

Overview: occupational therapy for psychiatric disorders

Abstract

This review article provides an overview of the role of occupational therapy (OT) in the intervention of psychiatric disorders. Furthermore, it provides evidence of occupational therapy's contribution to mental and behavioral health. PICO method was used to develop research question and a thorough review was conducted to identify most relevant evidence-based research related to the effectiveness of OT in the intervention of psychiatric disorders and its contribution to mental health. Throughout the article evidence-based occupational therapy interventions are emphasized. Our review revealed that occupational therapy complements psychotherapy and other medical treatments and has proven to be useful and effective in managing symptom of psychiatric disorders and enhancing and/or maintaining functional performance for persons with mental health problems.

Keywords: psychiatric disorders, schizophrenia, mood disorders, depression, mania, hypomania, psychoeducation, symptoms management, occupational therapy

Volume 9 Issue 5 - 2018

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Received: August 31, 2018 | **Published:** October 24, 2018

Introduction

Occupational therapy (OT) is a holistic and client-centered health profession concerned with promoting health and well-being through occupation. The primary goal of OT is to enable people to participate in the activities of everyday life. Occupational therapists achieve this goal by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.¹

Psychiatric disorders are associated with a variety of pathological signs and symptoms and neuro-physical complications. Structural neuro-anatomical differences (i.e., anomalies found in the brain; lesions in the brain stem, enlargement of the ventricles, brain atrophy, abnormalities in the limbic structure, cerebellum, and corpus callosum, etc.) and functional neuro-anatomical differences (i.e., hypofrontality; reduced cerebral blood flow or metabolism in frontal lobe of the brain, biochemical influences; neurotransmitters dysregulations, etc.) play a role in the development of the positive (i.e., delusions, hallucinations, disorganized speech, etc.) and negative symptoms (i.e., restricted emotions, a volition, anhedonia, attention impairment, etc.) of psychiatric disorders (American Psychiatric Association, 2013).²

OT has been used along with other medical treatments in treating patients with psychiatric and cognitive disorders and proven to be useful and effective in managing symptom and enhancing and/or maintaining functional performance for persons with mental health problems.³ Intensive psychotherapy and OT therapeutic approaches (i.e., cognitive behavioral therapy (CBT), interpersonal therapy (IPT) in addition to medication has helped more than medication alone or therapy alone.⁴ Interdisciplinary Canadian researchers; Guzman et al. (2002) provided strong evidence that intensive multidisciplinary bio-psycho- social rehabilitation with a functional restoration approach (OT) improved function of persons with chronic disabling low back pain. Interdisciplinary Australian researchers; Schonstein et al. (2003) applied a multidisciplinary program that included physical conditioning and a cognitive-behavioral approach with a concentration in OT. The program reduced work lost by 45days/year for workers

with back and neck pain. Furthermore, British occupational therapists Cook, Chambers & Coleman (2009) provided strong evidence that OT over 12 months significantly reduced negative psychotic symptoms, OT interventions yielded significant improvements in relationships, performance, competence, and recreation. When working with a person with a mental health condition, occupational therapists apply a variety of evidence-based assessments and interventions.⁵ Once a thorough assessment has been conducted and adequate information has been obtained, the therapist creates a personalized occupational profile. This profile is used for goal-setting, treatment planning, and implementation of treatment.⁶

The purpose of this study was to examine the effectiveness of occupational therapy in the intervention of psychiatric disorders and to provide evidence of occupational therapy's contribution to mental and behavioral health. For the purpose of this study, we created a clinical/research PICO question (Population, Intervention, Comparison, and Outcome), a key to evidence-based decision.⁷ The PICO formed for our study is as follows:

(P): For persons with psychiatric disorders and mental health problems

(I): Is occupational therapy

(C): Compared to other medical treatments

(O): Effective in managing symptoms and enhancing and/or maintaining functional performance?

Methods

Review of literature, search strategy, and method used

A research has been made in the following databases: Ovid, PsychINFO, MEDLINE, Global Health, CINAHL, and PubMed. Keywords and Search items used to search articles for our study were psychiatric disorders, schizophrenia, mood disorders, depression, mania, hypomania, psychoeducation, symptoms management, and occupational therapy. PICO method was used to develop research question and a thorough review was conducted to identify most

relevant evidence-based research related to the effectiveness of OT in the intervention of psychiatric disorders and its contribution to mental health. Throughout the article evidence-based occupational therapy interventions are emphasized. Articles were selected based on our PICO question and based on the hierarchy of levels of evidence in evidence based practice of well-designed research studies.⁸

Results

Our review provided an overview of the role of occupational therapy in the intervention of psychiatric disorders. (Tables 1–4) summarize and highlight some of the most common evidence-based OT interventions and treatment modalities used with psychiatric disorders.

