Final Report

Occupational Therapy Internship Pilot Program

Trinity County Behavioral Health Service (TCBHS)

Submitted by Anne MacRae, PhD, OTR/L, BCMH, FAOTA
Anne.MacRae@sjsu.edu

October 1st, 2009
The purpose of this report is to document the process and outcomes of the occupational therapy internship pilot program conducted for 12 weeks from July 2009 through mid September 2009. The Trinity County Behavioral Health Service (TCBHS) in conjunction with San Jose State University sponsored this program. All of the necessary standards including contracts, medical clearance, insurance, and training were met prior to the commencement of the program as required by the agency, county, university, and the Accreditation Council for Occupational Therapy Education (ACOTE, 2007).

Overview and Background

As will be evident in this report, the factors that contributed to the success of the pilot program included: The professionalism, dedication, and flexibility of the TCBHS staff; the expertise of the OT supervisor/program developer; and the passion and exemplary work of the two chosen OT interns. However, months of planning and preparation were required before the initiation of the program. In order to grasp the significance and uniqueness of this pilot program, the context of the program development must be understood.

It is well documented that there is a recurrent shortage of health care professionals in rural areas throughout the country. In the case of occupational therapy in California mental health services, the disparity is extreme. No occupational therapists were identified as working in public community mental health in any of the California counties designated as rural. In some ways, this is not surprising. All of the occupational therapy schools in California are located in greater metropolitan areas (There are three OT programs in the San Francisco Bay Area and three in Southern California.) and OT internship sites are by and large within commuting distance of these universities. Also, the majority of students attending OT school are from metropolitan areas. Therefore, occupational therapy students in California have little or no experience with rural culture or the health issues encountered in rural areas. Conversely, because of the lack of OT presence in rural counties, the benefits of having occupational therapy as part of a community mental health team are not well understood. Given the rural context, the first step in developing this program was to elicit the support of the TCBHS board as well as agency administrators and staff. There were several presentations given with an emphasis on educating board members, administrators, and staff about occupational therapy and explaining how OT could fit into the agency.

A second, equally important, planning step was to ensure that the internship structure was practical and desirable. The challenge was to find OT interns who were willing to abandon their familiar environments, relocate to a place where they had no support system, work in a program that was not yet developed, and did not have an OT on staff. To partially address these concerns, it was decided to take two interns at a time so they would have each other for support. This model has worked well in a variety of internship placements and is frequently used by San Jose State University. However, the real linchpin for a practical and desirable rural internship is supplied housing. Several ideas for providing housing were explored but ultimately we had an extremely generous offer from a board member to house students in a two-bedroom cottage owned by her family. In addition to housing, the students were provided with a daily stipend to cover expenses. These financial incentives were critical in recruiting qualified applicants.
The selection of interns was set up as a competitive process because a pilot program internship was bound to be somewhat unstructured and we identified the need for well qualified interns who had an interest in program development, were able to be flexible, and displayed a willingness to take initiative and be self directed. The two student interns, Marisa Moore and Tianna Russell, were specifically chosen with these criteria in mind, based on references and a submitted personal statement.

One additional criterion was looked for in the OT internship applicants. This was a willingness to learn about rural culture and a desire to potentially practice in a rural environment. Both of the chosen applicants mentioned this in their personal statements, which was instrumental in choosing them. Every effort was made to help the interns experience genuine immersion in rural culture. For example, a welcome basket was given to the interns upon arrival in Trinity County with maps of the area, a sampling of local products and a schedule of county events. While these things may seem incidental, even trivial, it set the stage for them to explore what the area had to offer and provided a sense of familiarity and comfort in their temporary home. A staff member also accompanied the interns to the Trinity County’s July 4th celebrations and both interns staffed the TCBHS information booth at the County Fair.

Objectives

The overall objective of this pilot program was to provide a quality educational and clinical experience for two occupational therapy (OT) interns. Related objectives included the following:

- Develop a supervision model that meets or exceeds all requirements, yet is suitable for an agency that does not have occupational therapists on staff.

- Develop an occupational therapy program, including assessment and intervention protocols, as well as documentation formats.

- Provide direct OT services to the clients of TCBHS as well as to several other organizations in Trinity County through individual assessment and intervention as well as group interventions.

- Provide indirect OT services through consultation and collaboration with staff and clients.

- Establish mechanisms for sustaining the introduced OT procedures and methods.

