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The Role of OT in a Hybrid Community Mental Health/Primary Care Clinic

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Abstract
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The Role of OT in a Hybrid Community Mental Health/Primary Care Clinic

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Abstract

Occupational therapy (OT) serves the uniquely valuable role of bridging physical and mental health in a hybrid community mental health/primary care setting. OT is an important contributor on the interprofessional team, and a growing focus on interprofessional practice dictates comprehensive interprofessional education for clinical students, including those studying OT. This descriptive report outlines the development process of the OT Clinic within the Pacific Psychology and Comprehensive Health Clinic in Portland, Oregon. The Person-Environment-Occupation model (Law et al., 1996) was utilized to assess the current state of the clinic through an OT lens. Four key factors for success in program development emerged, including (a) assessment of baseline awareness and understanding of OT amongst clinicians; (b) consistent in-person presence of OT; (c) interactive education on the role of OT; and (d) identification of influential personnel, resources, and champions within the clinic. Findings from this report will inform similar OT program development in interprofessional academic clinics.
The Role of OT in a Hybrid Community Mental Health/Primary Care Clinic

The occupational therapy (OT) profession has the ability to reimagine the function of traditional primary health care. This report will outline the process of OT program development in an interprofessional, hybrid mental health/primary care clinic associated with Pacific University. The Pacific Psychology and Comprehensive Health Clinic (PPCHC) is an academic clinic located in Portland, Oregon that provides outpatient services for individuals of all ages and levels of income with a variety of mental health concerns (Pacific University, 2016). Over the course of the 16-week Doctoral Experiential Internship, the role of OT was shaped through intentional programming, along with the influence of internal and external factors. Methods of analysis and factors for success in this setting can serve to inform development of OT services in similar settings.

Value of Interprofessional Education to Primary Health Care

Interprofessional education (IPE) has been defined as “occasions when students from two or more professions learn about, from, and with each other to improve collaboration and the quality of care” (Centre for the Advancement of Interprofessional Education [CAIPE], 2002. para. 1). This concept has been a topic of interest for over forty years, and is the focus of several reports by the Institute of Medicine (IOM) and World Health Organization (IOM, 1972; IOM, 2000; IOM, 2001; IOM, 2003; World Health Organization [WHO], 2010). There are many potential benefits of IPE; among them are (a) improved quality of communication, (b) increased understanding of distinct roles and responsibilities (e.g., one’s own role, as well as the roles of other team members), (c) greater respect of one another’s roles, (d) enhanced self-reflection, and (d) greater job satisfaction and performance (Lumague et al., 2006). Perhaps the most significant cited benefit of IPE is the opportunity it creates to participate in collaborative problem solving.
(Lumague et al., 2006). As students gain insight into other professions’ scopes of practice, they are better able to understand clients’ treatment and how each role might fit into that plan. They are also more likely to feel comfortable consulting with other professions in seeking the best care for their clients. IPE offers clinicians the ability to understand the bigger picture of client care across professions, resulting in a greater awareness of the broad range of information necessary to effectively serve the client (Lumague et al., 2006). As a result of this growing focus on IPE, the Accreditation Council for Occupational Therapy Education ([ACOTE], 2011) included its first standard related to IPE and interprofessional practice (IPP) in the accreditation standards for OT programs nationwide. It can be argued that OT has an even greater vested interest in promoting interactive IPE, as it is often a discipline unfamiliar to other professions across practice settings; consequently, its value is not always recognized and OT services are all-too-underutilized to the detriment of clients.