Table 1 Common OT interventions for psychiatric disorders

Tool / Approach / therapeutic technique	Definition
Role Checklist	Obtain information on clients' perceptions of their participation in 10 occupational roles throughout their life. It also assesses the value they place on those occupational roles. The checklist can be used by adolescents or adults.
Interest Checklist	Gather information on a client's strength of interest and engagement in 68 activities in the past, currently, and in the future. The main focus is on leisure interests that influence activity choices. The checklist can be used by adolescents or adults.
Cognitive Behavioral Therapy (CBT)	Focus on uncovering ineffective thinking and maladaptive behaviors, and practicing alternative more positive cognitive and behavioral patterns.
Change Model	A behavioral modification model that enhances willingness to change through the following process: <ol style="list-style-type: none"> 1. Pre-contemplation 2. Contemplation 3. Preparation 4. Action
Reality Testing	Involve techniques used to adjust perceptions that do not conform to the realities of the situation.
Psycho-education	Teach living skills and symptoms management, enhance health and awareness, and develop assertive training skills.
Contingency Management (CM)	Give patients tangible rewards to reinforce positive behaviors.
Peer Pressure Technique (PPT) --Group Therapy	Learn from others in a facilitative environment such as engagement in social groups.
Intense Exercise Therapy	Applied to the areas affected by the pain syndrome to break the pain cycle, desensitize the nerves, increase strength and endurance, and reduce hypersensitivity.
Relapse Prevention Model	Train the client to participate in meaningful adaptive occupation using adaptive coping strategies. "PLEASE technique".
Central Coherence Technique	Increase the ability to see the big pictures without the need to pay attention to so many details through providing visual cues and verbal explanations.
Reminiscence Technique	Recollections of memories from the past. Encouraging the act of reminiscence can be highly beneficial to their inner self and their interpersonal skills. Reminiscence involves exchanging memories with the old and young, friends and relatives, with caregivers and professionals, passing on information, wisdom and skills. It is about giving the person with Alzheimer's a sense of value, importance, belonging, power and peace.
Peaceful Coexistence Technique	Guide clients in finding a way to have each aspect of them coexist, and working together, as well as developing crisis-prevention technique and finding ways of coping with memory lapses that occur during time of dissociation. The goal is achieving more peaceful coexistence of the person's multiple personalities.
Interpersonal Therapy (IPT) interpersonal and social rhythm therapy (IPSRT) -- Special forms of Social Skills Training (SST)	Focus on social and interpersonal relationship functioning as means of symptoms relief. Also, focus on daily routines, wake/sleep cycles, and social roles as a parent, spouse, worker, etc.
Modeling	Use observation to learn a new behavior.
Conditioning	Utilize reinforcement to encourage or discourage a behavior.
Flooding	Revolve around the technique of systematic desensitization. In flooding, patients are intentionally exposed to situations that cause their greatest anxiety in order to help them learn to overcome it.
Systematic Desensitization	Similar to the flooding technique, but at a slower pace. The individual is exposed to the anxiety-causing fear first in a <i>role-playing</i> session. Graded levels of anxiety producing stimuli followed by relaxation techniques to decrease anxiety.
Group therapy (Cole, 2005)	Application of group therapy principles and a variety of group therapy types in mental health, such as: <ol style="list-style-type: none"> 1. Task-oriented 2. Topical 3. Instrumental 4. Thematic 5. Developmental

Table Continued....

Tool / Approach / therapeutic technique	Definition
Art therapy	Creative art making and creative self-expression used to enhance the well-being of individuals through expressing ourselves in differently ways, such as drawing, clay, collage, sports, writing, poems (speaking), etc.
Narrative approach	Storytelling and expressive verbal communication
Milieu therapy	Modification and adaption of the environment structure to accommodate problems associated with psychiatric disorders.
Relaxation Techniques Stress management	Include a number of practices such as progressive relaxation, guided imagery, biofeedback, self-hypnosis, and deep breathing exercises. The goal is similar in all: to consciously produce the body's natural relaxation response, characterized by slower breathing, lower blood pressure, and a feeling of calm and well-being.
Vocational Training	Include basic skills preparation as well as time management and social skills. Vocational pursuits must be carefully graded and may require ongoing support.
Model Of Human Occupation (MOHO)	Seeks to explain how occupation is motivated, patterned, and performed. By offering explanations of such diverse phenomena, MOHO offers a broad and integrative view of human occupation. Within MOHO, humans are conceptualized as being made up of three interrelated components: volition, habituation, and performance capacity.
Sensory Diet	Planned, scheduled sensory activity program to help the patient remain alert and organized for occupational engagement.
Psychodynamic	Focus on the emotional and personality development of individual and emphasizes on early childhood experiences.