Outcomes

All of the stated objectives have been met to a large extent, exceeding initial expectations in many ways. Table A is a brief summary of the outcomes of this project followed by elaboration and discussion of each objective.
### Table A
Trinity County Occupational Therapy Internship Program
Outcome Summary

<table>
<thead>
<tr>
<th>Occupational Therapy Services</th>
<th>Client Outcomes</th>
<th>Staff Training</th>
<th>Improved Visibility of TCBHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,320 hours (Two interns)</td>
<td>New leadership roles for clients</td>
<td>Structured goal setting workshop</td>
<td>Expanded outreach to continuation school, juvenile hall, and senior center</td>
</tr>
<tr>
<td>Average of 55 client sessions (group and individual) per intern per week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>200 hours (supervisor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Populations/settings served include:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seniors – Golden Age Senior Center</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescents- Juvenile Hall and Alps View Continuation School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children/families – TCBHS Adults – TCBHS, Horizons and Milestones drop in centers</td>
<td>New leadership roles for clients</td>
<td>Text analysis satisfaction workshop</td>
<td>Growth awareness of the goals and purpose of occupational therapy, demonstrated by ability to explain OT to clients and an increase in number of referrals to OT</td>
</tr>
<tr>
<td>Increased client responsibility at home and drop in center</td>
<td>Increased participation and attendance at drop in center</td>
<td>Instruction on the process and methods for dynamic home programs</td>
<td>Interactive display at TCBHS information booth at county fair staffed by OT interns</td>
</tr>
<tr>
<td>Introduced OT assessments and evaluation tools included the COPM, KELS, Sensory Profile, Environmental Analysis, Task Analysis, Home Program, PNF Interest inventory, OT Checklist and Summary</td>
<td>Increased ability to set realistic goals</td>
<td>Increased awareness of the goals and purpose of occupational therapy, demonstrated by ability to explain OT to clients and an increase in number of referrals to OT</td>
<td>Improved participation and attendance at drop in center</td>
</tr>
<tr>
<td>New activity based programming</td>
<td>Increased compliance with outside agency requirements (such as CPS)</td>
<td></td>
<td>Increased familiarity with specific activity based and interactive modalities</td>
</tr>
<tr>
<td>Increase in home visits and dynamic home programs for clients</td>
<td>Improved participation and attendance at drop in center</td>
<td></td>
<td>Trinity Journal Article “Behavioral Health Tries Something New”</td>
</tr>
</tbody>
</table>
Internship Experience - This internship was designed to include a wide range of opportunities that included working with children, families, adolescents, adults, and seniors in various settings including the TCBHS clinical site, two client drop in centers, juvenile hall, the continuation school, and one of the county’s senior centers. Because there was no occupational therapy presence prior to this pilot program, the students were required to quickly assume clinical responsibilities (with supervision) and also work closely with the supervisor to develop documentation procedures as well as intervention protocols. Feedback from the staff and clients confirmed the observations of the OT supervisor that both student interns excelled in all aspects of their work and quickly became valued and integral members of the team. Both interns realized that they were offered a unique opportunity to be involved in the development of a new program at TCBHS. They welcomed the challenges and took great pride in representing their university and profession. Interns were required to keep a weekly time log documenting all of their activities. Although it is not unusual for interns to log additional hours above what is required during an internship, these particular interns voluntarily exceeded the norm by averaging 55 hours per week for a total of 660 hours each during the 12-week internship. (The required amount of hours for each of the two OT internships is 480 hours). It is important to emphasize that this additional time was not solely because of the demands of the supervisor or internship, but because of the interns’ willingness to take on extra responsibilities and take advantage of the unique opportunities presented to them. It is anticipated that if the program were to be offered again, the amount of time invested would be more in the typical range. In addition to the supervisor’s formal and informal evaluation and staff and client feedback, the Student Evaluation of Fieldwork Experience, a form developed by the American Occupational Therapy Association (AOTA), also measured the success of the internship experience. 15 internship assignments were ranked according to their educational value (#1 being least valuable and #5 being the most valuable). The average educational value assigned by both interns to their assignments was 4.8 out of 5. Using a similar scale, a summary of the overall experience was rated as 4.6 out of 5.

