

IMPROVING OCCUPATIONAL PERFORMANCE IN OUTPATIENT MENTAL HEALTH OT

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WHAT QUALIFIES OT PRACTITIONERS TO WORK IN MENTAL HEALTH?

THE OCCUPATIONAL
THERAPY PRACTICE
FRAMEWORK, FOURTH
EDITION (OTPF-4)
GUIDES OT PRACTICE'S
SCOPE IN THE MENTAL
HEALTH SPACE.

•GLOBAL MENTAL
FUNCTIONS

•SPECIFIC MENTAL
FUNCTIONS

Global mental functions



Psychosocial: Social reciprocity



Temperament and Personality: Self-control, confidence, openness, agreeableness, extroversion/introversion



Energy: Levels, motivation, impulse



Sleep: Physiological, quality

Specific mental functions

**Higher level
cognitive:**
Executive
function

Attention:
Sustained,
divided,
distractibility

Memory:
Short- and
long-term,
working

Perception:
Sensory
discrimination

Thought:
Control,
content,
logical, reality
vs. delusion

**Mental
functions of
sequencing
complex
movement:**
Reflexes,
restlessness

Emotional:
Regulation,
appropriateness,
lability, range

**Experience of
self and time:**
Identity,
position in
reality

HOW DOES INCORPORATING COGNITIVE BEHAVIORAL THERAPY INTO THE OUTPATIENT SETTING WORK?

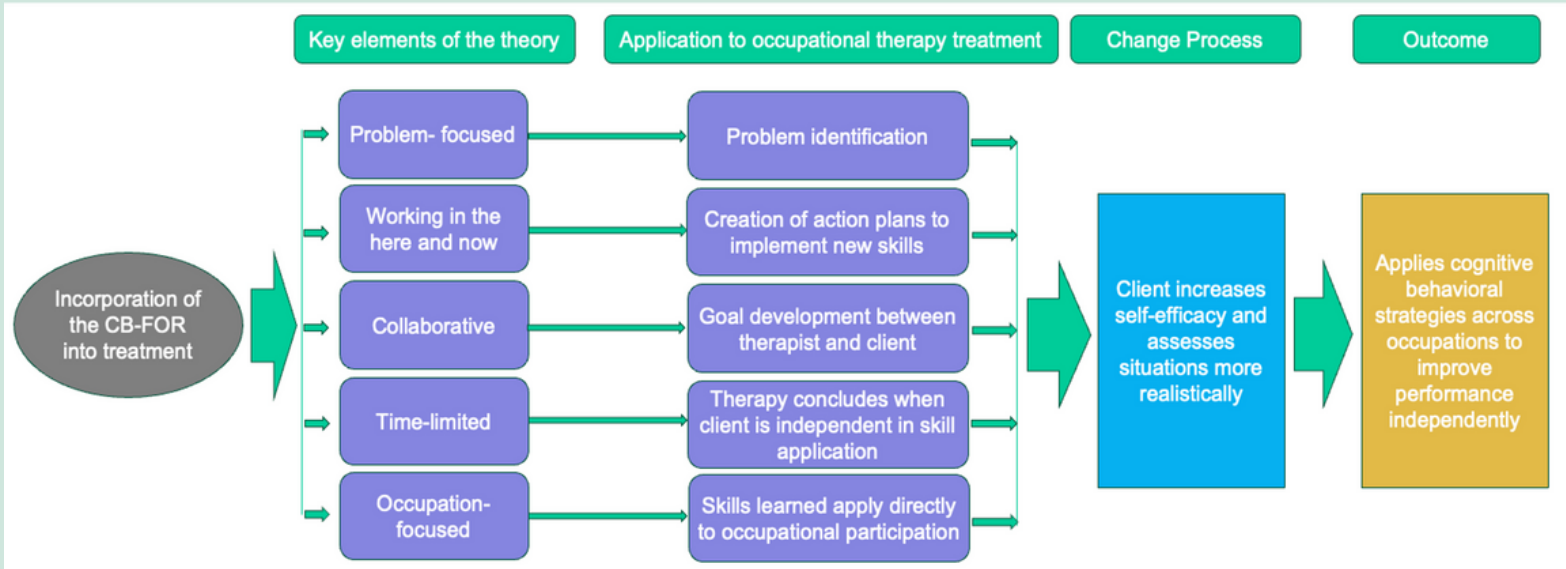
OTPs improve participation in meaningful daily activities for individuals living with mental illnesses by addressing unhelpful thoughts and behaviors using action-based strategies. OT differs from talk therapy in our unique lens - while it is important to understand our clients' problems and psychological symptomology, it is only in the context of occupational deficits. That is, what are our clients not doing because of mental illnesses, insomnia, or lifestyle deficits and what strategies, cognitive and behavioral, do we need to implement to enable goal attainment.

