If you are viewing this course as a recorded course after the live webinar, you can use the scroll bar at the bottom of the player window to pause and navigate the course.

This handout is for reference only. It may not include content identical to the powerpoint. Any links included in the handout are current at the time of the live webinar, but are subject to change and may not be current at a later date.
Learner Outcomes

As a result of this course, participants will be able to:

1. Recognize appropriate settings for psychosocial OT Programs and the obstacles to development.
2. Identify psychosocial program development and list the qualities of a well designed OT program and OT roles in various settings.
3. Recognize at least three frameworks or models that guide program development and explain funding and marketing of new programs.
What is Program Development?

“The process of formulating, improving, and expanding educational, managerial, or service oriented work plans.”

(U.S. National Library of Medicine)

Not explicit in this definition is delivery and maintaining of programs (Needs constant monitoring and adjusting). Also note that there is no pre-conceived idea of the length or depth of what is considered “a program” (could be a single offering or a complete schedule).

Mental health and psychosocial program development encompassing many styles and settings is especially needed, and is the focus of this presentation.

Anne MacRae, PhD, OTR/L, BCMH, FAOTA

3/16/2016

Behavioral and Mental Health Settings

• Acute care psychiatric hospitals
• Intermediate in-patient rehabilitation
• Long term psych facilities
• Community (or outpatient) mental health
• Alcohol and other drug programs (AOD)
• Wellness/Recovery centers (Social model)
• Home (Independent living, Supported housing, Board & care)

Anne MacRae, PhD, OTR/L, BCMH, FAOTA

3/16/2016
Obstacles to OT Program Development in Behavioral and Mental Health Settings

In the USA, there is an extremely limited number of OT’s working in the psych arena.

Why?
Is there a shortage of OT's or is there a shortage of jobs?

Anne MacRae, PhD, OTR/L, BCMH, FAOTA
3/16/2016

“Other” Settings

• Acute care general hospitals
• Rehabilitation centers; Skilled Nursing Facilities (SNF)
• Early childhood centers, Schools, Camps, Youth programs
• Adult day health centers, Senior centers
• Homeless shelters, Refugee Centers, Prisons/jails
• Health and Human Service organizations
• Home (home health agencies, Board & Care, assisted living facilities)

Anne MacRae, PhD, OTR/L, BCMH, FAOTA
3/16/2016
Obstacles to OT/MH program Development in Other Settings

- Poor understanding of OT role by administrators, supervisors and colleagues (as well as OT’s themselves).
- Already overworked by mandated services to allow for new or expanded offerings.
- OT is perceived to be “too expensive” and less qualified staff can do expanded program offerings.
- Funding or reimbursement is thought to be not available for mental health services in “other” settings.

Anne MacRae, PhD, OTR/L, BCMH, FAOTA
3/16/2016

Overcoming Obstacles

Do you agree or disagree with the statements on the previous slide?

What can be done to change the reality or perception of these obstacles?

What are the consequences of doing nothing?

Anne MacRae, PhD, OTR/L, BCMH, FAOTA
3/16/2016
Occupational Therapy Roles in Program Development and Delivery

- Primary provider
- Consultant
- Co-leader
- Trainer/mentor
- Author (designer)
- Supervisor

Anne MacRae, PhD, OTR/L, BCMH, FAOTA
3/16/2016

Adjusting OT Focus/ Roles to Fit Setting Mission

<table>
<thead>
<tr>
<th>Institutional</th>
<th>Community</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stabilization</td>
<td>Support</td>
<td>Safety</td>
</tr>
<tr>
<td>Goal setting (recovery oriented)</td>
<td>Goal refinement/adjustments</td>
<td>Goal attainment</td>
</tr>
<tr>
<td>Transitional services Referrals &amp; Recommendations</td>
<td>Occupational Skills (symptom management, coping, daily living)</td>
<td>Environmental adaptation/management Inclusion &amp; socialization</td>
</tr>
</tbody>
</table>

Anne MacRae, PhD, OTR/L, BCMH, FAOTA
3/16/2016
Aligning Agency Priorities, OT Programming, and Funding

- Medical reimbursement (must tie to symptoms and/or rehabilitation)
- Educational funding (not limited to schools)
- Recovery oriented funding sources (ex. MHSA)
- Interdisciplinary or cross agency funding
- Block grants
- Community grants

Anne MacRae, PhD, OTR/L, BCMH, FAOTA
3/16/2016

Psychosocial/Mental Health Models

- Recovery/Wellness
- Psych Rehab
- International Classification of Functioning, Disability and Health (ICF)

Anne MacRae, PhD, OTR/L, BCMH, FAOTA
3/16/2016
**Psych Rehab**

(AKA Psychiatric Rehabilitation, Psychosocial Rehabilitation)

*Psych Rehab is the process of restoration of community functioning and well-being of an individual who has a psychiatric disability. Rehabilitation specialists seek to effect changes in a person's environment and in a person's ability to deal with his/her environment, so as to facilitate improvement in symptoms, full community integration, and improved quality of life.*

Anne MacRae, PhD, OTR/L, BCMH, FAOTA
3/16/2016
**International Classification of Functioning (ICF)**

www.who.int/classification/icf

*Companion to ICD (10) and published/endorsed by the World Heath Organization (2001)*

- Impairments with Body Functions & Structures
- Activity and Participation
- Environmental Factors
- Contextual Factors

---

**Occupational Therapy Overarching Framework (1)**


**Domain:** Occupations, Client Factors, Performance Skills, Performance Patterns, Contexts and Environments.

**Process:** Evaluation, Intervention, Targeting of Outcomes
Occupational Therapy Overarching Framework (2)

Occupational Justice is a framework that encompasses the ethical, moral and civil principles of interventions using shared decision making.

• An occupational justice approach also honors the rights of inclusion, participation & equal privileges.
• It is a natural fit with the expansion of a social/recovery model of practice, encompassing non-clinical settings and population based interventions.

Qualities of Well Designed Occupational Therapy Programs

• Represent authentic occupational therapy
• Focus on recovery & outcomes
• Cost and time efficient
• Theoretically grounded and evidence based
• Personalized for setting and participants
• Varied, relevant, and engaging
• Structured and organized
• Accessible and inclusive
Emphasis in New Program Proposals

• **For non-psych settings** - Convey the rich history of occupational therapy as a mental health profession as well as being a generalist (holistic) field. Focus on the ability to address mandated prevention, recovery, and rehabilitation initiatives.

• **For psych settings** - Use terminology known to behavioral/mental health services (OT as a psych rehabilitation specialty).

• **For all settings** - Emphasize unique skills and multiple roles (assessment, intervention, program development, consultation, supervision), thereby able to provide efficient and effective service.

Anne MacRae, PhD, OTR/L, BCMH, FAOTA
3/16/2016

Issues of Sustainability

*Sustainability does not mean forever and the same!*

However, every effort should be made to ensure the continuity of the established goals, methods, and outcomes of created programs if they are still needed.

*What are your suggestions for sustainability?*

Anne MacRae, PhD, OTR/L, BCMH, FAOTA
3/16/2016
Q and A, Summary

Any questions?

Please feel free to contact me with any further questions or comments:

anne.macrae@sjsu.edu

Thank you!

Anne MacRae, PhD, OTR/L, BCMH, FAOTA
3/16/2016