

Occupational Therapy Services in the Promotion of Psychological and Social Aspects of Mental Health

Introduction and Purpose

The purpose of this statement is to describe the role of occupational therapists and occupational therapy assistants¹ in addressing the psychological and social aspects of human performance as they influence mental health and participation in occupations. Psychological and social well-being are necessary for positive mental health functioning and transcend a specific diagnosis or practice setting. These aspects are addressed in all occupational therapy interventions and are primary influences on health and recovery and the ability to learn or resume meaningful occupations. Although challenges to occupational performance related to psychological and social factors may not be the primary reason why some clients (e.g., people, organizations, populations) receive occupational therapy services, the relationship between these factors and occupational performance is central to their successful engagement in desired and needed occupations (Fidler, 1997). The World Health Organization (WHO) described *mental health* not merely as the absence of mental illness but the presence of “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2004, p. 12).

Audience

This statement is intended for occupational therapists and occupational therapy assistants in practice, academia, research, advocacy, and administrative positions. Other audiences for this paper include regulatory and policymaking bodies, provider groups, accreditation agencies, other professionals, and the general public who may be seeking clarification about occupational therapy’s scope of practice and domain of concern related to this topic.

Definition

Psychological and social well-being contribute to mental health and to successful engagement in meaningful occupations and roles. *Psychological factors* are those mental functions that are internal to the client and allow for interest in and sustained engagement with meaningful activities and occupations. Psychological factors influence thought, emotion, behavior, and personality that are experienced within the context of everyday living (Bonder, 1993). As described within the *International Classification of Functioning, Disability and Health* (WHO, 2001), they are global mental functions related to the experience of self, time, and emotion; they also include energy, drive, temperament, and personality. Psychological factors also can be described as motivation for personal growth, impulse control, emotional stability, body image, self-concept, self-esteem, coping, sense of life purpose, sense of autonomy over personal choices and environmental demands, and behavioral regulation (Keyes, 2009).

¹ *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).

Social factors occur at both the personal and environmental levels. At the personal level, they include the ability of the client to communicate and interact with others. People exhibiting social well-being will demonstrate empathy, affection, and intimacy, as well as the ability to maintain caring relationships. Having a positive worldview, caring about society, having a sense of belonging, accepting the contributions of others, and valuing one's efforts to support the greater good contribute to one's mental health (Keyes, 2009).

At the environmental level, social factors are external to the individual and reflect the connection to the surrounding world. Factors include the availability, attitudes, and values of social support systems at the family, community, and societal levels. Social environments that allow for successful engagement in life may include supportive families and friends, spiritual activities, support groups, clubs, available housing, fiscal resources, and inclusive policies and regulations (Bonder, 1993; WHO, 2001).

Positive psychological and social factors of mental health such as intact self-concept, motivation, and resilience can assist a client who is experiencing challenges with daily life by providing the internal foundation necessary for coping, goal setting, and behaviors leading to personal and environmental/contextual adaptations. The ability to acknowledge, accept, and ultimately adapt to real or perceived challenges enhances a client's sense of self-worth and self-efficacy, which in turn contributes to the maintenance, restoration, or creation of intact psychosocial functioning (Bandura, 1994; Drench, Noonan, Sharby, & Ventura, 2007; Livneh & Antonak, 1997).

Clients demonstrate positive mental health through the performance of skills, particularly those related to emotional regulation, communication, and social interaction (American Occupational Therapy Association [AOTA], 2008). Clients demonstrate their psychological abilities through their display of affect and behavior and description of their thoughts, feelings, and concerns (Bonder, 1993). They demonstrate their social abilities through how they initiate and maintain relationships, interpret and respond to verbal and non-verbal forms of communication, respond to the thoughts and emotions of others, communicate their needs, and choose socially appropriate responses.

Both psychological and social factors and performance skills influence and are influenced by the supports and challenges that clients experience in day-to-day living. Clients who exhibit self-efficacy, hopefulness, and motivation are able to successfully adapt to change and engage appropriately in desired socially constructed activities and situations. In contrast, clients struggling to successfully engage in their daily occupations may be experiencing psychosocial difficulties.

