

**OCCUPATIONAL
THERAPY**
IN THE
UNITED STATES
**EARLY
INTERVENTION IN
PSYCHOSIS**
REPORT

2021/2022

**OT in Early Intervention in
Psychosis Research Collaboration**

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Table Of Contents

1	Title Page	●
2	Table of Contents	●
3	Acknowledgements	●
4	Executive Summary	●
5	Funding	●
6	Introduction	●
7	Methodology	●
8	Demographics	●
9	Contributions of OT Practitioners	●
10	Implementation Factors	●
15	Conclusion	●
16	Resources and References	●

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WE THANK YOU
FOR SUPPORTING OT WITHIN U.S.
EIP PROGRAMS

Executive Summary



Data Summary

This report summarizes new data from an national survey of early intervention in psychosis (EIP) programs in the United States designed to understand:

- The unique role and contributions of occupational therapy (OT) practitioners to early intervention teams, and
- Barriers and supports to the implementation of OT services within these programs.

The survey was completed by 51 senior leaders from U.S.-based early intervention in psychosis programs.

Recommendations

Our analysis of the data, detailed in this report, leads us to make the following recommendations:

- Work with state legislators to break down barriers to mental health reimbursement for OT practitioners.
- Conduct further research, specifically outcomes research, that presents more on the impact and efficacy of OT interventions.
- Utilize the OT on an EIP team to fill in the gaps and needs of the team to ensure revenue stream.
- Partner with OT education programs in your region or state to develop internships, conduct research, and develop an OT position.
 - <https://acoteonline.org/schools/>



Introduction

Early intervention in psychosis (EIP) programs provide developmentally appropriate care to youth and emerging adults experiencing first-episode psychosis.

EIP offers services such as cognitive behavioral therapy, care management and coordination, family education and support, supported employment and education, and evidence-based psychopharmacology. Research demonstrates that these services are effective at improving short-term work and school participation (Kane et al., 2016), but longer-term occupational functioning outcomes have been disappointing (Chan et al., 2019). Continued refinement of early intervention services is needed to improve post-discharge outcomes.

Occupational therapy (OT) may enhance EIP services by promoting social and occupational functioning and meaningful activity engagement (Read et al., 2018).

OT services within EIP are more common internationally than in the U.S. Thus, a deeper understanding of how it can be effectively implemented in the U.S. is necessary. The purpose of this study was to conduct a national (U.S.-based) survey of EIP programs to understand the unique contributions of OT practitioners to early intervention teams, and identify implementation-related barriers and supports.

Methodology

Recruitment Methods

- Contact lists of individual EIP programs were obtained from organizations tracking the development of these programs (e.g., EASA).
- Programs were sent an email with a direct link to the survey
- Inclusion Criteria.
 - This survey required respondents to currently be in a senior-level position at an EIP program in the United States.

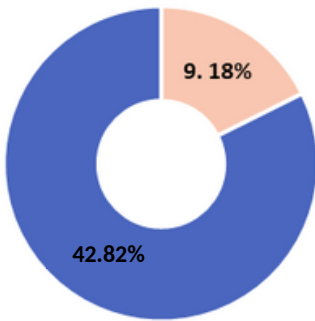


Survey

- Web-hosting of the survey was through Redcap
 - (<https://www.project-redcap.org/>).
- Information about the study purposes and procedures preceded survey items, and participants were required to provide informed consent before gaining access.
- Survey questions consisted of a series of closed and open-ended questions related to:
 - program staffing
 - the presence of specific services that fall within the OT scope of practice
 - implementation barriers and supports (e.g., funding)

