Curated Mental Health Occupational Therapy Resources: A MHSIS Compendium (2026)

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Purpose and Scope

This compendium brings together a series of topic-specific resource handouts developed from materials housed within **AOTA's Mental Health Special Interest Section (MHSIS) Resource Library**. Each handout was originally created as a standalone knowledge-translation document. This unified compilation preserves the **integrity, citations, and external hyperlinks** of each original handout while offering a **coherent structure and shared framing** to support ease of navigation, cross-topic reflection, and dissemination.

The intent of this document is not to collapse distinctions across topics, but rather to:

 - Highlight conceptual connections across contemporary mental health occupational therapy (MHOT)

 - Support educators, practitioners, and students in locating curated evidence efficiently

 - Model transparent, values-aligned resource curation grounded in occupational therapy's mental health tradition

Each section remains **distinct and self-contained** and may be shared independently.

How to Use This Document

- Each section retains its original title, structure, and references
- Hyperlinks to external articles, open-access resources, and reports are preserved
- Sections may be used independently for teaching, practice, advocacy, or further curation

How to Cite or Share This Compendium

This compendium is intended as a **curated educational and professional resource** developed from materials housed within AOTA's Mental Health Special Interest Section (MHSIS) Resource Library.

- **When citing the full compendium**, please use the title, year, and compiler, and note MHSIS as the source (e.g., *Curated Mental Health Occupational Therapy Resources: A MHSIS Compendium [2026], compiled by Allison Sullivan*).
- **When sharing or citing individual sections**, users are encouraged to cite the **original sources listed within each handout**, as those citations reflect the primary scholarly and practice-based evidence.
- This document may be **shared for educational, clinical, and professional development purposes**, provided attribution is maintained and original authorship of cited works is respected.

As a living document, this compendium may be updated as new evidence, resources, and community-informed perspectives emerge.

Part I. Foundations, Contexts, & Systems
Shaping Mental Health OT Practice

A. Trauma- and Stressor-Related Conditions Across Populations

Overview

Recent scholarship across neuroscience, psychology, and mental health highlights the importance of distinguishing

between stress, trauma, resilience, and pathology. For occupational therapy practitioners, these distinctions are

critical for clinical reasoning, intervention planning, documentation, and advocacy for reimbursable services.

Key Concepts Relevant to OT Practice

● Not all stress results in trauma; resilience is often the most common outcome following adversity.

● Cumulative exposure to stressors and traumatic events increases risk for functional impairment across the lifespan.

● Early, skills-based interventions (e.g., psychological first aid, coping strategies, cognitive flexibility training) can mitigate long-term impact.

● Trauma- and stress-related responses must be understood developmentally and contextually, particularly for youth, educators, healthcare workers, and other frontline populations.

● Occupational therapy is uniquely positioned to support regulation, participation, and role functioning through occupation-centered, evidence-informed approaches.

Implications for Occupational Therapy

These perspectives strengthen occupational therapy's ability to articulate its role in mental health services across settings, including schools, healthcare systems, community programs, and disaster or crisis response. Clear differentiation between stress and trauma supports appropriate intervention selection, outcome measurement, and interprofessional collaboration.

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B. Neurodivergence and Neurodiversity-Affirming Mental Health Practice

Introduction:

This resource list brings together interdisciplinary scholarship relevant to neurodivergence and neurodiversity-informed mental health occupational therapy practice. The included works intentionally move beyond deficit-based and normalization frameworks to reflect contemporary neurodiversity-affirming theory, research, and practice. Collectively, these resources emphasize regulation- and nervous-system–based understandings of autism and ADHD; critically examine trauma, minority stress, and diagnostic overshadowing; and elevate participatory, lived-experience, and identity-informed scholarship alongside clinical and epidemiological literature.

The list was initially compiled from resources within AOTA's Mental Health Special Interest Section (MHSIS) library and subsequently strengthened through scholarly consultation with Neal Glendenning, a British researcher with lived experience. His contributions helped sharpen the epistemological grounding of this collection, particularly by

foregrounding neurodiversity-affirming science, challenging deficit-oriented outcome models, and supporting a more relational, contextual, and trauma-informed understanding of neurodivergent experience. Any remaining limitations reflect the evolving nature of this field and the ongoing need for co-produced and community-engaged scholarship.

Key themes represented across the resources include:

- Neurodiversity as a paradigm and epistemology, including critiques of "normalizing" science and deficit-based language
- Regulation-, sensory-, and nervous-system–based framings of autism and ADHD
- Trauma exposure, developmental trauma, minority stress, and diagnostic overshadowing in neurodivergent populations
- Intersections between sensory processing, emotional regulation, executive functioning, and occupational participation
- Lived-experience scholarship, participatory and co-produced research, and identity-affirming perspectives
- Critical examination of traditional outcome measures, performance validity testing, and deficit-oriented assessment models
- Implications for neurodiversity-affirming, trauma-informed, and occupationcentered mental health practice

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C. Bullying, Discrimination, and Psychological Safety in OT

I recently came across two scholarly works addressing under-reported but deeply intertwined issues in occupational therapy and higher education: mental health stigma and bullying within academic environments. I was reflecting on how they manifest in occupational therapy programs and shared these items on an occupational therapy forum, where that post received many views and downloads, but little discussion:

A 2022 University of South Dakota doctoral dissertation by Allison Jo Naber explored the experiences of OT students and practitioners navigating mental health accommodations. Her findings illuminated how rarely such supports are discussed openly in OT academia, despite growing awareness of mental health as a dimension of diversity. Students and faculty alike described struggling in silence, fearful of judgment, worried about being perceived as less competent, and uncertain of where to turn for help.

A new study from Sweden by Björklund and Jensen (2025) examines bullying among faculty in a medical university. The results are sobering: bullying is both pervasive and persistent. Causes often include power imbalances, unclear expectations, and a competitive, hierarchical culture that discourages vulnerability. Perhaps most concerning, those who reported bullying were less likely to stay in their positions or respond to follow-up surveys, suggesting a silent exodus of those most affected.

Not long after this post, I added a new resource to the MHSIS library, a July 2024 article from the Irish Journal of Occupational Therapy, "*The lived experiences of Black occupational therapy students at a UK university*"**.** The themes of this article, including racial isolation, microaggressions, fear of reporting racism, emotional toll, lack of culturally responsive supervision, and the protective power of peer support, mirror many of the concerns raised in my earlier thread. Shortly after posting, a first-year OTA student reached out with an extraordinarily thoughtful and vulnerable question:

"What strategies can an OTA student use to help grade their emotional response to discriminatory situations?"