Rationale and Significance

Occupational therapy practitioners² recognize that positive mental health is an integral part of the ability of all people to engage in desired and necessary life occupations regardless of physical and social situation or context. Practitioners also understand that challenges to subjective well-being can occur because of a variety of circumstances such as when clients face major life changes due to acquired illness or disability; face unique functional challenges due to congenital

²When the term *occupational therapy practitioner* is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2006).

or developmental disabilities; or cope with anticipated change in habits, routines, and roles resulting from a move or loss of a significant other (Livneh & Antonak, 1997).

Occupational therapy practitioners understand that a client's ongoing occupational performance is sustained by the interrelationship of patterns of daily living, personal history, experiences, interests, values, beliefs, and needs. Taking the time to understand what is currently important and meaningful to the client as well as understanding past roles, experiences, strengths, and patterns of coping sheds light on how current issues and problems are affecting the client's health and participation in desired occupations (Bonder, 1997).

Occupational therapy practitioners collaborate with the client in achieving adaptation to actual or potential life changes through (1) provision of activities and occupations that assist with future goal setting; (2) occupational engagements that allow the client to demonstrate abilities, recognize assets, and understand continuing challenges; and (3) adaptations to the physical and social environment.

Background and Historical Perspective

Attention to the psychological and social factors influencing mental health and occupational performance is grounded in the historical roots of the occupational therapy profession. Its founders were concerned with the negative effects of inactivity on individuals. They envisioned occupational therapy as a holistic profession, focusing on the mind-body interrelationship and the importance of occupations in helping those with physical, psychological, and social challenges maintain a positive life orientation (Mosey, 1996). The founders believed that humans brought to their occupations a complex mix of personal, physical, psychological, and social factors and also were influenced by cultural, social, environmental, and political variables (Kielhofner, 1997). "This founding vision had at its center a profound belief in the value of therapeutic occupations as a way to remediate illness and maintain health." (Slagle, 1924, as cited in AOTA, 2008, p. 664). It emphasized the importance of establishing a therapeutic relationship and designing interventions from a holistic perspective incorporating all aspects of the client and environment (AOTA, 2008; Meyer, 1922).

Today occupational therapy remains a holistic profession, committed to supporting client's health and participation in life through addressing the constellation of contextual, environmental, physical, psychological, and social factors that support engagement in desired occupation.

Significance to Occupational Therapy: Relationship to Domain and Process

"Engagement in occupation as the focus of occupational therapy intervention involves addressing both subjective (emotional and psychological) and objective (physically observable) aspects of performance" (AOTA, 2008, p. 628; see also Wilcock & Townsend, 2008). During the evaluation and intervention process, occupational therapy practitioners collaborate with the client to consider the interrelated personal, contextual, and environmental factors that support performance and are pertinent to the client's occupational needs (Smith Roley & DeLany, 2008). Identifying the psychological attributes and social capacities supports a holistic view of the client and contributes to the design of interventions that promote health and successful engagement in desired and meaningful occupations.

Description of Practice, Practice Settings, and Related Issues

Interventions

The overarching goal of occupational therapy is to support the client's "health and participation in life through engagement in occupation" (AOTA, 2008, p. 652). Clients include individuals, organizations, and populations. Their engagement in occupations can occur in any setting in which clients participate in work, play, education, leisure, rest and sleep, activities of daily living, and instrumental activities of daily living. Examples of settings include home, work, community, hospitals and rehabilitation settings, and schools.

Clients receive occupational therapy services when they have experienced a disruption in their ability to participate in meaningful occupations or may receive occupational therapy services as part of an early intervention or health promotion program. Addressing psychological and social factors of mental health through interventions designed to enhance or restore well-being, occupational balance, and occupational engagement are critical components of the therapeutic process.

Occupational therapy practitioners are educated to utilize occupations and therapeutic relationships. Occupational therapy practitioners may use conditional and interactive reasoning (Schell & Schell, 2008), communicate within and through occupation, and administer standardized and non-standardized assessments to evaluate the impact of psychological and social factors on the client's engagement in occupation. Specific strategies used to elicit strengths and needs may include therapeutic use of self, active listening, developing opportunities for choices and personal narratives, facilitating problem solving, modeling, and supporting effective communication strategies (Keyes, 2009; Taylor, 2008).