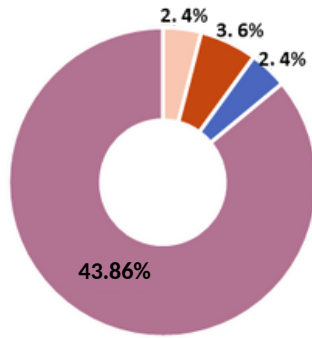
Respondent Demographics

Gender



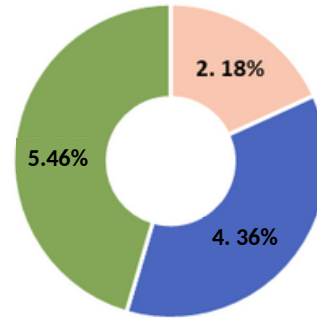
- Male
- Female

Education



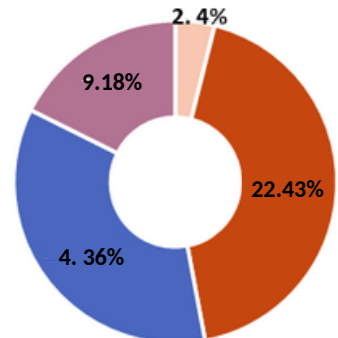
- Associates/vocational degree
- Bachelor's degree
- Some graduate/professional school
- Graduate/professional degree

Role



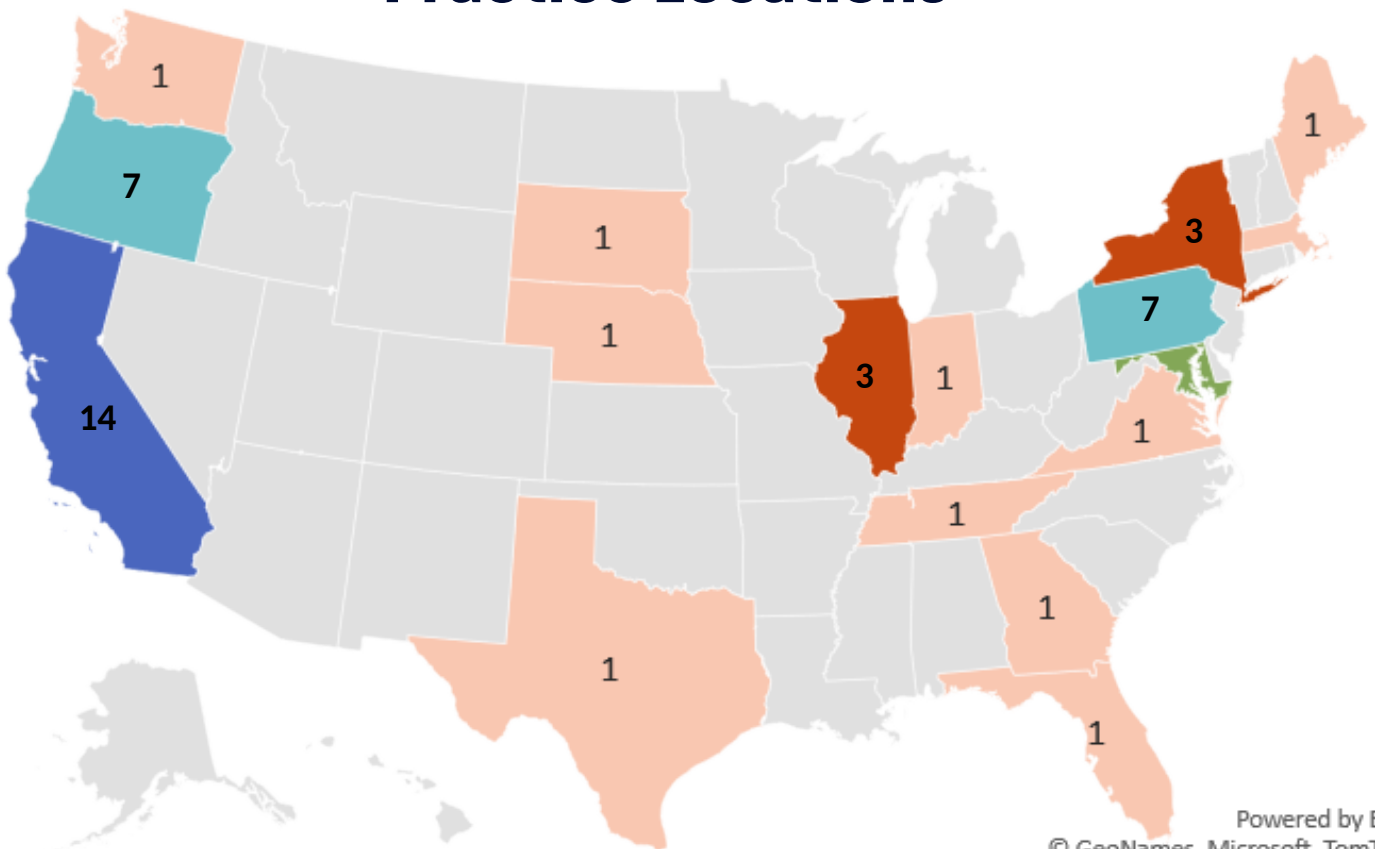
- State-level leadership
- Program-level leadership
- Program staff