This question deserves a broader conversation. It sits at the intersection of:

- the hidden curriculum in OT programs, departments, and businesses,

- emotional labor placed on students of color,

- the realities uncovered in recent research (including these articles), and

- the professional expectation for emotional regulation and therapeutic use of self.

For these reasons, I am bringing the question forward here, as a discussion seeking participants. When we consider these findings together, they raise uncomfortable but important questions for our field:

- How do our own academic and clinical training environments either protect or perpetuate these patterns?

- What does a "psychologically safe" occupational therapy program, department, business look like? And not just for students, but for educators and practitioners as well?

- And are we modeling the same wellness, inclusion, and occupational balance that we teach our students to foster in others?

As professionals committed to trauma-informed, inclusive practice, we can't afford to overlook the health of our professional ecosystems. Addressing these issues transparently, through mentorship, policy, practice and curricular design may be some of the most meaningful forms of professional modeling we offer.

I'd love to hear from colleagues:

- Have you observed or experienced challenges around mental health disclosure or bullying in OT?

- What strategies have you seen work in promoting safety and belonging within your practice settings?

To situate these individual experiences within a broader institutional context, I want to add a third perspective: the "Healthy Universities" 2023 study by Innstred, et al., which examines how psychosocial needs (autonomy, belonging, fairness, meaning, recognition, trust, clarity) shape work-related health for university employees. The findings reinforce that wellbeing is not simply the absence of illness or conflict; it is shaped by structural features of the environment. When these needs go unmet, stress, withdrawal, and organizational harm follow.

When we consider these studies together: bullying among faculty, racism experienced by Black OT students, and the systemic determinants of wellbeing, a pattern emerges. These are not separate problems. They are interconnected indicators of academic ecosystems that are not yet aligned with the inclusive, health-promoting, occupationally just values that define our profession.

As occupational therapists, we understand the reciprocal relationship between person and environment. We also understand that regulation, resilience, and wellness cannot be cultivated in a context that does not support them. I would welcome colleagues' thoughts on how we can strengthen the health of our programs, reduce the hidden curriculum that perpetuates harm, and create environments where all members, not only students, but faculty and staff as well, can thrive.

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D. Maternal Health Resources

Overview: As a follow-up to its Women's Health Specialty Conference in October, the American Occupational Therapy Association (AOTA) Mental Health Special Interest Section (MHSIS) is featuring these attached Maternal Health resources, globally sourced and collated in its member-created library:

Maternal health intervention activities

Value of OT in maternal health evidence

Maternal health assessment tools

AJOT Authors & Issues YouTube & free articles

Introduction: *MHSIS Chair, Allison Sullivan, DOT, OTR/L, writes:*

Occupational therapy can help improve outcomes and save lives of women that are otherwise going to be lost. Maternal mortality in the US is a public health crisis driven by high rates of preventable deaths, profound racial disparities, and underlying systemic issues. Occupational therapy offers a holistic, preventative approach that addresses many of the physical, mental, and social factors contributing to this crisis.

The U.S. has the highest maternal mortality rate among high-income nations, highlighting alarming racial disparities in these deaths. Leading causes include heart disease, stroke, infection, and hemorrhage, with contributing factors including older maternal age and preexisting chronic conditions. Many of these deaths are preventable, but opportunities are often missed due to delayed diagnosis and substandard care.

Occupational therapy practitioners use a holistic, client-centered approach to address the physical, mental, and environmental factors that affect a mother's well-being and daily life (occupations). OT interventions can reduce mortality risk by promoting maternal health throughout the entire perinatal continuum, from preconception through one year postpartum.

Mental health crises often precede maternal mortality. OT is uniquely suited to provide support. One way that OT can do this is by providing key behavioral health screening and intervention. OTs can screen for perinatal mood and anxiety disorders (PMADs). OT practitioners can help mothers manage stress, identify emotional triggers, and establish new routines for balance. They can teach coping strategies and promote parent-infant bonding, which supports regulation for both. They can lead group therapy sessions to facilitate peer connections, which helps combat isolation and boosts mental health.

OT in Maternal Health Evidence:

Barbic, S. P., MacKirdy, K., Weiss, R., Barrie, A., Kitchin, V., & Lepin, S. (2021). Scoping Review of the **Role of Occupational Therapy in the Treatment of Women With Postpartum Depression.** *Annals of International Occupational Therapy*, *4*(4), e249–e259. https://doi.org/10.3928/24761222-20210921-02 (Original work published October 1, 2021)

ABSTRACT: Background: Postpartum depression (PPD) can have a myriad of negative psychological and functional effects on mothers and their children. In Canada, most women who have PPD are either not diagnosed or not treated. Occupational therapists have the skill set to assess and treat women with PPD who experience psychosocial and functional challenges associated with motherhood.

Goal: The goal of our study was to understand the current evidence supporting the role of occupational therapy to enhance the outcomes of women with PPD.

Methods: We conducted a scoping review of the literature, searching the CINAHL, Ovid/MEDLINE, and PsycINFO databases from 1950 to March 2018 with a list of keywords identified by research, clinical, and context experts and an information librarian. We included all articles that specified occupational therapy intervention and/or occupationfocused interventions for women with PPD.

Results: Our review identified 2,162 studies. After screening for inclusion and exclusion criteria, 14 studies were reviewed. Three themes concerning the role of occupational therapy for women with PPD were identified: (a) supporting occupational disruption and transitions, (b) managing the experience of motherhood in the context of depression, and (c) value added of occupational therapy to current PPD best practices.

Conclusion: Considering the negative experiences and health risks associated with PPD, there is a need for client-centered assessments and interventions that focus on the needs and priorities of mothers. Given the broad challenges that can be associated with new motherhood, occupational therapists can have a clear role in developing an evidence base to support expansion of the profession into this field to optimize the well-being of new mothers.

Abstract: Background: Occupational therapists are qualified to provide needed support for individuals experiencing postpartum anxiety. Postpartum depression is a more well known and researched disorder; however, postpartum anxiety is theorized to be more prevalent and less discussed (Nakić et al., 2018; Zappas et al., 2021). The objective of this scoping review is to find the themes in the literature highlighting the unique settings, assessments, and interventions used to support individuals with postpartum anxiety.