For more information,
scan the QR code:



Or visit:
<https://www.theoutpatientmentalhealthOT.com>

THE COGNITIVE BEHAVIORAL FRAME OF REFERENCE (CB-FOR) (JONES, 2024)



Commonly Addressed Areas of Occupation

Play	Caregiving
Work	Leisure
Socializing	School
Self-care	Healthy Eating
Home Management	Sleep
Community Management	Exercise
Childcare	

CBT Tools

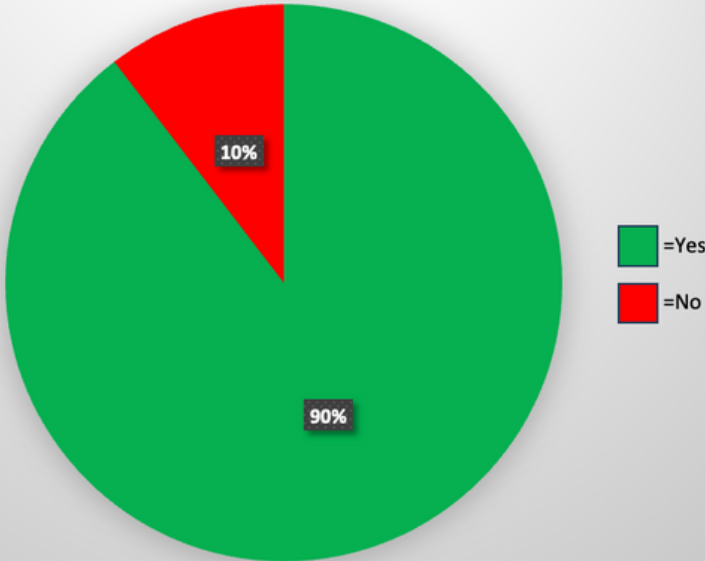
Relaxation Skills	Socratic Questioning
Daily Journaling	Cognitive Restructuring
Desensitization/Exposure	Social Skills Training
Activity Scheduling	De-catastrophizing
Cognitive Worksheets	Mental Imagery
Mindfulness Training	Cognitive Rehearsal
Behavior Rehearsal	Action Plans

WHAT IS THE EVIDENCE THAT USING A COGNITIVE BEHAVIORAL APPROACH IN THE OUTPATIENT SETTING IS EFFECTIVE?

A retrospective study ($n=48$) conducted by Jones (2024) found that 90% of patients demonstrated clinically significant change following cognitive behavioral-based treatment, as measured by an improvement in performance and satisfaction on the COPM by at least two points, regardless of age or gender, from pre- to post-treatment.

Treatment sessions ranged from 30-60 minutes 1x/week for an average of 9 visits.

Percentage of individuals that improved functioning in meaningful occupations affected by mental health conditions following cognitive behavior-based occupational therapy services (Jones, 2024)



Reference: Jones, M. J. (2024). A cognitive behavioral approach to improving performance and satisfaction in meaningful occupations in the outpatient mental health occupational therapy setting. *Occupational Therapy in Mental Health*. <https://doi.org/10.1080/0164212X.2024.2326411>