Role Length



- < 1 year
- 1-3 years
- 4-6 years

Practice Locations



Number of Locations per State

- 1
- 2
- 3
- 7
- 14

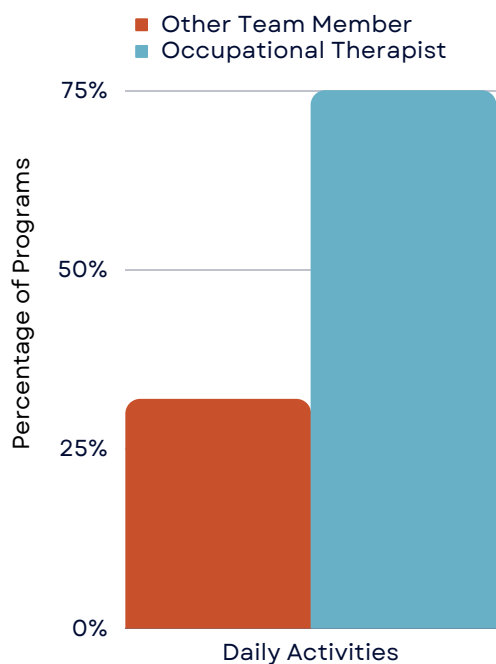
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Contributions of OT Practitioners

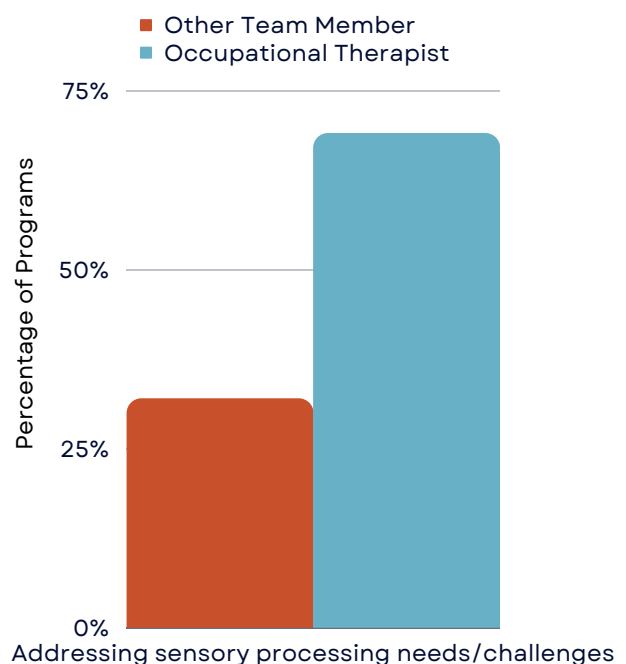
- **Sixteen** out of the **51 respondent programs (31%)** reported employing an **OT practitioner**.
- Of the programs that **did not** employ an OT practitioner, **19 (54%)** reported having at least one team member who **provided services comparable** to what an OT practitioner might provide.
- These team members included:
 - case managers, peer support workers, therapists/clinicians, supported employment and education specialists or vocational specialists, and others (e.g., psychiatric rehabilitation practitioners).

A statistical test for small sample sizes was performed to compare potential differences in how OT practitioners and other team members supported client engagement in life.