Methods: A literature search was conducted from Scopus, Sage Journals, OTSeeker, Science Direct, and EBSCO databases. Twenty articles were found and selected for review.

Results: Themes across articles highlighted settings, assessments, and interventions used by occupational therapists to support individuals experiencing postpartum anxiety. Specific interventions included cognitive behavioral therapy, mindfulness, social support, exercise and meaningful activities, domains of occupation/performance patterns, sensory experiences, and emotional regulation and journaling.

Conclusion: Occupational therapists are qualified to provide evidence-based holistic care for birthing parents experiencing postpartum anxiety.

Keywords: postpartum anxiety, postpartum occupational therapy, postpartum care, maternal health, maternal mental health

ABSTRACT: BACKGROUND: Mother-to-infant bonding is defined as the emotional tie experienced by a mother towards her child, which is considered to be important for the socio-emotional development of the child. Numerous studies on the correlates of both prenatal and postnatal mother-to-infant bonding quality have been published over the last decades. An up-to-date systematic review of these correlates is lacking, however.

OBJECTIVE: To systematically review correlates of prenatal and postnatal mother-to-infant bonding quality in the general population, in order to enable targeted interventions.

METHODS: MEDLINE, Embase, CINAHL, and PsychINFO were searched through May 2018. Reference checks were performed. Case-control, cross-sectional or longitudinal cohort studies written in English, German, Swedish, Spanish, Norwegian, French or Dutch defining mother-to-infant bonding quality as stipulated in the protocol (PROSPERO CRD42016040183) were included. Two investigators independently reviewed abstracts, fulltext articles and extracted data. Methodological quality was assessed using the National Institute of Health Quality Assessment Tool for Observational Cohort and Cross-sectional studies and was rated accordingly as poor, fair or good. Clinical and methodological heterogeneity were examined.

MAIN RESULTS: 131 studies were included. Quality was fair for 20 studies, and poor for 111 studies. Among 123 correlates identified, 3 were consistently associated with mother-toinfant bonding quality: 1) duration of gestation at assessment was positively associated with prenatal bonding quality, 2) depressive symptoms were negatively associated with postnatal mother-to-infant bonding quality, and 3) mother-to-infant bonding quality earlier in pregnancy or postpartum was positively associated with mother-to-infant bonding quality later in time.

CONCLUSION: Our review suggests that professionals involved in maternal health care should consider monitoring mother-to-infant bonding already during pregnancy. Future research should evaluate whether interventions aimed at depressive symptoms help to promote mother-to-infant bonding quality. More high-quality research on correlates for which inconsistent results were found is needed.

KEYWORDS: Bonding; mother-child relation; depression; pregnancy; systematic review.

Maternal Health Assessment Tools

Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: **Edinburgh Postnatal Depression Scale**. *British Journal of Psychiatry* 150:782-786. https://pubmed.ncbi.nlm.nih.gov/3651732/

Introduction: Postpartum depression is the most common complication of childbearing. The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for "perinatal" depression. The EPDS is easy to administer and has proven to be an effective screening tool. Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt during the previous week. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Hunter, M. S. (2003). **The Women's Health Questionnaire** (WHQ): Frequently asked questions (FAQ). *Health and Quality of Life Outcomes, 1*(41). https://doi.org/10.1186/14777525-1-41

Abstract: The Women's Health Questionnaire (WHQ) is a measure of mid-aged women's emotional and physical health. Since its publication in 1992 the WHQ has been widely used in multinational clinical trials, in epidemiological studies as well as in the evaluation of nonmedical treatments. In particular the WHQ has been included as a quality of life measure in trials of hormonal preparations for periand post menopausal women and in studies using a variety of preventative interventions for mid-aged and older women. The questionnaire was developed in English and standardised on a sample of women aged 45–65 years. It is reliable, has good concurrent validity and is sensitive to detecting change, and is available in 27 languages. The range of subscales included in the WHQ enable a detailed assessment of dimensions of emotional and physical health, such as depression, anxiety, sleep problems, somatic symptoms, with optional subscales for menstrual problems and sexual difficulties.

The WHQ is the first measure to be included in the MAPI Research Institute's database, the International Health-related Quality of Life Outcomes Database (IQOD). Drawing upon data from international studies this project aims to produce reference values for cross-culturally valid, reliable and responsive quality of life instruments. In addition to this work, a revised shorter version of the WHQ is currently being developed.

Yoshida K, Yamashita H, Conroy S, et al. (2012). **A Japanese version of mother-to-infant bonding scale:** Factor structure, longitudinal changes and links with maternal mood during the early postnatal period in Japanese mothers. *Archives of Womens Mental Health*.15(5):343-352. Creative Commons license and disclaimer available from: http://creativecommons.org/licenses/by/2.0.

Summary: The study by Yoshida et al. (2012) evaluates the Japanese version of the Motherto-Infant Bonding Scale (MIBS), examining its factor structure, changes over the early postnatal period, and associations with maternal mood. Findings support a two-factor structure: *lack of affection* and *anger/rejection* that aligns with international versions of the scale, indicating cross-cultural validity. MIBS scores improved naturally over the first postpartum month, demonstrating sensitivity to developmental changes in bonding. Importantly, higher depressive symptoms were linked to poorer bonding scores, emphasizing the strong relationship between maternal mood and early attachment difficulties. The study highlights the value of culturally adapted bonding assessments and underscores the need for early identification and intervention to support maternal mental health and caregiver–infant relationships.

Zhao, Y., Yuan, M., Wu, J., Wang, Z., Jia, F., Ma, L., Yang, Y., Zhou, J., & Zhang, M. (2024). A **postpartum functional assessment tool** for women based on the International Classification of Functioning, Disability and Health. *BMC Women's Health, 24*(27). https://doi.org/10.1186/s12905-024-02880-z

Abstract: Background: Postpartum dysfunctions and complications can occur in women. However, functional assessment should be conducted to make treatment plans before any intervention is implemented. In this context, the International Classification of Functioning, Disability and Health (ICF) may be a useful tool for women postpartum to document

functional data and set rehabilitation goals. The purpose of this study was to determine the corresponding domains that should be considered in the evaluation of women's postpartum functioning based on the International Classification of Functioning, Disability and Health (ICF) model using the Delphi method.