Therapeutic use of self is defined as an "occupational therapy practitioner's understanding and planned use of his or her personality, insights, perceptions, feelings, and judgments as part of the therapeutic process" (adapted from Punwar & Peloquin, 2000, p. 285, as cited in AOTA, 2008). Therapeutic use of self includes methods for responding to clients; skills necessary to respond to a client; characteristics to model for the client; levels of active engagement with a client; effective use of personal attributes; and approaches that motivate, guide, and promote confidence in the client. Therapeutic use of self contributes to client-centered collaboration, caring, and empathy and the integration of multiple methods of clinical reasoning, in particular narrative reasoning. The integration of the elements of a therapeutic use of self within occupational engagement provide for a dynamic and powerful therapeutic process (Taylor, 2008). Occupational therapy practitioners also may provide additional interventions for clients struggling with psychological and social challenges through the therapeutic use of occupations and activities, education, consultation, and advocacy initiatives. Occupational therapy practitioners use *occupations and activities* as a means of enhancing psychological and social aspects of the client's mental health and for improving engagement in satisfying life experiences (AOTA, 2008). Occupational therapy practitioners recognize the interrelated nature of the client's mental health and occupational engagement and seek to improve both while addressing them simultaneously. The therapeutic use of occupations includes opportunities for

- *Mastery experiences*, in which occupational engagement allows the client to demonstrate abilities, recognize assets, and understand and adapt to continuing challenges

- *Role modeling*, in which the client learns to effectively problem solve and engage in occupations by observing the occupational therapy practitioner.

Occupational therapy practitioners also may adapt the physical and social environment and the demands of the activity to support the client's successful engagement in the desired activities and occupations. Occupational therapy practitioners may recommend strategies and resources for the client to minimize physical and psychological challenges that affect occupational engagement.

The occupational therapy practitioner also may *educate* the client about goal setting and communication strategies (AOTA, 2008). Goal setting can enhance a sense of hopefulness and motivation to work for positive future outcomes. Occupational therapy practitioners facilitate the goal-setting process through assisting with values clarification, identification and acknowledgment of future desires, and the process of self-reflection (Drench et al., 2007). Communication and adaptation to the social environment involves educating the client about interpersonal communication, including verbal and non-verbal behaviors and socially appropriate behaviors when in various life contexts such as on-on-one situations with friends and significant individuals within the home, school, work, social situations, and public places.

Occupational therapy practitioners can provide *consultation* to caregivers and others who work with clients experiencing psychological and social difficulties to address how to use occupations to promote positive self-concept, motivation, and mood and to assist the client in developing resiliency and in adapting to challenges (AOTA, 2008; Brodaty, Green, & Koschera, 2003; Graff et al., 2006).

Occupational therapy practitioners can be advocates, working on behalf of individuals or populations who may be experiencing occupational deprivation or injustices that limit their ability to engage in meaningful and relevant activities. *Advocacy* also can include practitioners working within organizations to address policies and practices that promote positive mental health that otherwise would adversely affect occupational performance. Addressing these concerns can lead to enhanced self-efficacy and success of the individual facing challenges (AOTA, 2008). Table 1 provides selected case examples of occupational therapy interventions for the promotion of psychological and social aspects of mental health.

Practitioner Education and Training

Occupational therapists and occupational therapy assistants complete nationally accredited educational programs that prepare them to address the psychological and social aspects of mental health of all their clients. The Accreditation Council for Occupational Therapy Education (ACOTE) standards for accreditation requirements of occupational therapy and occupational therapy assistants educational programs stipulate course work that will enable practitioners to demonstrate knowledge and understanding of (1) human behavior, including behavioral and social sciences; (2) support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health (ACOTE, 2007a, p. 77; 2007b, p. 95); and (3) the ability to utilize the therapeutic use of self, which includes one's personality, insights, perceptions, and judgments as part of the therapeutic process (ACOTE, 2007a, p. 79; 2007b, p. 97). Coursework must include classes in psychology, abnormal psychology, sociology, or anthropology (ACOTE, 2007a, p. 76; 2007b, p. 94). In addition, many occupational therapy practitioners complete fieldwork training in areas where psychological and social factors are explicitly addressed. These settings include psychiatric units and hospitals, substance abuse

facilities, prisons, juvenile detention centers, adult day care facilities, community practice, and the school system.