**OT’s Role on Interprofessional Primary Care Teams**

With roots in the treatment of mental health and a holistic view of the individual, OT has always been a discipline that straddles several domains and contexts (Meyer, 1921). *The Occupational Therapy Practice Framework: Domain and Process* (OTPF) addresses a complex array of components that influence an individual’s ability to be successful, including personal skills and abilities, the occupation itself, and the environment in which it takes place (AOTA, 2014). Due to the breadth of human factors involved in the professional philosophy, as well as the wide-reaching nature of the OT scope of practice, occupational therapists possess an expert ability to communicate with professionals from a variety of disciplines. This inherent flexibility and facility in collaboration with colleagues situates OT practitioners well on interprofessional teams, particularly in leadership positions. With an increasing focus on IPP in the changing
healthcare landscape, occupational therapists are poised to advocate for and demonstrate their unique value in delivering team-based, client-centered care (IOM, 2003; Moyers & Metzler, 2014). Client-centered practice has long been a prominent value of the field of OT and manifests in a focus on the needs of individuals, families, and communities to enhance health and well-being through engagement in meaningful occupations (AOTA, 2015). The OT philosophy places the individual, or individuals, receiving treatment at the center of the equation, allowing them the ability to take an active role in shaping the goals of the therapy process. Similarly, OT practitioners and academicians recognize the value in each treatment team member’s perspective in a clinical setting.

As interprofessional models of care take hold, occupational therapists have the unique opportunity to establish themselves as key contributors on interprofessional care teams. However, a traditional hierarchy of leadership in primary care must first be challenged and reimagined (Moyers & Metzler, 2014). OT practitioners draw from a broad knowledge base that equips them to lead in the primary care setting, including strengths such as: (a) expertise in coordination of client-centered care; (b) awareness of value of community resources; (c) expertise in health maintenance as it relates to other life factors: including employment, income, housing, caregiver burden, and disease process planning; (d) emphasis on client and caregiver education to promote carryover of treatment; and (e) expertise in how the affective, cognitive, and physical factors interact with a client’s environment to determine success in performance of occupations (Moyers & Metzler, 2014). Leasure, et al. (2013) proposes that primary care providers are tasked with developing skills in (a) team leadership, (b) mutual performance monitoring (i.e., shared understanding of roles to measure success), (c) backup behavior (i.e.,
ability to recognize needs of other team members and adjust accordingly), (d) adaptability, and (e) team orientation (i.e., team goals over individual goals).

With these skills in mind, OT education must emphasize competencies in: (a) forming and leading teams, (b) group and individual member performance evaluation, (c) acknowledging and addressing team power dynamics, (d) establishing accountability for performance, and (e) utilizing quality improvement initiatives (Moyers & Metzler, 2014). It is imperative that the OT profession advocate for its role at the table in primary care. Especially considering a general lack of awareness or understanding of OT’s scope of practice in the healthcare field, it is incumbent upon OT practitioners to communicate their unique value in working with clients in the areas of chronic disease management, lifestyle and behavioral change, management of chronic pain, population health, and lessening caregiver burden.

**Developing OT in a Hybrid Mental Health/Primary Care Setting**

The PPCHC provides outpatient services for individuals of all ages and levels of income with a variety of mental health concerns (Pacific University, 2016). Available services include counseling, naturopathic primary care, occupational therapy, speech and language therapy, and physical therapy. There are two locations in the Portland Metro area. OT services within the PPCHC complement psychological and naturopathic services with a focus on development of practical behavioral strategies for success in daily life. These strategies address a range of occupations, including work, school, artistic endeavors, healthy meal planning, play, and leisure.

**Assessment of the Interprofessional Clinic Using the PEO Model**

The initial objective in entering the clinic was to assess the organizational culture, operations, and needs of the clientele prior to the presence of OT. This assessment took the form of observation, informal interview, clinician survey, and client interaction. The Person-
Environment-Occupation (PEO) model was utilized to analyze the clinic through an OT lens (Law, et al., 1996). This model is particularly accessible to clinicians and clients when used as a tool to demonstrate the dynamic interaction between the individual, the environment, and the occupation, and specifically how that interaction relates directly to the quality of the individual’s occupational performance. The PEO model can also be translated to organizations, such as the PPCHC, in order to gain insight into the current organizational fit between team members, clinical environment, and shared occupations.