Methods: Fifteen domestic experts were invited to conduct two rounds of expert consensus survey on the ICF-based postpartum functional assessment category pool obtained through literature retrieval, clinical investigation, and reference to relevant literature. The sample was medical staff with professional knowledge of women's health. The opinions of experts were summarized, and the positive coefficient, authority coefficient and coordination degree of experts were calculated.

Results: A total of 15 domestic experts participated in this expert consensus. Through two rounds of a questionnaire survey, 69 items were finally selected to form the ICF-based postpartum functional assessment tool for women. The items included 32 items of body function, 12 items of body structure, 17 items of activity and participation, and 8 items of environmental factors. In addition, we identified 8 items of personal factors. The expert positive coefficients of the two rounds of expert consensus were both 100%, the authority coefficient was 0.789, and the coefficient of variation was between 0.09 to 0.31.

Conclusion: A postpartum functional assessment tool for women based on the ICF model was constructed based on the Delphi method, which can provide more comprehensive health management and life intervention for postpartum women.

Maternal Health Intervention Resources:

Major, J. C. W., Jewell, V., & Bodison, S. C. (2025). The Issue Is-Public Health Critical Race Praxis in maternal health occupational therapy: A framework for race-conscious research and intervention. American Journal of Occupational Therapy, 79, 7902347020. https://doi.org/10.5014/ajot.2025.050990

Khan, S. 2025. Occupational therapy guidelines for supporting role transitions and managing stress in women experiencing postpartum depression. Occupational Therapy in Mental Health, DOI: 10.1080/0164212X.2025.2476167 https://www.tandfonline.com/doi/abs/10.1080/0164212X.2025.2476167

ABSTRACT: The postpartum period is marked by significant role transitions and psychological challenges, including postpartum depression, which disrupt occupational balance and well-being. This article provides occupational therapy guidelines to support postpartum women in managing stress, adapting to new roles, and reengaging in meaningful occupations. Grounded in role theory, self-determination theory, and the biopsychosocial model, these guidelines address role strain, psychological distress, and diminished coping strategies. Key interventions include fostering role clarity, strengthening support networks, addressing body image concerns, and promoting health management. A case study illustrates their application in clinical practice, emphasizing postpartum adaptation and mental health outcomes.

Khan, S. (2023). Occupational therapy's unique role in maternal health and well-being. *OT Practice, 28*(8), 12–15. https://www.aota.org/publications/ot-practice/ot-practiceissues/2023/occupational-therapy-unique-role-maternal-health

Article Summary: This article provides an in-depth overview of the distinct role occupational therapy practitioners (OTPs) play in promoting maternal health and well-being across the full perinatal continuum, from pre-conception through one year post-birth. Using a biopsychosocial and trauma-informed lens, Khan describes how OTPs support the physical, emotional, psychosocial, sensory, and role-related needs of women navigating pregnancy, childbirth, and new motherhood.

AJOT's Authors and Issues YouTube with corresponding AJOT articles:

AJOT Authors & Issues Session 37: Maternal Health and a Public Health Critical Race Praxis Framework: On this edition of AJOT Authors & Issues. AJOT Editor-In-Chief, Stacey Reynolds, interviews Jordan Major from the University of Florida about her recently published Issue Is article entitled: "Public Health Critical Race Praxis in Maternal Health Occupational Therapy: A Framework for Race-Conscious Research and Intervention". On this episode, Stacey and Jordan discuss the maternal health crisis in the United States, the systemic and structural issues contributing to this crisis, and how the Public Health Critical Race Praxis (PHCRP) framework can be used in the maternal health area of occupational therapy. This article appears in AJOT Volume 79, Issue 2. Link to Open Access article: https://research.aota.org/ajot and in **Maternal Health Intervention Resources** above.

E. Psychosocial Clubhouses and Occupational Therapy

Overview

Psychosocial clubhouses are nonclinical, community-based recovery programs for individuals living with serious mental illness. Rooted in participation, contribution, dignity, and belonging, the Clubhouse Model emphasizes engagement in meaningful roles through the work-ordered day and shared governance between members and staff. This approach aligns strongly with occupational therapy's focus on participation, roles, routines, and recovery.

Why Clubhouses Matter: Evidence Highlights

- Consistent associations with improved quality of life, self-efficacy, and social functioning.

- Reductions in psychiatric hospitalizations and overall mental health service utilization.

- Increased participation in employment, education, and community life.

- Enhanced social connectedness, reduced stigma, and a strong sense of mattering and belonging.

- Growing international and interdisciplinary evidence base spanning qualitative, longitudinal, and mixed-methods research.

Occupational Therapy Alignment

- OT's core emphasis on participation and meaningful activity mirrors the foundational mechanisms of the Clubhouse Model.

- OT practitioners can support engagement in the work-ordered day without medicalizing or disrupting the nonclinical environment.

- Ots and OTAs contribute to accessibility, inclusion, role participation, and community integration.

- OT expertise supports program development, outcome articulation, participatory research, and sustainability while preserving clubhouse fidelity.

Opportunities for OT Collaboration in Clubhouse Settings

Occupational therapy practitioners may serve as collaborators, consultants, educators, researchers, or advisory board members within clubhouse settings. Opportunities include member-driven goal support, inclusive participation strategies, contribution to community-based participatory action research, program evaluation, and strengthening

the communication of clubhouse outcomes for advocacy, funding, and sustainability purposes.

Selected Clubhouse Resources

- Agner, J., Botero, A., Cha, T., Nakamura, L., Kaukau, T. M., Liu, M., & Hawaiʻi Clubhouse Coalition. (2024). A conceptual model of how mental health clubhouses impact health and quality of life among individuals with serious mental illness. *Psychiatric Rehabilitation Journal, 47*(3), 249–259. https://doi.org/10.1037/prj0000579

- Callahan, K. (2023). *Occupational therapy integration in psychosocial rehabilitation: The clubhouse model* (Doctoral capstone project). Western Michigan University. https://scholarworks.wmich.edu/capstone_projects/48

- McKay, C. E., Nugent, K. L., Johnsen, M., Eaton, W. W., & Lidz, C. W. (2016). A systematic review of evidence for the clubhouse model of psychosocial rehabilitation. *Administration and Policy in Mental Health and Mental Health Services Research, 45*, 28–47. https://doi.org/10.1007/s10488-016-0760-3

- Hinchey, L. M. E., Pernice, F. M., Christian, J. N., Michon, A., & Rice, K. (2023). A contemporary review of the clubhouse model of psychosocial rehabilitation: Past, present, and emerging directions. *Psychiatric Quarterly, 94*, 569–604. https://doi.org/10.1007/s11126-023-10051-w

