical). Occupational therapists utilize occupational and behavioral, insight-oriented and environmental interventions.

Occupational therapists assist individuals to develop and maintain function (e.g.: children with autism, adults with affective disorders) or to compensate for loss of function (e.g.: individuals with dementia, chronic pain, cardiac dysfunction, palliative care needs, brain injury). Such interventions aim to promote quality of life for individuals, their families and caregivers amidst the struggles of life.

Occupational therapists conduct formal capacity assessments of individuals' decision-making abilities, for the purposes of assisting the Court to rule on guardianship, trusteeship and other remedies of protection.

Research

Early and recent publications offer evidence of the centrality of the role of occupational therapy in the provision of mental health services and expand the growing body of knowledge about occupational therapy in mental health. Occupational therapists need to continue to advance the research agenda by engaging in a variety of research initiatives.

In Alberta

Occupational therapists in Alberta are regulated by the Alberta College of Occupational Therapists. Occupational therapy university education is offered in numerous universities across the country, is accredited by the Canadian Association of Occupational Therapists and is reviewed for standards, quality and future planning by the Association of Canadian Occupational Therapy University Programs. Coursework in clinical psychiatric conditions; neuroscience; neurology and neuro-rehabilitation; assessment and evaluation of the impact of mental illness and psychosocial factors on occupational performance; intervention including occupation/ activity-based, cognitive/cognitive-behavioural, and psychoeducational approaches; and health promotion are amongst the subjects covered in accredited occupational therapy university programs in Canada. All students must complete a minimum of 1000 hours of clinical fieldwork, a portion of which is to be with clients with psychosocial needs. Internationally-trained occupational therapists coming to practice in Alberta must demonstrate substantial equivalency in academic preparation.

All entry-level occupational therapists are able to competently assess, goal set and provide interventions to individuals with occupational performance issues. Common entry-level occupational therapy roles focus on functional assessment, behavioral interventions and counseling/psychotherapy. Continuing competence plans assist occupational therapists to supplement core knowledge and skills and further develop skills such as group psychotherapy and dialectical behavioral therapy.

In Alberta, occupational therapy's scope of practice includes psychosocial assessment and interventions in the field of mental health and wellness, mental illness and cognitive impairment (including individuals with disorders of traumatic and degenerative etiologies). Occupational therapists practice in compliance with all provisions and regulations of governing legislation including the Health Professions Act, the Government Organization Act, and the Adult Guardianship and Trustee Act.

Occupational therapists' full scope of practice includes provision of clinical mental health services to at-risk individuals as identified in Section 7.1 of the Government Organization Act. Under the provisions of the Adult Guardianship and Trustee Act, occupational therapy interventions may include the provision of formal capacity assessments.

Acknowledgement

The Alberta College of Occupational Therapists wishes to express its appreciation for the dedication and skill that members of the Mental Health Task Force invested in developing this position statement. Additionally, we wish to thank employers who facilitated participation of members in this work.

Methodology

This position statement was developed through a collaborative process, utilizing the expertise of occupational therapists with clinical, academic, research and administrative experience from across Alberta. A near-final version of the position statement was circulated to Canadian occupational therapy regulators and Albertan non-occupational therapy regulators for feedback. This statement was formally approved by Council in January 2010 and is scheduled for review before January 2015, or earlier if circumstances warrant it.

References

- Canadian Association of Occupational Therapists (2008). Position Statement: Occupational Therapy and Mental Health Care. Author: Ottawa.
- Canadian Association of Occupational Therapists (2007). Enabling occupation II; Advancing an occupational therapy vision for health, well-being & justice through occupation. Ottawa, ON: Author.
- Krupa, T., Fossey, E., Anthony, W.A., Brown, C. & Pitts, D.B. (2009). Doing daily life: How occupational therapy can inform psychiatric rehabilitation practice. *Psychiatric Rehabilitation Journal*, 32(3), 155-161.
- Lambert, R.A., Harvey, I. & Poland, P. (2007). A pragmatic, unblended randomized controlled trial comparing an occupational therapy-led lifestyle approach and routine GP care for panic disorder treatment in primary care. *Journal of Affective Disorders*, 99, 63-71.
- Licht, S. (1983). The early history of occupational therapy: an outline. *Occupational Therapy in Mental Health*, 3(1), 67-88.
- Meyer, A. (1982). The philosophy of occupational therapy: *Occupational Therapy Mental Health*, 2(3),79-86.
- Polatajko, H.J. et al. (2004) Meeting the responsibility that comes with the privilege: Introducing a taxonomic code for understanding occupation. *Canadian Journal of Occupational Therapy*, 71 (5) 261-263.
- Rebeiro Gruhl, K.L. (2009). The politics of practice: Strategies to secure our occupational claim and to address occupational injustice. *New Zealand Journal of Occupational Therapy*, 56(1), 19-26.
- Schene, A., Koeter, M., Kikkert, M., Swinkels, J. & McCrone, P. (2007). Adjuvant occupational therapy for work-related major depression works: Randomized trail including economic evaluation. *Psychological Medicine*, 37(3), 351-362.