The person component of the model in the context of the clinic can be applied on several levels, from the organization as a whole to specific individuals. The organization itself functions as an entity and stakeholders must reach decisions collectively. Each discipline and each team has its own lens through which clients and care are viewed. The environment is also multifaceted, and can be separated into external factors (e.g., reimbursement sources and other healthcare organizations) and internal factors (e.g., organizational culture and physical environment). In considering the occupations of the clinic, it becomes evident how an emphasis on interprofessional care shapes the occupational performance of an organization. Organizational occupations include (a) interprofessional rounds, (b) referrals and consults, (c) clinician trainings, (d) internal coordination of care, (e) external coordination of care, (f) documentation, and (g) administration and billing. All occupations in this space serve the mission of clinical education, and ultimately the top priority is to provide quality health care for all clients.

The overlapping space shared by the three domains of the PEO model illustrates the interplay that informs occupational performance (Law, et al., 1996). In the context of the clinic, success in occupational performance implies success in interprofessional collaboration and care
coordination. This author recognized four significant elements that appear to contribute to success in interprofessional collaboration and care coordination: (a) a unifying mission, (b) cross-disciplinary commitment to ongoing interprofessional interaction, (c) presence of systems and procedures to support each discipline’s practice, and (d) an intentionally equitable power dynamic (i.e., de-emphasis on hierarchy). Each of these elements contributes directly to an organizational culture of open communication, collaboration, and shared purpose. Without them, it would be difficult to find alignment between the three domains of the model.

**Key Factors for Success**

Following an initial analysis, this author initiated many activities in order to establish the role of OT within the clinic. The following four factors contributed to the success of OT programming in the PPCHC: (a) assessment of baseline level of awareness of OT amongst clinicians; (b) consistent in-person OT presence; (c) interactive education on the role of OT; and (d) identification of personnel, resources, and champions to support program development. In order to promote OT within the clinic, it was first necessary to gauge clinicians’ present level of awareness and understanding of the discipline. An online survey was sent to clinicians, with questions to assess basic awareness of OT, knowledge of settings in which OT is practiced, and OT’s scope of practice. The survey illuminated the fact that while several clinicians had limited awareness of OT, there was a good amount of confusion around scope of practice. Data collected from the survey informed the development of an educational presentation on the role of OT within the clinic.

Perhaps the most critical factor was the consistent in-person OT presence. This author made an effort to become a familiar and approachable face, through meeting with several teams on a regular basis. It was important to not only provide information on what OT could offer, but
also to create a human point of reference for OT in the clinic. Twice-weekly interprofessional rounds offered an opportunity to discuss clients openly, offering OT insight and advocating for OT services when appropriate. Much of the value of interprofessional rounds is derived from different disciplines witnessing interdisciplinary exchanges, further demonstrating unique and shared knowledgebase and scopes of practice. Maintaining flexibility and availability was critical in establishing rapport and mutual respect across disciplines.

While it became clear that the value of OT is best communicated through witnessing it firsthand, there was a need to provide an overview of the role of OT to the majority of clinicians. With the understanding that students are inundated with lectures full of dense PowerPoint slides, it was evident that a creative approach was necessary in order to create interest and engage students. An interactive approach with an activity-based component demonstrated the underlying values of OT while simultaneously facilitating enjoyment. The format of the 50-minute presentation consisted of 25 minutes spent with a chosen activity (i.e., a coloring station, Legos activity, and tea with conversation prompts) and 20 minutes of lecture (i.e., basic OT theory, OT settings, OT scope of practice, and case studies). The lecture material was interrupted to discuss the purpose of the activities in terms of the practice of OT; this component allowed students to reflect directly on their experiences with occupations, as well as learn how OT practitioners utilize occupation in the evaluation, goal setting, intervention, and adaptation processes. This interactive presentation yielded ample positive feedback (i.e., “a-ha” moments) and at least four new referrals.