- McKay, C. E. (2024). The growth and diversity of the evidence base for the clubhouse model. *Psychiatric Rehabilitation Journal, 47*(3), 189–192. https://doi.org/10.1037/prj0000628

- Rice, K., Hand, R., Diop, B., Mejia, A., Mahoney, O., & Seidman, J. (2024). Expanding community-based participatory action research practices to clubhouses through sustainable research activities. *Psychiatric Rehabilitation Journal, 47*(3), 219–228. https://doi.org/10.1037/prj0000607

- Rice, K., Simaitis, G., & Pernice, F. (2024). Clubhouse virtual programming: A trend analysis of member engagement patterns before, during, and after pandemic lockdown. *Psychiatric Rehabilitation Journal, 47*(3), 200–208. https://doi.org/10.1037/prj0000615

Part II. Occupational Therapy Intervention Approaches in Mental Health

A. Mindfulness in Occupational Therapy & Mental Health Practice

Introduction: These resources are from the **Mindfulness, Meditation, & Progressive Relaxation** subfolder, located in the **Therapeutic Approaches** file tab on **the Main Menu in the Mental Health SIS forum on CommunOT**. Although these resources live in the MHSIS library, many are applicable across a wide range of OT practice settings.

🎧 Knowledge Translation

Re: Everyday practice & seasonal stress, a short, accessible piece that translates mindfulness into everyday contexts:

- *Three Simple Mindfulness Practices to Manage Holiday Stress* offers practical strategies (mindful walking, breathing, and reflection) that align well with OT approaches to routines, self-care, and participation-particularly during high-stress seasons.

🔍 Scope of OT Evidence Across Settings

Mindfulness in physical rehabilitation (OT scoping review)
To broaden beyond mental health-specific settings:

- **Hardison & Roll (2016)** provide a scoping review of mindfulness interventions in physical rehabilitation. This is a helpful "bridge" resource for OTPs who want to understand the range of mindfulness applications, common outcomes, and how mindfulness shows up in rehab-oriented OT contexts.

🛠️ Intervention Resources

Mindfulness-Based Stress Reduction (MBSR)
For those seeking structured intervention materials:

- The *Mindfulness-Based Stress Reduction Handbook* by Helena M. Ahearn provides an 8-lesson guide grounded in the work of Jon Kabat-Zinn and colleagues. While not OT-specific, it offers a clearly sequenced program that OTPs may adapt thoughtfully within occupation-based, client-centered practice.

- **Relaxation skill resource (JPMR)**
  For those looking for a highly concrete, teachable skill that pairs well with mindfulness and stress management plans, Bushra & Ajaz (2018) outline the **Jacobson Progressive Muscle Relaxation (JPMR)** technique (20 minutes), which can be useful as a structured relaxation option for clients who benefit from body-based regulation strategies.

📊 Outcomes & Effectiveness Research

Mindfulness-informed OT intervention
For those looking for outcome data:

- **Yamamoto et al. (2023)** report results from a randomized controlled trial examining an OT program incorporating mindfulness for outpatients with anxiety and depression. In addition to clinical outcomes, this study explores changes in brain function, offering a compelling link between occupation-based intervention, mindfulness, and neurobiological mechanisms.

This article is helpful when discussing mindfulness with interdisciplinary teams or justifying OT's role in evidence-based mental health care.

👩‍⚕️ Occupational Therapy–Specific Perspectives

Mindfulness and OT with young adults
An OT-focused contribution in this folder is a Critically Appraised Topic that speaks directly to emerging mental health needs:

- **Haiby, Reimann, & Quinley (2024)** examine the role of mindfulness-based interventions (MBIs) for young adults experiencing mental health symptoms associated with social media use. Using MOHO as a guiding framework, the authors link anxiety, depression, disrupted routines, and diminished occupational participation to challenges in volition, habituation, and performance capacity.

This paper is especially useful for OTPs working in college health, community mental health, or emerging adult populations, and it highlights both the promise of MBIs *and* the need for more OT-led research in this area.

🧠 Evidence Base & Conceptual Foundations

Interoception and self-regulation
One foundational conceptual piece in this folder is a paper that has strongly influenced how mindfulness is discussed in contemporary OT mental health scholarship:

- **Price & Hooven (2018)** present a psychologically and neurobiologically informed framework explaining how *interoceptive awareness* supports emotion regulation and an integrated sense of self. The authors argue that developing interoceptive awareness is central to self-regulation, health, and well-being, and they situate mindfulness as a body-oriented pathway for cultivating these skills.

Note: *This resource group isn't intended to be exhaustive. It is, however, a snapshot of evidence, theory, and intervention resources concerning mindfulness. Together they demonstrate how library materials can be linked together through an OT lens.*

References

Ahearn, H. M. (n.d.). *Mindfulness-based stress reduction handbook*. Dublin City University.https://www.dcu.ie/sites/default/files/students/mindfulness_based_stress_reduction_handbook.pdf

Bushra, M., & Ajaz, A. K. (2018). Jacobson muscle relaxation technique (JPMR) (20 min). *JOJ Nurse & Health Care, 8*(1), 555726. https://doi.org/10.19080/JOJNHC.2018.08.555726

Haiby, A., Reimann, K., & Quinley, K. (2024). *Role of mindfulness-based interventions in occupational therapy with young adults with mental health conditions evoked by social media* (Critically Appraised Topic No. 77). University of North Dakota. https://commons.und.edu/cat-papers/77

Hardison, M. E., & Roll, S. C. (2016). Mindfulness interventions in physical rehabilitation: A scoping review. *American Journal of Occupational Therapy, 70*, 7003290030. https://doi.org/10.5014/ajot.2016.018069

Price, C. J., & Hooven, C. (2018). Interoceptive awareness skills for emotion regulation: Theory and approach of mindful awareness in body-oriented therapy (MABT). *Frontiers in Psychology, 9*, 798. https://doi.org/10.3389/fpsyg.2018.00798

Shattell, M., & Johnson, A. (2017). Three simple mindfulness practices to manage holiday stress. *Journal of Psychosocial Nursing and Mental Health Services, 55*(12), 4–6. https://doi.org/10.3928/02793695-20171117-01