Supervision Model – The minimum time requirement for supervision of occupational therapy interns is 8 hours per week. Like the student interns, I greatly exceeded this amount of time due to the need to establish a program and policies as well as educate the staff about occupational therapy. It is anticipated that if the program were to be offered again, 8 hours of contract time would be sufficient to properly supervise the OT interns. The traditional model of supervision dictates that the OT supervisor is a member of the clinical staff and continuously on site. As this model was not possible, a contract to hire a consultant was implemented to cover the supervision hours. Furthermore, mechanisms were needed to ensure the quality of the supervision for this non-traditional arrangement and to ensure that the lack of OT’s on site was not a detriment to the learning experience. Staff of the TCBHS provided excellent orientation to all components of the agency and also took responsibility for providing on-site support for the interns. I provided occupational therapy supervision, initially by modeling leadership in an OT group with clients, then by observing the performance of the interns and giving constructive feedback. Other supervision responsibilities included teaching new content and reviewing their academic preparation as needed, directing the interns to appropriate
resources, and reviewing and correcting all written work including documentation. Extensive, structured meetings were held with the interns individually and together. In addition, I was available by phone and e-mail when not physically present on site. The interns were involved in all aspects of the program development including planning groups and individual interventions, developing documentation forms as well as other OT materials, ordering supplies, and managing the budget and inventory. Although the demands of this internship were great, the interns welcomed the challenge and apparently appreciated my supervision style. On the Student Evaluation of Fieldwork Experience, both interns rated the qualities of the fieldwork educator (supervisor) as a perfect 5 on all 15 items listed.

Program Development – Occupational therapists are qualified to administer and interpret standardized assessments. Therefore, one of the first tasks in developing this program was choosing relevant tests that would be most useful for clients and staff, as well as provide the best practice for the interns. Because of time constraints, we did not have the opportunity to use all of the identified assessments. However, TCBHS staff were provided with a handout giving an overview of the assessments. This overview, along with synopses and samples of the assessments actually administered, were inserted into the OT Resource Binder that was given to the agency. The overview of assessments is replicated in this report as Appendix A.

I developed a battery of documentation tools, based on my previous clinical and scholarly work, but updated and re-designed these tools to meet the needs of the clients and staff of this agency as well as the education of the interns. This documentation battery was designed to encompass the breadth of occupational therapy’s roles in a community mental health setting. The battery consists of 6 templates (blank forms) with accompanying instructions. An overview of these documentation forms was provided to staff so they may better understand the roles and functions of occupational therapists in relation to their clients and also to be able to make appropriate referrals. The overview, blank templates, and completed samples of all forms were placed in the OT Resource Binder. The overview of documentation is also replicated in this report as Appendix B. The student interns were required to use all of these forms at some point during the internship. However, they were encouraged to use their clinical judgment to determine which forms were most appropriate for each client. The interns typically used 3 or 4 of the available forms per client.

The development of the actual intervention strategies and protocols was done collaboratively with the interns after conferring with staff and observing clients and settings. Interventions, as well as all evaluations, were based on the Occupational Therapy Practice Framework (OTPF), which describes both the domain and process of occupational therapy (AOTA, 2008). Also, as with all health professions, occupational therapists are expected to base their interventions on evidence whenever possible. Mahaffey (2009) categorized relevant OT mental health research studies into four areas. These are: evidential support for the relationship between occupation and recovery; evidential support for intervention models and functional outcomes based on occupational participation; evidential support for vocational participation; and evidential support for environmental influences on participation. These concepts guided our choice of interventions and a copy of Mahaffey’s article describing selected research studies was included in the OT Resource Binder.
The interns relied on my extensive experience to guide the OT process, ensure that the protocols were firmly in the domain of occupational therapy, and that they supplied a professional service. However, it was their enthusiasm and creativity in both developing and implementing the interventions that should largely be credited for their success. Details regarding these interventions can be found in the subsequent sections of this report.