Table 1. Selected Case Examples

<i>Case Description</i>	Challenges to Occupational Performance and Mental Health	Occupational Therapy Interventions, With Focus on Mental Health
<p>Niraida, age 9, has juvenile rheumatoid arthritis (JRA) and lives with her mother and maternal grandparents. Niraida uses wrist splints on both hands after school and at night to prevent wrist deformity. She currently uses a simple voice-to-text program to expedite the completion of classroom assignments and homework. She is independent in splint usage and other joint care routines. Niraida’s teacher describes her as studious and cooperative. However, her teacher and mother report that she seems to be comfortable communicating only with adults and is quiet and reserved in the classroom. She engages in many solitary activities despite invitations by other children to play various board games and low-impact playground games.</p>	<ul style="list-style-type: none"> • Niraida participates socially with peers and engages in play and leisure activities on only a limited basis. She seldom raises her hand to ask questions and participate in classroom activities and discussions. • Niraida’s teacher and mother are concerned with her limited social participation with her peers. • Niraida’s mother reports that she is challenged by her need to temper her protective instincts with encouraging Niraida to participate in age-appropriate activities that will also protect her joints. 	<ul style="list-style-type: none"> • The OT analyzes and generates a list of activities that were physically safe for Niraida. The OT works with the classroom teacher to incorporate those activities that Niraida selects from the list into classroom activities that require peer interaction. The OT collaborates with Niraida and her family to create a variety of low-impact activities that Niraida can play at home with a few classmates. The OT assists Niraida in the design of a card to invite classmates to her home. • The OT meets with Niraida’s mother to discuss the latest information about JRA and pertinent information regarding child development and changes in social factors that will soon be facing Niraida and her family as she enters adolescence.
<p>Each year, the 2nd through 8th graders undergo statewide end-of-grade testing. Testing is standardized and occurs for several days in two 1.5-hour blocks per day. Typically this school system provides time for recess each day, thus allowing children an opportunity to engage in activities that support emotional regulation, stress reduction, and social participation. During testing season, recess is cancelled, thus limiting the ability of children to break from the</p>	<ul style="list-style-type: none"> • Many children have difficulty coping with and adapting to this change in daily schedule and react by being disruptive in the classroom. Teacher responses to this change in behavior typically include behavioral management approaches such as time out and detention. • The change in routine sensory inputs, decreased time for typical communications, and decrease in recess as a result of detentions and time outs have limited the ability of the children to engage in needed sensory modulation activities and possibly has 	<ul style="list-style-type: none"> • The OT practitioners work with the school principal and the curriculum director to assess how the changes in the children’s routines and rituals and in the temporal aspects of the school day may have contributed to the increase of disruptive behaviors. • After consulting with the state examination department to determine what changes in the examination schedule would be allowed, the OT practitioners collaborate with the school personnel to develop a system to address

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<p>structure and routines of the day. School system OT practitioners have noted a high rate of referrals following the March testing period. In a proactive measure, the OT department decides to meet with teachers and school organization officials to determine what factors are leading to this phenomenon and how to deal with it from an organizational, group, and individual perspective.</p>	<p>contributed to the increase of disruptive behavior.</p>	<p>the children's increased stress and sensory needs. This includes incorporating stretch breaks into the testing schedule, teaching mental imaging relaxation techniques, providing nourishing snacks and hand-held tactile toys such as koosh balls, and offering alternative seating arrangements.</p>