Yamamoto, A., Tsukuda, B., Minami, S., Hayamizu, S., Naito, M., Koshikawa, Y., Funatsuki, T., Takano, C., Ogata, H., Takekita, Y., Nishida, K., Ikeda, S., Kinoshita, T., & Kato, M. (2023). Effectiveness and changes in brain functions by an occupational therapy program incorporating mindfulness in outpatients with anxiety and depression: A randomized controlled trial. *Neuropsychobiology, 82*(5), 306–318. https://doi.org/10.1159/000531487

B. Acceptance and Commitment Therapy (ACT) in Occupational Therapy

ACT intervention resources:

1. As Benjamin Triplett noted in his 6.16.25 post, James Hill is an OTP seasoned in the use of ACT. His website is The Morita School of Japanese Psychology, which has a collection of ACT-based interventions that can be used in groups or adapted for individual sessions. The pdf is one of the resources available on this website. From **Processing Experiential Activities Using the DNA-V Model** PDF from James Hill's website *The Morita School of Japanese Psychology:*

   OVERVIEW:

   The DNA-V model was developed as an application of Contextual Behavioral Science for use with adolescents. It merges components of Acceptance and Commitment Therapy with Positive Psychology.

   DNA represents metaphors symbolic of psychological processes / perspectives.

   D = Discoverer – represents the process of exploring and testing the world (trial and error learning)

   N = Noticer – represents our direct experience of our body, feelings, and sensory experience without analysis or judgment. It is a neutral observer

   A = Advisor – represents our inner voice, our judgment. Its primary role is to keep us safe and secure and to figure out what might work based on our past learning experiences

   V= Values – Awareness of what is important, which helps to guide more intentional actions in the world and responses to thoughts and feelings.

   Because the DNA-V model is designed with adolescents in mind it is a developmental model which assumes that values are not necessarily well formed. The assumption is that clarification of values emerges from the interaction of the DNA functions. We test out our assumptions about what we value and notice what works and does not work, in the process we discover and refine our values. Though it is generally assumed that most adults have a better understanding of their values, it has been my experience that our values are information, transition, and development throughout our lives. Significant events like illness, loss, or disability often demands a reconsideration and prioritization of our values.

   (Worksheet follows on next page)

Processing Experiential Activities Using the DNA-V Model

SOURCE:
Louise L Hayse & Joseph Ciarrochi; The Thriving Adolescent; New Harbinger: 2015

OVERVIEW:
The DNA-V model was developed as an application of Contextual Behavioral Science for use with adolescents. It merges components of Acceptance and Commitment Therapy with Positive Psychology.

DNA represents metaphors symbolic of psychological processes / perspectives.

- D = Discoverer – represents the process of exploring and testing the world (trial and error learning)
- N = Noticer – represents our direct experience of our body, feelings, and sensory experience without analysis or judgment. It is a *neutral observer*
- A = Advisor – represents our inner voice, our judgment. Its primary role is to keep us safe and secure and to figure out what might work based on our past learning experiences

V= Values – Awareness of what is important, which helps to guide more intentional actions in the world and responses to thoughts and feelings.
- Because the DNA-V model is designed with adolescents in mind it is a developmental model which assumes that values are not necessarily well formed. The assumption is that clarification of values emerges from the interaction of the DNA functions. We test out our assumptions about what we value and notice what works and does not work, in the process we discover and refine our values.
- Though it is generally assumed that most adults have a better understanding of their values, it has been my experience that our values are in formation, transition, and development throughout our lives. Significant events like illness, loss, or disability often demands a reconsideration and prioritization of our values.

USING THE DNA-V WITH EXPERIENTIAL EXERCISES:
Any task, challenge, or collaborative process is likely to elicit an array of DNA-V functions. Some tasks are going to be better designed to emphasize particular functions. For example, problem solving will tend to elicit Advisor functions, applying past experience to generate possible solutions. Task based problems which require trial and error learning will tend to elicit Discoverer functions. Noticer functions are present in any conscious experience but may remain unconscious unless emphasized in some way. This makes a DNA approach extremely flexible. Just about any team building, problem solving, or experiential exercise you have ever encountered in your life can be used to illustrate and explore DNA-V concepts. This makes the approach wonderfully playful, creative, and engaging.

Simply defining the DNA-V processes and using experiential exercises to illustrate how these processes shape behavior and transform experience immediately places clients in a position of mindful awareness of their inner processes (self-as-context). Naming and cultivating awareness of these processes allows for more flexibility to choose one's perspective and intentionally adopt a way of experiencing the world. Without this structure these functions are largely unconscious, functioning automatically and reflexively to influence behavior, form perspective, and elicit emotional reactions.

2. **UNWORKABILITY OF CONTROL EFFORTS (CREATIVE HOPELESSNESS) activities from James Hill's Morita School of Japanese Psychology**

   As Benjamin Triplett noted in his 6.16.25 post, James Hill is an OTP seasoned in the use of ACT. His website is The Morita School of Japanese Psychology, which has a collection of ACT-based interventions that can be used in groups or adapted for individual sessions. *The Unworkability of Control Efforts (Creative Hopelessness)* is one category of ACT exercises from the website. *The Leaky Canoe* (featured below) is one of four exercises from the website, all of which are available as pdfs in the MHSIS library.

ACT in OT evidence:

1. Reference: Haage, M., & Tjörnstrand, C. (2024). Experiences of occupational therapists within an ACTbased interdisciplinary pain management program. *Scandinavian Journal of Occupational Therapy, 31*(1), 1–11. https://doi-org.ezai.ez.cwmars.org:3243/10.1080/11038128.2024.2361635

ABSTRACT: Background: Acceptance and Commitment Therapy (ACT)-based interdisciplinary pain rehabilitation programs have shown effective results. While occupational therapy within these programs has made a unique contribution to pain management because of its focus on occupation and use of group activities, little is known about occupational therapists' own experiences of it. Aim: The aim of this study was to describe the occupational therapists' experiences of working in a manual-based interdisciplinary pain management program grounded in ACT. Material and methods: Six occupational therapists at a pain rehabilitation clinic were

interviewed. Data were analysed using Braun and Clark's thematic analysis.Results: The occupational therapists experienced that ACT and occupational therapy complement each other and that ACT facilitated comprehension of occupational therapy interventions. With ACT, the team gained a common language, which made teamwork and patient comprehension more efficient. A behavioural analysis (SORC) served as a link between occupational therapy and ACT. Conclusions: Manual-based occupational therapy activity group interventions with elements of ACT were felt to enhance the patient's understanding of their rehabilitation and supported teamwork.