**Direct OT services** – The primary direct service responsibility of the interns was to facilitate groups. They ran (either as a team or individually) an average of 7 groups per week with an average of 6-8 clients in attendance. Initially the interns participated in existing AOD (Alcohol and Other Drugs) and MH (Mental Health) groups. These included Dual Diagnosis, Peri-Natal, Gateway, Women’s groups, and an Anxiety Management group. The interns used these opportunities to introduce themselves, explain the purpose of occupational therapy, and invite clients to attend the OT groups being developed. The interns were also able to gain information about the clients needs during these times and used that information in planning the topics for the groups. The occupational therapy groups included Healthy Living, Movement for Health, Productive Crafts, Life Skills, and a Goal Setting group. These groups consisted of multiple sessions addressing specific skills and topics such as grooming and hygiene, social skills, self esteem, leisure pursuits, relaxation and exercise, nutrition, budgeting and shopping. At times, individual sessions of these groups were offered as part of an ongoing MH or AOD group, but more often the OT interns ran the groups independently at multiple sites. Although no formal mechanism, such as a program evaluation, was used to measure the effectiveness of these groups, feedback from staff, clients, and other agency personnel was solicited. No negative feedback was noted and several staff observed increased attendance and participation among group members. The general impression was that in OT groups, clients were more engaged in all aspects of their recovery, with several of them stepping into leadership roles.

Each intern averaged an individual caseload of 7 clients. However, most of the individual service was provided in the latter half of the internships, as the beginning was primarily focused on orientation, program development, and educating the staff on the roles and functions of the occupational therapist. Now that the program has been developed and the staff has a much greater understanding of occupational therapy, it is anticipated that if the program were to be offered again, referrals to OT would be made much earlier in the process. When the client routinely attended individual treatment sessions, there was measurable progress achieved toward client goals; in some cases the progress was significant. But perhaps the most important aspect of these individual OT services was the attention given to ensure that the work started with each client was continued and supported after the internship was over. (See subsequent section for further details).

Another indicator of the value of the OT intervention provided was the many therapeutic relationships developed with clients. Several clients reported that they were motivated to work with the interns because they trusted them and felt respected by them. The interns were well versed in the theory of intentional relationships, the tenets of client-centered practice, and the recovery model. The groups, as well as individual interventions, provided the mechanism to put these principles into action. Due to the bonds forged between interns and clients, special
attention was paid to closure prior to the end of the internship and TCBHS staff is committed to addressing any perceived loss with the departure of the interns.

**Indirect OT Services** – A critical part of the occupational therapy service provided in this setting was indirect services through collaboration and consultation. The interns spent a considerable amount of time with staff, particularly case managers, coordinating their services and developing plans, so that case managers may follow up with the treatment goals and home programs established collaboratively by the OT interns and the clients.

An example of an OT consultation service was the environmental analysis conducted at Milestones, a client drop in center. As described in the overview of OT documentation tools (Appendix B), environmental analysis is not limited to individual intervention, but also includes the analysis of any environment in which people engage in occupations. The interns observed Milestones over a period of time, paying attention to not only the physical components but also how individuals interacted with the environment. Although their specific OT background was certainly used in both observing the environment and making recommendations for adaptation, the real strength of the environmental analysis was the collaboration with clients. Throughout the process, the interns solicited feedback from the clients and then presented their initial recommendations to the client run board of Milestones. At that meeting, additional suggestions were solicited by the interns prior to the board voting to accept the analysis and recommendations. Clients were then directly involved in developing a plan to accomplish the recommended changes. Their enthusiasm for this project motivated the clients to set deadlines for themselves as they wanted to have the adaptations at least partially completed prior to the interns departure.

Another example of the OT consultation was the “Play Day”, planned by the OT interns and offered to families working with the clinician specializing in children’s issues. The basic principle of the “play day” was to model a parenting role for interaction with their children and to demonstrate a variety of play activities that involve and facilitate the sensory, motor, and cognitive skills of the child at the appropriate developmental level. The play day served the purpose of consultation with the clinician who was very interested in incorporating the demonstrated techniques and activities into her ongoing treatment sessions. In addition, literature on sensory integration and learning through play was provided to all staff as entries in the OT Resource Binder.