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<p>Jayla, age 16, has a 6-week-old infant. Her daughter was several weeks early and of low birthweight; she is currently having difficulty with bottle feeding due to sucking difficulties. The baby is receiving consultative OT and birth to 3 services while in the high school–run day care facility.</p> <p>Jayla and her daughter live with Jayla’s parents in the suburban home; both parents are currently employed and financially support their daughter and grandchild.</p>	<ul style="list-style-type: none"> • Jayla currently is struggling with re-establishing peer relationships since the birth of her baby. Despite the child’s special needs, she is reluctant to feed the baby in front of her peers or adults at the day care center. • Jayla’s parents are insistent that she become responsible for all aspect of the baby’s care while resuming her high school responsibilities. She is not completing school work, has not been concerned with her personal appearance, and often asks her mother to watch the baby while she retreats to her room. Jayla states that she feels unsuccessful in all of her occupations and demonstrates some resentment toward others in her life. • Jayla states that she is happy some days and then sad, mostly because she is missing her friends and social activities. Despite her struggles, Jayla reports that she loves her infant and is willing to do what it takes to get her life back on track. 	<ul style="list-style-type: none"> • The OT and client collaborate to identify areas of occupation, the performance patterns associated with each occupation, the activity demands of each occupation, and Jayla’s personal priorities. • The OT works with Jayla to identify present and future goals, understand her new and emerging roles, and reappraise what occupations she needs and wants to accomplish. The OT helps Jayla prioritize her responsibilities and develop time management skills so that she can care for her child and complete her school work. The OT also helps Jayla and her parents develop a schedule that allows Jayla to socialize with her friends and participate in high school activities thus integrating her roles of mother and student.
<p>Several new residents of a senior assisted-living facility face the potential for social isolation. The seniors hail from diverse cultural backgrounds and have lived in communities with others</p>	<ul style="list-style-type: none"> • The occupational therapist conducts a focus group, using interpreters as needed to obtain an occupational profile of the residents’ valued routines, habits, roles, and meaningful occupations as well as their challenges in their 	<ul style="list-style-type: none"> • The OT practitioner meets with the organizational leaders and facility staff to identify what resources and supports are available. Although initially concerned about the cost of leisure and

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<p>who shared their culture and speak their native language.</p>	<p>new environment. Some residents identify feeling anxious about their new living environment and express sadness at leaving their previous communities. Some report difficulty sleeping and feeling isolated and lonely.</p> <ul style="list-style-type: none"> • During the group, the residents are asked about the occupational needs, and their daily routines in their home country and the assisted-living facility. Participants emphasize values related to leisure and social relationships. • The residents also are asked about any fears or barriers that might limit involvement in planned activities. Residents express uncertainty about speaking up, because they are fearful of losing housing. They also are concerned about costs of leisure activities, as most are on a limited budget. They identify exercise and increased opportunities to get out of the facility as important goals. 	<p>exercise groups, the facility administrators become supportive once the preventative benefits for reducing health problems secondary to social isolation are explained.</p> <ul style="list-style-type: none"> • On the basis of the needs assessment, the OT practitioner establishes a daily exercise/movement to music group and facilitates development of an information board that highlights roles, values, and unique attributes about the countries of the residents. Interested residents are asked to develop a poster with unique and important facts about their countries, and in a follow-up group, residents discuss commonalities and differences. • A resident council is developed to identify goals and monitor progress and to be a liaison with the organization's administrators. • Because food, socialization, and children were identified as important cultural values, the OT practitioner supports the council in organizing a monthly ethnic food potluck and developing a program that pairs residents with local high school students to present social events about their native cultures. • The OT conducts a program evaluation that indicates the residents are proud of

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		<p>their heritage and are excited and motivated to participate in their new community and share their culture with others.</p>
<p>Marta, age 25, has a diagnosis of schizoaffective disorder. She lives with her mother, who is supportive but works two jobs to care for the family and is not able to spend much time with her. Marta has been going to the community mental health center once a month to see her psychiatrist.</p>	<ul style="list-style-type: none"> • The OT uses the Canadian Occupational Performance Measure (COPM; Law et al., 2005) to help identify Marta’s priorities in occupational performance. Marta identifies that she is dissatisfied with performance in productivity and leisure occupations. She reports feeling isolated, bored, and lonely at home. • One of Marta’s desired roles is to get her GED so that she can work toward finding a part-time job to help with home expenses. She feels responsible that her mother has to work so hard. She also wants to develop friendships and spend leisure time with people her own age. • Marta lacks self-confidence, stating that she feels “stupid” and is unsure if she can really accomplish her goals. She feels anxious that people will ask her why she still lives with her mother and is fearful of people finding out she has a mental illness because of the social stigma. She talks about how her serious mental illness has taken away the life she had planned (e.g., college, career, family). She expresses anxiety about navigating the college campus as well as signing up for classes. She is unsure what is involved in getting a GED and is worried she won’t be able to do the 	<ul style="list-style-type: none"> • Using active listening skills, the OT practitioner spends time talking to a tearful Marta about her fears and goals. To assist her as she works toward managing and adjusting to her chronic health issues, Marta is asked to complete a list of what she does well and what is difficult. Marta and the OT practitioner collaborate on setting priorities and weekly goals. The OT practitioner talks with Marta about how she has handled stressful situations in the past and asks her to identify successful strategies. • The OT practitioner facilitates Marta’s involvement with the disabilities office at the community college, where she meets a peer specialist who shows her around the college and answers questions about the GED class. They also get a copy of the course curriculum and work together to plan how Marta can structure her time at home to get homework completed. They discuss her fears about meeting new people and identify conversational strategies she can use when in the classroom and on campus. They identify possible