Significance: This study provides further support for use of ACT in occupational therapy within interdisciplinary pain management programs. Occupational therapists˙ use of SORC is an area of development.

2. Reference: Hara R, Hiraga Y, Hirakawa Y (September 24, 2023) Occupational Therapy Practice With Cognitive Behavioral Therapy for Early Postoperative Pain: A Case Report. Cureus 15(9): e45882. DOI 10.7759/cureus.45882

Abstract: Structuring psychological interventions using cognitive behavioral therapy in the early postoperative period is crucial to mitigate the risk of chronic pain. In this study, specific practices were presented through the case of a woman in her 60s who experienced psychological factors, such as catastrophic thinking and anxiety, due to pain after high tibial osteotomy. The aim was to evaluate the structure of cognitive behavioral therapy and its application in the early postoperative period. Cognitive behavioral therapy was initiated postoperatively, incorporating three phases: cognitive restructuring, coping skills and active pacing, and occupational therapy. As a result of occupational therapy using cognitive behavioral therapy, the patient's pain and anxiety are reduced while achieving the goals. This case study suggests that cognitive behavioral therapy may promote goal attainment in cases where postoperative pain exacerbates psychological factors, such as catastrophic thinking and anxiety, ultimately leading to functional impairments. Implementation of cognitive behavioral therapy in Japan is lacking, necessitating urgent development. This case report serves as a foundational step in structuring cognitive behavioral therapy during the early postoperative period in Japan

3. Reference: Carey, M., Kerr-Gaffney, J., Strawbridge, R., Hieronymus, F., McCutcheon, R., Young, A., & Jauhar, S. (2025). Are cognitive behavioural therapy, cognitive therapy, and behavioural activation for depression effective in primary care? A systematic review and meta-analysis, *Journal of Affective Disorders, (*382), 215-226, ISSN 0165-0327, https://doi.org/10.1016/j.jad.2025.04.070

Abstract: Cognitive behavioural therapy (CBT) is a recommended first-line treatment for depression. Evidence mainly derives from studies in secondary care, though most treatment occurs in primary care. This review examined efficacy of CBT, cognitive therapy (CT), or behavioural activation (BA) for depression within primary care. Databases were searched for trials up to 23rd July 2024. Risk of bias was assessed using the Cochrane risk-of-bias tool, version 2.0.44 studies were included. CBT, CT, and BA significantly reduced depression symptoms compared to inactive controls (k = 40, g = 0.44, $p < .001$), but not active comparators (other therapies, medication or exercise) (k = 9, g = −0.06, $p = .24$). Heterogeneity was significant in studies comparing CBT, CT, or BA to inactive controls, but not in studies using active comparators. Most studies were rated at high risk of bias (36 studies, 81.8 %), predominantly due to use of patient-rated outcome measures in non-blinded studies, lack of ITT analyses, and lack of pre-registering protocols, all of which may result in inflated effect sizes. Although CBT, CT, or BA appears effective for depression in primary care against usual care or waiting list controls, when compared to active comparators no significant difference is seen, likely a result of variability in the quality of the included studies. Large studies of improved quality (including use of blinded observer-rated outcome measures and ITT analyses) may be required to justify guideline recommendations for CBT over other interventions for depression specifically in primary care.

4. Reference: Zhu JY, Yiming A, Zeng JQ. 2025. Depression in postmenopausal women with osteoporosis: Integrating psychological nursing into holistic care. *World Journal of Psychiatry* *15*(9): 110536 https://pubmed.ncbi.nlm.nih.gov/40933168/

Abstract: Depression is highly prevalent among postmenopausal women with osteoporosis, driven by the combined effects of hormonal changes, reduced bone density, and psychosocial stress. A recent study by Cui and Su reported that 73.3% of affected women exhibited depressive symptoms, with low bone mineral density, chronic comorbities, and reduced serotonin (5-hydroxytryptamine) levels as key risk factors. Notably, nurse-led psychological interventions improved both mood and quality of life. This editorial underscore the need to integrate mental health support into standard osteoporosis care. Simple, scalable strategies such as routine screening and nurse-delivered emotional support may help bridge the gap between physical and psychological health. These approaches are especially relevant for aging populations across diverse healthcare settings. A dual focus on bone and emotional well-being is essential to improving outcomes in this vulnerable group. URL: https://www.wjgnet.com/2220-3206/full/v15/i9/110536.htm DOI: https://dx.doi.org/10.5498/wjp.v15.i9.110536

5. Reference: Pisegna, J., Anderson, S., & Krok-Schoen, J. L. (2022). Occupational therapy interventions to address depressive and anxiety symptoms in thephysical disability inpatient rehabilitation setting: A systematic review. American Journal of Occupational Therapy, 76, 7601180110. https://doi.org/10.5014/ajot.2022.049068

ABSTRACT:

Importance: Depressive and anxiety symptoms across physical disability inpatient rehabilitation (IPR) patient groups are well documented and negatively affect functional recovery. The strategies within the occupational therapy scope of practice to address these symptoms in IPR are unclear.

Objective: To determine what interventions within the occupational therapy scope of practice have been used to address depressive and anxiety symptoms in IPR and to determine intervention efficacy.

Data Sources: Nine databases for all publication years were searched (PubMed, Scopus, Embase, Web of Science, PsycINFO, Cochrane Library, AgeLine, OTseeker, and CINAHL). Study Selection and Data Collection: Preferred Reporting Items for Systematic Reviews and MetaAnalyses (PRISMA) guidelines were used for abstracting data and assessing quality. Included articles were peer reviewed, based in the United States, in English, controlled clinical trials or randomized controlled trials, in the IPR setting, and within the occupational therapy scope of practice. Two reviewers independently screened articles, with disagreements resolved by consensus.

Findings: Five of 8,082 articles met inclusion criteria. Diagnoses included stroke (n 5 1), traumatic brain injury (n 51), spinal cord injury (n 51), and musculoskeletal conditions (n 5 2). Results are discussed among four categories: study design and outcome variables, intervention type, intervention intensity, and intervention efficacy.

Conclusions and Relevance: Limited, moderate-quality evidence exists within the occupational therapy scope of practice for addressing depressive and anxiety symptoms in the physical disability IPR setting. Interventions primarily included cognitive and behavioral strategies. Further research among diverse patient populations is needed to support occupational therapy practitioners in facilitating client participation and functioning.