Occupational therapists are in a unique position working in community mental health because of their broad background in both physical and mental health, as well as their expertise in human development throughout the lifespan, and the various specialized training within OT. Although there was a desire on the part of TCBHS staff, the OT interns, and OT supervisor to be more involved with direct intervention with children and families, there simply was not enough time to accomplish everything we hoped. As the focus of this internship was mental health, it was decided to consult an occupational therapist that specializes in sensory integration and pediatric services (the only OT in Trinity County besides myself). There is an ongoing effort to coordinate services with this OT and set up a referral system with her and the school districts.
**Sustainability** - Even before the commencement of this program, there was concern that the occupational therapy services that were to be developed would not be sustainable. With this concern in mind, every effort was made throughout the program to infuse an occupation-based perspective that complements existing programmatic offerings. There were several mechanisms used to accomplish this objective. In addition to the literature and forms previously mentioned, the OT Resource Binder also includes a series of activity group protocols, specific activity instructions, and samples of handouts and flyers that were developed by the OT interns. There is also a series of “Tip Sheets” in the binder covering such topics as “Tips for Developing Successful Home Programs”, “Tips for Documenting Activity-Based Groups or Individual Sessions” and “Tips for Facilitating Activity Groups”. Staff was encouraged to use all of these resources when developing interventions. However, comfort and familiarity with equipment and modalities are also necessary elements of successful activity groups. As OT’s are primarily “doers” who strongly believe in experiential learning, special meetings and in-service time was dedicated to training staff on aspects of activity-based interventions. For example, sessions were arranged so that staff could practice with the Wii™ gaming console, which was one of the modalities used very successfully in the OT movement groups.

The OT interns also included client training for leading groups as part of their direct intervention. For example, one client was trained to be the “Wii™ Coach”. He developed a job description with the intern, delineating his roles and responsibilities in taking charge of equipment and leading groups. A recommendation was made to the staff that related information from the OT Resource Binder be added to the client leadership training program.

Although there appears to be a strong desire among staff to continue with the modalities and methods used by the OT interns, the objective of sustainability should be considered only partially met. No amount of resources can take the place of a qualified occupational therapist.

**Recommendations**

Although the primary purpose of this project was to pilot an occupational therapy internship, as the program unfolded, it also became a demonstration project on the value and functions of occupational therapy in community mental health. At the beginning of this program, most staff members were unsure of the role of OT, however, because of the successful implementation of this program, there now appears to be overwhelming staff support for continuing occupational therapy internships. Many staff have also voiced strong opinions that they would like to see an occupational therapist hired to be on staff. Based on staff response, as well as my own impressions of the success of this pilot program, and my knowledge of the unique contributions OT can offer in community mental health, my primary recommendation is that TCBHS consider ways of establishing a permanent OT presence. While I am of course aware of the severe budgetary constraints on all public service in California, occupational therapy is ultimately an effective service, both in terms of client outcomes and cost. I also realize that changing staffing configurations is a long-term process and requires careful weighing of resource allocations and other factors. My suggestion is that
the agency and its board consider a range of alternatives to incorporate occupational therapy. Appendix C describes various scenarios for OT job descriptions in an agency such as TCBHS.

The TCBHS strategic plan that was recently endorsed by the County Board of Supervisors shows that the direction that the agency plans to pursue is clearly in line with the domain of occupational therapy and its philosophy. The following are recommendations related to specific goals in the strategic plan. All of these recommendations are based on the premise that occupational therapy in some form, at some time, will continue to be offered.

**Senior outreach** – Although the movement group conducted by the OT interns at the Golden Age Senior Center was considered a huge success, we felt that we could have offered so much more than the venue or time allowed. For example, we had originally planned to implement components of Lifestyle Redesign (Mandel et al, 1999), which is a program based on the highly respected research of the Well Elderly Study (Clark, et al, 1997). This landmark study demonstrated that preventive occupational therapy resulted in significant mental and physical health, function, and quality of life benefits. Ideally the senior outreach that is designated in the strategic plan would incorporate occupational therapy and the lifestyle redesign program.

**Strengthening of the juvenile justice outpatient care program** – This is another area where we wanted to be much more involved than logistics or time allowed. Because of our focus on skills, adaptation, and environment, occupational therapists give particular attention to the concept of “transitions”. (Transitioning to or from independent living and supervised living; transitioning from incarceration to society at large; Transitioning from childhood to adulthood; transitioning to work or school, etc). The juvenile justice outpatient care program is essentially a transition program that could be greatly enhanced by the addition of occupational therapy. In addition to intervention, an occupational therapist could provide individual assessment of living and work skills and thereby develop targeted, measurable outcomes.

**Increasing activities at the two clients drop in centers to include a vocational focus** – One of the best accomplishments of this summer internship was increasing a variety of activities at the client drop in centers. The interns developed the beginnings of a work readiness program as well as a related social skills group, but due to time constraints, they were only able to offer a couple of sessions. It would be highly desirable for this program to be fully developed and implemented by an occupational therapist or intern. Occupational therapists have a long history of involvement with pre-vocational and vocational activities and in addition to intervention and coordination; OT’s can provide specific vocationally related assessments such as the K-FAST and the TWI (Described in Appendix A).