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	<p>homework, as concentrating is difficult for her, and her medications make it hard for her to get up in the morning. Although she is interested in meeting people her own age in the class, she doesn't know what to talk about around people she doesn't know.</p> <ul style="list-style-type: none"> • Despite these fears, Marta has a positive attitude and is motivated to work toward her goals. She also has learned some coping strategies she has found to be helpful in dealing with stressful situations. 	<p>questions about her life that she might get from classmates and practice responses.</p> <ul style="list-style-type: none"> • The OT practitioner advises Marta about how to connect with a National Alliance on Mental Illness group for young adults for further support. • The OT practitioner continues to use the COPM on an ongoing basis to identify Marta's areas of improved performance and satisfaction as well as to identify new goals.
<p>Alia, age 36, is employed as a comptroller at a local community college who sustained a right dominant humeral fracture with radial nerve injury in a motor vehicle accident 3 weeks ago. Alia is married and is the mother of four young children. Her husband manages a local sandwich franchise.</p>	<ul style="list-style-type: none"> • During the initial OT assessment, Alia shared that since graduating from college 12 years ago, she has been employed in her current position. She takes pride in her work and is well respected by her co-workers. When home, Alia enjoys spending time with her children and keeping a tidy home. • According to Alia, she is unable to engage in her roles as worker, mother, and homemaker since her injury. • She cannot return to work or care for her children and home as she would like due to impaired function of dominant hand and arm. • Results of the COPM indicate that Alia is not satisfied with her performance as a homemaker or worker. She reports becoming increasingly anxious and beginning to experience a depressed mood due to her concerns for family finances, social isolation, 	<ul style="list-style-type: none"> • The OT allows Alia the opportunity to share her concerns about her future use of her arm and discusses prognosis of condition. The OT then encourages Alia to problem solve about her goals for work, home, and child care. They collaborate on plans for environmental modifications and alternate strategies, techniques, and adaptive equipment/splints that enable Alia to engage in desired activities. • In addition, the OT and Alia contact with worksite to inquire about potential to return to work in a part-time, light-duty capacity.

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	<p>and need to rely on husband to complete all child care and household chores.</p> <ul style="list-style-type: none"> • Results of the Adult Self-Perception Profile (Messer & Harter, 1986) indicate that Alia is experiencing a diminished sense of competence in those areas that she feels are very important. The score of the General Self-Efficacy Scale (Jerusalem & Schwarzer, 1992) was 18, indicating a moderate degree of self-efficacy/self-concept. 	
<p>Qasim, age 29, sustained a spinal cord injury in a diving accident 5 months ago. Qasim works as a carpenter specializing in roofing. He is a husband and the father of two young children. He has recently returned home after spending 3 months in a spinal cord rehabilitation facility.</p>	<ul style="list-style-type: none"> • The OT assessment includes use of the following tools: the General Self-Efficacy Scale and the Adult Self-Perception Profile. According to the results, Qasim is angry and resentful about his disability status. He is fearful that he will not be able to function in his roles as father and husband and is unsure how he will support himself and his family financially as a person with a disability. • Qasim is experiencing feelings and concerns that are typical to individuals who are facing a permanent change in function due to a major injury. Due to his loss of body functions and roles as family supporter and worker, Qasim acknowledges that he is experiencing a diminished sense of self (concept and confidence) and a depressed and anxious mood. He is losing the ability to engage with others (e.g., peers, customers) in social situations on a daily basis and expresses helplessness and hopelessness about the future. However, he is having difficulty 	<ul style="list-style-type: none"> • The OT and Qasim collaborate to identify goals, which include addressing the areas of occupation of child care, social participation, and work. The OT offers Qasim the opportunity to express his concerns for his future roles and invites him to join a spinal cord injury support group. • When Qasim is ready, the OT works with him on several activities, including adapting his environment, setting realistic future goals, and planning and executing many activities to re-build his sense of self-efficacy and reshape his self-concept. One such activity is planning and executing an afternoon outing with his 6-year-old daughter and wife. • The OT also works with Qasim to explore program offerings at the local community college and to set up appointments with the local vocational