OT supported daily activities to a greater extent than other team members



OT supported sensory processing to a greater extent than other team members



Funding

OT Services were funded through the following Sources

Funding sources reported from 12 of the sites providing OT



- Insurance
- Grant support
- Local/state/federal funds
- Internal organization/agency funds

Implementation Factors

Teams that Employed OT Practitioners:

Respondents provided several reasons for employing an OT, including:

Reason	Quote
1. Recognition that OTs contribute uniquely to the team	"Covers areas of practice in which other disciplines are untrained and unprepared"
2. Requirement by the program	"Included in [EIP] model ... included with program budget"
3. To support clients in specific ways	<p>"OTs help with providing support with participants who often experience major cognitive deficits as a result of experiencing psychosis."</p> <p>"To support individuals with doing the things they want, need, or are expected to do to live happy and fulfilling lives."</p>

The number one reported reason for employing OTs was that they support clients in specific ways.

Implementation Factors

Barriers to OT Integration

Barrier	Quote
1. Lack of funding/reimbursement	“Funding barriers. Lack of OT reimbursement.”
2. Budgeting challenges	“OT salary is high due to outdated budgets.”
3. Location	“Location makes it very hard to hire an OT.”
4. Documentation barriers	“The electronic medical record software is not designed for OT services/documentation.”
5. Challenges with recruitment	“Recruitment and availability, higher salary/usually not funded as full-time in our programs.”
6. Limited awareness about value of OTs by non-OTs in leadership	“Limited awareness of impact of OTs by non-OTs who make structure and hiring decisions.”

The number one reported barrier was lack of funding/reimbursement.