Table 2 OT treatment modalities and psychosocial interventions for persons with schizophrenia

Types of OT intervention	Comments
Structural tasks	Provide habit training, coping skills, and time management training. Potential for leisure skill development. May also build self-esteem through successful completion.
Expressive activities	Nonverbal communication, emotional and creative outlets. Potential for leisure skill development. May also build self esteem through successful completion.
Functional living skills	May include basic self-care, including hygiene, grooming and dressing. Also includes independent living skills such as meal preparation and money management.
Psychoeducation	Can be used to teach living skills but is also used for teaching symptom management, health and safety awareness, and assertiveness training.
Social skills training	Especially effective in groups; includes verbal and none verbal communication. Role playing is one technique used.
Vocational training	Includes basic skill preparation as well as time management and social skills. Vocational pursuits must be carefully graded and may require ongoing support.

Table 3 OT treatment modalities and psychosocial interventions for persons with mood disorders (major depressive disorder)

Symptom	Problems	OT Intervention
Cognitive & Motivational	1. Indecision & ambivalence	-Initially provide occupations & do not require too many choices
	2. Inability to concentrate & attend to usual activities	-Provide opportunity to successfully accomplish short term, simple, concrete activities
	3. Negative attitudes that pre-dominate in all usual activities	-Set realistic, step-by-step goals & behavioral "to do" lists, grading activities & environment for successful completion
	4. Inability to initiate or sustain activity	-Reestablish normal routines: structured planning of daily occupations, simple behavioral lists
	5. Tendency to isolate	-Engage in cognitive therapy, i.e., recognizing, monitoring, & changing thoughts
Emotional	Loss of interest	-Perform reality testing & question unrealistic beliefs (e.g., listening and action responses)
	Tendency to isolate oneself & withdraw from others	-Engage in psychoeducational groups concerning symptoms & behavior, such as recognizing precursors to mood changes & managing medicine
Self-concept	Worthlessness & guilt	- Explore and engage in valued activities
		- Expand opportunities to engage in other than one activity
Vegetative	Failure to sustain basic needs for food, rest, etc.	-Monitor valued & pleasure whole doing or completing activities & engage in values clarification activities
		-Engage in group activities
		-Provide opportunity to successfully accomplish short term, simple, concrete activities
		-Set realistic, step-by-step goals & behavioral "to do" lists, grading activities & environment for successful completion
		-Perform cognitive therapy, challenge distorted ideas
		-Engage in activities that focus on self-exploration, such as recognizing & dealing with emotions self-expression, & self exploration through creative media and expanding coping style
		Provide external structure (structured daily schedule)

Table 4 OT treatment modalities and psychosocial interventions for persons with mood disorders (mania and/or hypomania)

Symptom	Problems	OT Intervention
Cognitive & Motivational	Increased energy resulting in distractibility, initiation of too many activities, & inability to sustain activities	1. Provide opportunity to engage in concrete, short term activities that include more than two steps 2. Provide clear expectations for behavior & end products 3. Arrange distraction free environment 4. Assist client to return to goal-directed action whenever distracted 5. Eventually assist in goal setting & planning & in anticipating the consequences of actions by monitoring behavior during activities, such as: STOPP worksheet 6. Thought record sheets, etc.
	Inability to concentrate & attend to usual daily activities	
	Inability to follow through on decision	
Emotional	Unrealistically positive attitude that predominate in all usual daily activities	1. Offer an honest, realistic appraisal of behavior & end products while engaging in activities or occupations 2. Elicit client's appraisal & reflection regarding their behavior & end products after engaging in activities
	Overinflated or exaggerated interest & meaning attributed to all areas of life	
Self-concept Selfmanagement	Inflated, unrealistic sense of worth & efficacy	1. Display an accepting, tolerant attitude 2. Offer an honest, realistic appraisal of behavior & end products while engaging in activities or occupations 3. Engage in activities that focus on self-exploration, such as recognizing & dealing with emotions self-expression, & self exploration through creative media and expanding coping style
	Failure to take responsibilities for consequences of behavior	
Vegetative	Failure to sustain basic needs for food, rest, etc.	1. Provide external structure (daily schedules, etc.)

Discussion

Results of this review support the use of evidence-based occupational therapy interventions. Research has shown that effective occupational therapy interventions help people with psychiatric disorders and mental health illnesses to engage in everyday living activities, leisure, social participation, and healthy daily routines.⁹ The inclusion of occupational therapy practitioners as mental health service providers in the interdisciplinary healthcare team and the continued research to further investigate effectiveness of occupational therapy interventions for patients with psychiatric disorders are crucial.¹⁰

Occupational therapist use daily living meaningful and purposeful functional activities in therapeutic ways to enhance restore or promote functional performance as much as possible in terms of independence, safety, and quality. These selected activities are based on evidence-based therapeutic approaches and techniques that have been used in research and clinical settings and proved to be useful and effective.¹¹

Conclusion

Occupational therapy has a complementary relationship with psychotherapy and other medical treatments and has proven to be useful and effective in managing symptoms of psychiatric disorders and enhancing and/or maintaining functional performance for persons with mental health problems in terms of independence, safety, and quality.¹²

Acknowledgements

None.

Conflict of interest

The author declares no conflict of interest.

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