**Renovating and establishing a board and care home in the county**. As previously discussed, occupational therapists have specific skill in analyzing environments and recommending adaptations. Ideally, an occupational therapist would be involved in the renovation plans to optimize function in the environment. Also, as occupational therapists are experts in independent living skills, consultation and/or direct OT services would be a wonderful benefit for the residents of this home.


Conclusion

This pilot program was a fantastic learning opportunity, not only for the OT interns, but also for the behavioral health agency’s staff, and myself. I am very appreciative of the support we received throughout the program and feel confident that our work had a positive impact on all involved. The only frustrating element of this experience is that although the contributions of the OT interns were successful and substantial, the more we learned and accomplished, the more we identified additional roles, goals and services for occupational therapy. Hopefully we have laid a firm groundwork for a continued OT presence and I look forward to working with you in the future.

Respectively submitted,

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

References


Appendix A
Overview of Occupational Therapy (OT) Assessments

During the OT internship program, the following assessments were administered:

**Adolescent/Adult Sensory Profile.** Synopsis included. NOTE: The interpretation of this assessment requires extensive background in sensory processing and integration.

**Kohlman Evaluation of Living Skills (KELS).** Synopsis included. NOTE: It is recommended that the assessment be conducted by an occupational therapist or someone well versed in identifying underlying pathology that can interfere with functional living skills. In addition, the evaluator should be proficient in the administration of clinical tests.

**Canadian Occupational Performance Measure (COPM).** Synopsis included. NOTE: Although there are no specific requirements to administer this assessment, it is strongly recommended that an occupational therapist be consulted to insure that it is being used in a fashion that is consistent with the underlying theoretical and philosophical principles of the assessment as it is designed.

**Sensory Profile.** Synopsis included. NOTE: The interpretation of this assessment requires extensive background in sensory processing and integration.

In addition to the synopses provided for assessments actually administered during this internship program, several OT assessments have been identified as having potential value in this setting. The following is an annotated list of additional assessments to be considered if a continued OT Internship is approved and/or if an OT consultant role is developed in the future.

1. Additional independent living skills assessments. There are many such tests in print and it is helpful to know several as each has its limitations and benefits for particular populations. The **Independent Living Skills (ILS) Assessment** and the **Life Skills Inventory (LSI)** are recommended in addition to the **KELS.**

2. **Allen’s Cognitive Level (ACL) Test.** This is a simple screening tool with a leather lacing exercise used to identify global cognitive functioning rated according to the model of cognitive disability scale.

3. **Executive Function Performance Test (EFPT).** This test uses four common ADL tasks to observe initiation, execution, and completion of task. In addition to determining which executive functions are impaired, the test is useful in determining a person’s capacity for independent living and/or the amount of supervision/assistance needed for task completion.

4. **Kaufman Functional Academic Skills Test (K-FAST).** Determines a person’s skill level in the reading and math needed for everyday activities. Although used extensively by occupational therapists, it is not a uniquely OT assessment. The K-FAST is used in a variety of educational, forensic, and clinical settings and can be administered by a variety of personnel. However, a professional trained in administering standardized tests must interpret it.

5. **Lowenstein Occupational Therapy Cognitive Assessment (LOTCA)** A battery of 20 sub-tests addressing orientation, visual and spatial perception, visual motor organization, and thinking operations.

6. **Test of Everyday Attention (TEA and TEA –ch. Child/adolescent version)** Designed to measure the ability to selectively attend, to sustain, divide and switch attention, and ability to withhold (inhibit) verbal and motor responses.

7. **Transition-to-Work Inventory (TWI).** Can be self administered or done in conjunction with a professional, either individually or in a group. Designed for people with little or no work experience and is used in forensic, academic, and rehabilitative settings.
Appendix B
Overview of Occupational Therapy (OT) Documentation Tools*

Environmental Analysis Form - Occupational therapists have extensive background in both analyzing and adapting environments. This form can be used either for an individual client as an integral part of treatment or for a particular setting as a consultation. The analysis addresses client factors such as the body functions and structures as defined by the International Classification of Function (ICF) and the values, beliefs and spirituality of the individuals within a setting. It also examines the cultural, personal, temporal, virtual, physical, and social contexts within a given environment.