Related to the regular OT in-person presence was the identification of personnel and champions critical to success in establishing OT services. Administrative support played an important role in facilitating the day-to-day activities that allowed OT to thrive (i.e., access to the
electronic health records system, reserved clinical space for OT, and billing related issues). Equally influential were the clinical champions that recognized early-on the value of OT in relation to their clients. The naturopathic medicine teams in particular were invaluable in the process of building referrals and reflecting the value of OT within interprofessional rounds. One naturopathic doctor resident reflected on his experience with OT, noting that there were “several instances when I have felt that my referral to, and continued coordination with [the OT intern] has been the most successful intervention that I have provided to my patients” (M. Mitchell, personal communication, July 10, 2016). OT, in conjunction with naturopathic medicine, has the capacity to restructure and reinforce healthy lifestyle routines.

**Distinct Role of OT**

OT practitioners function not only as skilled clinicians but also serve the critical purpose of bridging psychological and medical disciplines in this hybrid mental health/primary care setting. In this way, OT is positioned exceptionally well within the PPCHC to lead interprofessional discussion, problem solving, and collaboration. Interprofessional partnerships within the clinic continue to strengthen, thus providing evidence of this developing role for OT. Over the course of 16 weeks, OT established itself as a valuable service, from the perspective of other providers and, of course, clients. See Table 1 for an illustration of how naturopathic medicine and OT treatment approaches compare in coordinating care for the same client. In the context of this case it is particularly evident how OT is able to complement the care of naturopathic medicine by offering simple behavioral and environmental modification strategies to encourage self-regulation of psychological symptoms. Perhaps the most meaningful component of treatment with this client involved a discussion on the importance of advocating for oneself in uncomfortable social situations. The client reported that he had never considered
this concept and that he wished someone had addressed it sooner. The concept of self-advocacy is a necessary and meaningful component of OT services regardless of setting or population, but is particularly relevant when working with vulnerable populations.

Table 1

Naturopathic Medicine and OT Treatment Approaches for Same Client

<table>
<thead>
<tr>
<th></th>
<th>Naturopathic Medicine</th>
<th>Occupational Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD &amp; Anxiety Symptoms</td>
<td>• Prescription for ADHD medication and education on potential side effects/interactions</td>
<td>• Consider social situations that exacerbate symptoms and avoid/modify involvement</td>
</tr>
<tr>
<td>Sleep</td>
<td>• Herbal supplements for improved sleep</td>
<td>• Discussion on implications of weekend sleep routine</td>
</tr>
<tr>
<td></td>
<td>• Encouragement of regular sleep routine</td>
<td>• Suggestions for restructuring sleep routine to increase quality of engagement in creative interests over weekend</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ongoing emphasis on benefits of sleep hygiene in all areas of life (e.g., relationship with partner, leisure)</td>
</tr>
<tr>
<td>Light sensitivity</td>
<td>• Herbal supplement to lessen light sensitivity</td>
<td>• Discussion on utility of prescription sunglasses; Research on pricing, style, and fit; Ordered home try-on kit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Limit exposure to bright lights; Take breaks from light in dimmer environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Advocate for dimmer lighting in workspace</td>
</tr>
<tr>
<td>Creative Interests</td>
<td>(Not addressed)</td>
<td>• Implementation of a workflow chart to organize and track progress of creative pursuits and create accountability to self</td>
</tr>
</tbody>
</table>

Ongoing Development

In order to maximize upon recent OT development within the PPCHC, this author makes the following recommendations for next steps: (a) hire a part-time OT clinician to continue to build caseload and OT programming in the Portland clinic, (b) expand OT services to Hillsboro Clinic, (c) develop other areas of OT services (i.e., pediatrics, chronic pain management, home
visits, ergonomics, and partnerships with other community programs), and (d) integrate student involvement. The driving force behind development of the OT Clinic is the need for a supportive academic environment in which OTD students can engage in interprofessional education and receive feedback on individual and team performance. This type of hybrid community mental health/primary care clinic provides an opportunity for students to explore a unique practice area, and to advocate for the value of OT within the space.
References


