

AOTA Occupational Profile Community Mental Health – Homelessness Example

“The occupational profile is a summary of a client’s (person’s, group’s, or population’s) occupational history and experiences, patterns of daily living, interests, values, needs, and relevant contexts” (AOTA, 2020, p. 21). The information is obtained from the client’s perspective through both formal and informal interview techniques and conversation.

The information obtained through the occupational profile contributes to a client-focused approach in the evaluation, intervention planning, intervention implementation, and discharge planning stages. Each item below should be addressed to complete the occupational profile. Page numbers are provided to reference the description in the *Occupational Therapy Practice Framework: Domain and Process* (4th ed.; AOTA, 2020).

OCCUPATIONAL PROFILE		
Client Report	Reason the client is seeking service and concerns related to engagement in occupations (p. 16)	<p>Why is the client seeking services, and what are the client’s current concerns relative to engaging in occupations and in daily life activities? (This may include the client’s general health status.)</p> <p>Client is referred to OT due to his concerns regarding transitioning from a homeless shelter into independent living due to diagnoses of schizophrenia and bipolar disorder. Client reports difficulty with money and medication management and has concerns about home maintenance/cooking.</p>
	Occupations in which the client is successful and barriers impacting success (p. 16)	<p>In what occupations does the client feel successful, and what barriers are affecting their success in desired occupations?</p> <p>Success: morning self-care ADLs. Able to complete chores in the homeless shelter using a checklist.</p> <p>Barriers: receiving assistance from staff at local shelter with medication management which he won’t have in independent living. Poor short-term memory, distractibility, and executive function deficits in sequencing and organizing.</p>
	Occupational history (p. 16)	<p>What is the client’s occupational history (i.e., life experiences)?</p> <p>Client has been experiencing homelessness for 2 years, incarcerated for 5 years prior with no family supports nearby. Previous substance use disorder but has been in recovery for the past year. He has lived locally his entire life and occasionally visits an old childhood friend. He completed the 11th grade and later obtained a GED. His mother experienced depression and alcoholism. Prior to being incarcerated, client has inconsistent work history including busser, construction, and janitor. Client is not married and has no children.</p>
	Personal interests and values (p. 16)	<p>What are the client’s values and interests?</p> <p>Client values dependability and his friendships. His interests include living independently and creating community support networks to attend leisure activities.</p>

Contexts		What aspects of their contexts (environmental and personal factors) does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement?	
	Environment (p. 36) (e.g., natural environment and human-made changes, products and technology, support and relationships, attitudes, services, systems and policies)	Supporting Engagement <ul style="list-style-type: none"> • Case management team consisting of substance use counselor, social worker, occupational therapist, and psychologist near shelter • A place to sleep and stay warm 	Inhibiting Engagement <ul style="list-style-type: none"> • Client reports feeling unsafe in current neighborhood • Living in an emergency shelter with 98 other men • Strict entrance and exits times for entering and exiting shelter • Inability to store personal items safely • Limited access to nutritious foods • Strong influences of substance use near him
	Personal (p. 40) (e.g., age, sexual orientation, gender identity, race and ethnicity, cultural identification, social background, upbringing, psychological assets, education, lifestyle)	Supporting Engagement <ul style="list-style-type: none"> • 56 y/o African American male • GED Education • Has strong motivation to maintain independent living and sobriety 	Inhibiting Engagement <ul style="list-style-type: none"> • Low socioeconomic status • Feels profiled by police for race and general appearance • Feels as though he is looked down on because he is homeless • Difficulty securing housing and employment due to criminal history and education
Performance Patterns	Performance patterns (p. 41) (e.g., habits, routines, roles, rituals)	<p>What are the client's patterns of engagement in occupations, and how have they changed over time? What are the client's daily life roles? (Patterns can support or hinder occupational performance.)</p> <p>Roles: Individual experiencing homelessness, person in recovery, peer mentor.</p> <p>Routines: Wakes up at 5:00am to shower and get ready, leaves shelter at 7:00am, and waits until homeless service agency opens to eat breakfast. After breakfast, he attends substance use groups and meetings and OT sessions before eating lunch at noon. After the homeless service agency closes at 4:30, the client walks around and waits until able to get into shelter at 6:00pm to eat dinner and sleep.</p> <p>Habits: Smokes as a social occupation and a way to engage social groups without having to use other substances. This also serves as a coping skill. Client prays and meditates to feel better when he is feeling "down."</p>	
Client Factors		What client factors does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement (e.g., pain, active symptoms)?	
	Values, beliefs, spirituality (p. 51)	Supporting Engagement <ul style="list-style-type: none"> • Strong motivation and value in maintain sobriety. • Attends church services when able. • Identifies meditation and praying and support through difficulty times. • Believes smoking cigarettes support social occupation because he does not have to engage in other substance use but is able to positively interact with friends without feeling isolated. 	Inhibiting Engagement <ul style="list-style-type: none"> • Interactions with others who engage in substance use near him make it difficult to engage with friends.
	Body functions (p. 51) (e.g., mental, sensory, neuromusculoskeletal and movement related, cardiovascular functions)	Supporting Engagement <ul style="list-style-type: none"> • Client enjoys walking around the city to maintain healthy weight and exercise. 	Inhibiting Engagement <ul style="list-style-type: none"> • Mental illness contributes to decreased memory, attention, and executive function skills.

	Body structures (p. 54) (e.g., structures of the nervous system, eyes and ears, related to movement)	Supporting Engagement <ul style="list-style-type: none"> Client's range of motion and strength is within normal function with no deficits in hearing, movement, or vision. 	Inhibiting Engagement <ul style="list-style-type: none"> If poor medication adherence occurs, client is more likely to experience delusions/hallucinations. Medication side effects impact sleep and sensation in fingers occasionally.
	Client's priorities and desired targeted outcomes (p. 65)	What are the client's priorities and desired targeted outcomes related to the items below? Occupational Performance Maintain independent living especially with money management, medication/mental illness management, and home maintenance. Prevention Find a primary care physician who accepts Medicaid and can see him on a regular basis to address diabetes. Health and Wellness Maintain sobriety through attending support groups and counseling. Quality of Life Limit barriers to healthy sleep habits by leaving the homeless shelter. Maintain "clean" living by maintaining sobriety. Maintain chronic conditions and mental illness. "Feel as though I am in control of my own life." Participation Engage in leisure activities in the community once placed into independent housing. Role Competence Provide peer support to others attempting to transition out of homelessness and incarceration. Well-Being Feel emotional and physical security in his own space/community. Occupational Justice Feel safe in home, be able to secure personal items, feel comfortable engaging in the community. Have freedom over food choices and access to healthcare, personal hygiene, and personal space.	

For a complete description of each component and examples of each, refer to the *Occupational Therapy Practice Framework: Domain and Process, 4th Edition*.

Resources

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74 (Suppl. 2), 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>.

American Occupational Therapy Association. (2021). Improve your documentation and quality of care with AOTA's updated occupational profile template. *American Journal of Occupational Therapy*, 75 (Suppl. 2), 7502420010. doi: <https://doi.org/10.5014/ajot.2021.752001>

The occupational therapy evaluation and re-evaluation CPT® codes established in 2017 require the inclusion of an occupational profile. For more information visit <https://www.aota.org/practice/practice-essentials/coding>.