Task Analysis Form – The process of activity or task analysis is a cornerstone of occupational therapy evaluation. Specific steps of an activity are broken down for analysis and observations of the mental, sensory, and neuromuscular functions and structures needed to perform this task are recorded. The client is observed performing the task and the sensory, perceptual, motor, praxis, emotional, cognitive, communication skills, and social performance skills are analyzed.

Home Program – The purpose of the home program is to reinforce new learning and integrate therapeutic goals and objectives in the home environment. The documentation consists of a description of the home program that includes the therapeutic goals addressed, the rationale for inclusion, and the cognitive, sensory, and learning style adaptations specific to the client. Attached to the home program in the chart is any written instructions provided directly to the client. Occupational therapists are specifically trained in grading activities over time. Therefore, an OT home program is designed to be a dynamic process, with revisions made frequently to add responsibilities at a level that the client can both understand and tolerate, while experiencing success.

PNF Interest Inventory (Past, Now and Future) – There are many forms of interest checklist and this one, like others, can be used by a wide variety of personnel. Occupational therapists primarily use interest inventories to develop activity based interventions that are motivating and intrinsically meaningful to clients. This particular tool also adds a temporal component, asking the client to identify if activities were done in the past or present (now) or if they would like to do them in the future. This provides a baseline of knowledge in order to plan targeted intervention and also shows a glimpse of prior functioning level and current affective state.

OT Summary Checklist - This checklist can be used as part of an initial evaluation upon referral and/or as part of a discharge summary. It documents areas of occupation including ADL, IADL, rest and sleep, education, work and leisure, and social participation. It also documents performance skills including motor and praxis, sensory perceptual, emotional regulation, and cognitive skills. Although similar information may be found in the documentation of other disciplines, the occupational therapy focus of both evaluation and intervention is on skills and context, rather than symptoms. For example, under the area of “rest and sleep”, medical intervention is based on providing medication and addressing any underlying symptoms interfering with sleep (such as pain or anxiety). The occupational therapy intervention would be focused on helping a client develop habits and routines for sleep hygiene and adapting the environment to be conducive to rest and sleep.

OT Summary – The form accompanies the checklist and is primarily designed to provide a narrative of the OT process with a particular client. It summarizes the assessments used, the individual and group treatment, and the outcome of intervention. It also provides information on suggested and actualized referrals, consultations, and recommendations.

* All of the OT Documentation Forms were designed by and copyrighted to Anne MacRae, PhD, OTR/L, BCMH, FAOTA
Appendix C
Possible OT Service Configurations

INTERNSHIP
1. Continuation of the summer OT internship program (12 weeks)

2. Expansion of the OT internship program
   a. Two session per year (Summer & Fall) – 24 weeks
   b. Three sessions per year (Summer, Fall and Spring) – 36 weeks
      NOTE: With this configuration, the internships would need to be opened to other OT schools as San Jose State University only places interns in the Summer and Fall.

   NOTE: Each of the internship configurations would also require the hiring of an OT consultant or contract employee for intern supervision with a minimum commitment of 8 hours per week. Also, internship placements occur up to a year ahead of time, so long term planning is needed.

EMPLOYMENT
NOTE: The following configurations are not necessarily mutually exclusive. They are broken into these categories to highlight the different employment models. Depending on the needs of the agency, roles may be combined and the hours and duration of the employment are determined by agency needs.

Staff OT Position – Although occupational therapists are licensed clinicians, they are classified separately from LPHA’s because they do not diagnose illnesses. Nevertheless, they do have unique and advanced clinical skills and therefore are typically paid on the same scale as other clinicians in community mental health. Agencies that are introducing an OT position for the first time would need to have the job description approved through official channels, including Human Resources. A staff position usually implies a permanent post and eligibility for benefits.

Contract OT Position – Contracts are usually for a set amount of time and are renewed on a schedule (e.g. annually). A contract OT most often provides direct client services (assessment and intervention) upon referral and may have variable hours with a maximum number of weekly or monthly hours designated in the contract. A contract OT does not receive benefits, but is paid accordingly on a higher hourly scale than a staff employee and also is reimbursed for related expenses.

Special Projects Hire – At times there is a need for specific expertise to develop a new program or new policies and procedures. These positions are usually time limited and focused on a single task or group of related tasks.

OT Consultant - A consultant is usually a contracted position but with responsibilities exceeding direct services. Additional roles may include providing specific staff education, as well as coordination or supervision of other services both within an agency or between several agencies.