Implementation Factors

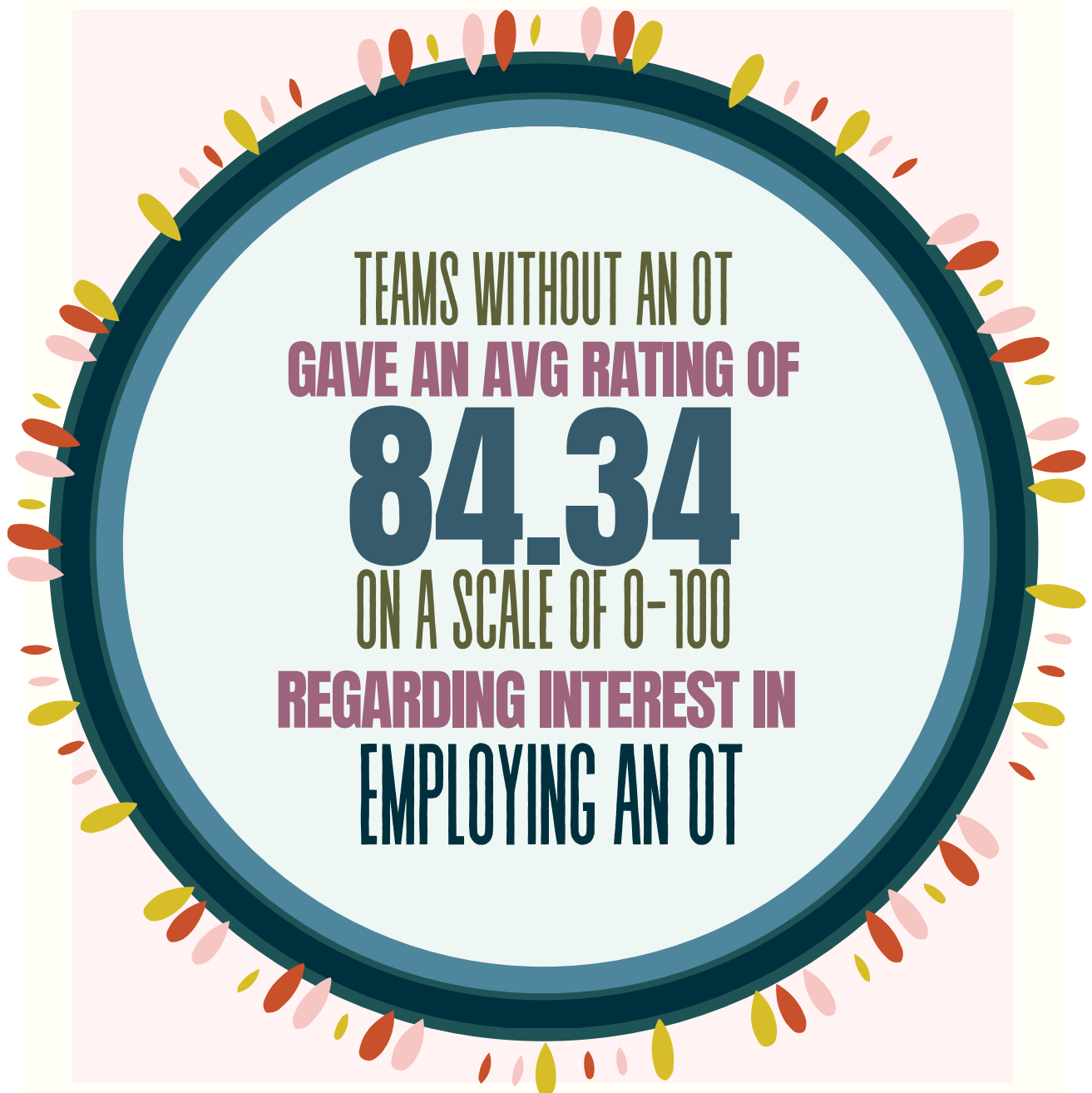
Facilitators of OT Integration

Facilitator	Quote
1. Opportunities for consultation with other OTs	“Cross-site network of OTs/mentoring.”
2. Requirement by program	“Inclusion in fidelity model.”
3. Training/education to non-OT team members about role of OT	“OTs used to share the results and recommendations stemming from their assessments in team meeting, which helped to educate other team members about what OT does and how to implement their findings to support the client.”
4. Collaboration/communication between OT and other team members	“Strong collaboration and communication between disciplines.”
5. Advocacy for OT within team/organizational leadership	“Strong advocacy for OT by director of the program – a psychiatrist.”
6. Amplify reach to participants through OT students/interns	“OT now taking OT students.”
7. Having an EIP model inclusive of different kinds of team members	“Transdisciplinary model.”
8. Role clarity among team members	“Well-defined roles.”

The number one reported facilitator was strong collaboration/communication between OT and other team members.

Implementation Factors

Interest in OT Employment



Implementation Factors

When asked about barriers to employing an OT, respondent programs without OT's reported the following:

Barrier	Quote
1. Lack of funding/reimbursement	“Billing and reimbursement.”
2. Perceived duplication of roles	“Duplication of roles.”
3. Not consistent with fidelity model	“Not part of the [EIP] Model.”
4. Challenges with recruitment	“From my understanding it has been difficult to find an OT that wants to work in our program.”
5. Lack of capacity to support OT	“We don't have the internal expertise, training, or supervisors who could effectively support OT.”
6. Environmental circumstances	“COVID”
7. Need for leadership buy in	“Leadership buy in (feeling tasks are already being addressed by other disciplines).”
8. Location	“The ability to fill that position in a rural county.”

Again, lack of funding was the number one barrier to employing an OT practitioner.

CONCLUSION

Issue	<ul style="list-style-type: none">• Even prior to COVID-19, youth mental health challenges have been on the rise, especially in marginalized identities, according to CDC reports.
Gap	<ul style="list-style-type: none">• Development of a robust mental health workforce is needed so youth can access support from trained mental health professionals on psychosis teams to :<ul style="list-style-type: none">◦ mitigate negative outcomes of poor mental health◦ reduce long term health disparities
Solution	<ul style="list-style-type: none">• Occupational therapy practitioners are well prepared to join EIP programs and respond to this need.• OT practitioners can contribute to interdisciplinary teams by offering:<ul style="list-style-type: none">◦ Innovative occupation-based solutions◦ Additional support with community integration, social participation, and wellness to name a few.

Resources

[Early Assessment and Support Alliance](#)
[OT Manual for EASA](#)
[EASA Practice Guidelines](#)

Recent article: [Implementation of occupational therapy within early intervention in psychosis services: Results from a national survey](#)

[Accreditation Council for OT Education \(ACOTE\) Standards](#)

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