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	communicating these concerns to family members.	rehabilitation office and college disabilities counselors.
<p>Bill, age 81, is a retired accountant with severe rheumatoid arthritis who has been moved from an independent-living facility to a skilled-nursing facility. Bill is no longer able to drive and has had to give up the majority of his personal property.</p>	<ul style="list-style-type: none"> • The occupational profile that included the Rosenberg Self-Esteem Scale (Rosenberg, 1965), reveals that Bill is experiencing a significant loss of self-efficacy due to his inability to be an autonomous individual who freely transports himself to the homes of friends and family. He also is experiencing sadness related to the loss of his treasured family heirlooms, including an antique bed and credenza that could not be taken to the nursing home; these items currently are being kept in a local storage facility. • He has expressed that feelings of loss, and a diminished sense of self, confidence, and self-efficacy are causing him to have difficulty engaging in sleep and obtaining adequate rest. He has begun isolating himself in his room and is not socially participating with others. He is experiencing change in social context and loss of daily engagement with friends from previous living situation. The Activity Card Sort, 2nd edition (Baum & Edwards, 2008) revealed that Bill has given up several activities and occupations of interest since he has moved and still has a desire to return to several of them. 	<p>The OT collaborates with Bill to identify activities of interest that are offered within the facility. The OT also introduces assistive devices that allow Bill to resume a favorite hobby by compensating for his arthritic impairments and organizes a schedule of events that he can attend at the facility and includes a shuttle schedule that will take him to local events and shopping centers. The OT refers him to a community wellness program led by an OTA. Bill and his OT also work on developing a series of workshops that he will present at the local senior citizens center during tax season.</p>

Note. OT = occupational therapy or occupational therapist, OTA = occupational therapy assistant.

Outcomes

“The benefits of occupational therapy are multifaceted and may occur in all aspects of the domain of concern” (AOTA, 2008, p. 660). Improved occupational performance contributes to self-efficacy and hopefulness about the future. Clients subjective impressions related to performance goals may include improved outlook, confidence, hope, playfulness, self-efficacy, sustainability of valued occupations, resilience, or perceived well-being. These examples of subjective and observable outcomes contribute to improved occupational performance and support health and participation in life through engagement in occupation (AOTA, 2008).

Achievement of psychological and social aspects of mental health through adaptation to change by clients receiving occupational therapy services is a dynamic, nonlinear process that includes working through the initial responses of shock, anger, depression, hostility, and the intermediate coping strategy of denial. Positive mental health occurs when a client is able to acknowledge and positively adjust to their current situation. In cases where change in physical, mental, social, environmental, or health status are permanent, those individuals who can acknowledge and accept their new state, gain a new sense of self-concept, reappraise life value, and seek new meanings and goals will achieve the ultimate goal of adjustment. It is necessary for individuals to re-establish a positive sense of self-worth, realize the existence of remaining and newly discovered potentialities, actively pursue and implement social and vocational goals, and overcome obstacles while working toward those goals (Livneh & Antonak, 1997).

Summary and Conclusion

Supporting clients’ engagement in meaningful occupations and routines involves understanding and harnessing individual psychological and social factors in order to promote mental and physical health and recovery and adaptation to their current life situation. An appreciation of the impact of psychological attributes and social capacities within the environment and contexts of the client is the foundation on which all occupational therapy evaluation, intervention, and outcomes are based. The efficacy of occupational therapy intervention is measured by these principles and beliefs in supporting health and participation in life regardless of the specific diagnosis or practice setting (Yerxa, 1967).

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Authors

Kathleen Kannenberg, MA, OTR/L, CCM
Deborah Amini, EdD, OTR/L, CHT
Kimberly Hartmann, PhD, OTR/L, FAOTA

for

The Commission on Practice
Janet DeLany, DEd, OTR/L, FAOTA, *Chairperson*

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