AJOT's Authors and Issues YouTube with corresponding AJOT articles:

1. AJOT Authors and Issues Session 4 with Aaron Eakman: Sleep and Veterans:
   https://youtu.be/tlPEi8pu-bg?si=PNOQkM_nLSruLJC4

   Corresponding Article: *Follow-Up Analyses From a Wait-List Controlled Trial of Occupational Therapist–Delivered Cognitive– Behavioral Therapy for Insomnia Among Veterans With Chronic Insomnia*

ABSTRACT:
Importance: Veterans often experience chronic insomnia, and professionals capable of delivering effective interventions to address this problem are lacking.
Objective: To evaluate the efficacy of the Restoring Effective Sleep Tranquility (REST) program, an occupational therapist–led cognitive–behavioral therapy for insomnia (CBT–I) intervention to treat sleep problems among post-9/11 veterans.
Design: Wait-list controlled trial with 3-mo follow-up.
Setting: Community-based veteran support program in a Mountain West university.
Participants: Fifteen post-9/11 veterans with sleep disturbances who were assigned to either the REST intervention or a wait-list control group.
Outcomes and Measures: Sleep-related, health-related, and participation-related patient-reported outcomes(PROs) and daily sleep diary variables.
Results: Wait-list controlled trial benefits included improved sleep-related (e.g., sleep disturbance), health-related (e.g., depression), and participation-related (e.g., meaningful activity) PROs. Findings were confirmed after participants in both the intervention and the control groups (n 5 13) received the REST intervention, including improved daily sleep diary outcomes (e.g., sleep efficiency). All gains were maintained at 3 mo.
Conclusions and Relevance: Occupational therapy practitioners with advanced training in CBT–I have the potential to safely deliver an effective CBT–I intervention to veterans with sleep disturbances in a community-based setting.

What This Article Adds: Occupational therapy practitioners with sleep-related education and training can positively affect the well-being of their clients through improving sleep participation.

Assessment Tools

1. **Brief Sensation Seeking Scale (BSSS)**

   With just eight items, the BSSS self-assessment tool gauges an individual's inclination toward novel, varied, complex, and intense sensations and experiences through a 5-point Likert scale. It typically takes 2-3 minutes to complete and is suitable for individuals aged 14 and above. The Brief Sensation Seeking Scale (BSSS; Hoyle et al, 2002) is a self-report measure of sensation seeking. The BSSS was created by adapting items from Form V of the Sensation Seeking Scale (SSS-V; Zuckerman, Eysenck, & Eysenck, 1978) and a set of items derived from the SSS-V but tailored for adolescents (Huba et al., 1981).

   Reference: Stephenson, M. T., Velez, L. F., Chalela, P., Ramirez, A., & Hoyle, R. H. (2007). The reliability and validity of the Brief Sensation Seeking Scale (BSSS-8) with young adult Latino workers: implications for tobacco and alcohol disparity research. Addiction (Abingdon, England), 102 Suppl 2(Suppl 2), 79–91. https://doi.org/10.1111/j.13600443.2007.01958.x

2. **Barratt Impulsiveness Scale (BIS-11) English Version**

   The Barratt Impulsiveness Scale (BIS-11) is a widely utilized 30-item self-report instrument for assessing impulsivity. It is designed for the assessment of impulsiveness in both research and clinical settings.

   Reference: Patton, J.H.; Stanford, M.S.; Barratt, E.S. (November 1995). "Factor structure of the Barratt Impulsiveness Scale". Journal of Clinical Psychology. 51 (6): 768–74. doi:10.1002/10974679(199511)51:6<768::AID-JCLP2270510607>3.0.CO;2-1. PMID 8778124. https://pubmed.ncbi.nlm.nih.gov/8778124/

3. **Pittsburgh Sleep Quality Index (PSQI)**

   Reference: Buysse, DJ, Reynolds CF, Monk TH, Berman SR, Kupfer DJ: The Pittsburgh Sleep Quality Index (PSQI): A new instrument for psychiatric research and practice. Psychiatry Research 28:193213, 1989 https://pubmed.ncbi.nlm.nih.gov/2748771/

C. Behavioral Activation (BA) in Occupational Therapy

Overview: In support of its December 2ⁿᵈ Practice Chat with guest host Valerie Fox, PhD, OTR/L, CPRP, the American Occupational Therapy Association (AOTA) Mental Health Special Interest Section (MHSIS) featured these attached Behavioral Activation resources, globally sourced and collated in its member-created library:

👥 Behavioral Activation intervention activities

🔍 Value of OT in Behavioral Activation

📊 Behavioral Activation efficacy evidence

📋 Behavioral Activation assessment tools

🎧 Everyday Evidence Podcast recording & free articles

MHSIS Interim Chair, Allison Sullivan, DOT, OTR/L, writes:

Behavioral Activation (BA) has become an increasingly important framework for occupational therapy practitioners seeking to address depressive symptoms, functional withdrawal, and sedentary behavior through engagement in meaningful, values-based activities. Across the literature, BA is consistently described as a straightforward, evidence-informed approach that helps individuals reconnect with reinforcing daily routines, strengthen personal agency, and increase participation in life roles. Within occupational therapy, BA aligns closely with our profession's emphasis on activity analysis, habit formation, environmental structuring, and the therapeutic use of meaningful occupations to improve well-being.

This compilation brings together key resources that illustrate how BA principles are being translated into occupational therapy practice and research. Included are foundational behavioral activation sources, an open-access treatment manual, and outcome measures that assess activation, avoidance, and environmental reward. The collection also highlights an Everyday Evidence podcast describing OT-led ABLE and duoABLE interventions developed by Emily Kringle and colleagues, which apply BA strategies to reduce post-stroke sedentary behavior by embedding activation within clients' everyday routines. Current evidence, including recent AJOT commentaries on activating lasting engagement, underscores the relevance of BA within rehabilitation, community mental health, and chronic condition management.

Collectively, these materials offer a concise, practice-ready foundation for OT practitioners who wish to integrate Behavioral Activation into intervention planning, client education, and goal setting. Whether used to support mental health service delivery, address inactivity-related health risks, or enhance participation outcomes, BA provides a structured yet flexible pathway for helping clients re-engage with the occupations that make life meaningful.

OT in Behavioral Activation:

Brick, R., Lyons, K. D., Rodakowski, J., & Skidmore, E. (2020). **The Issue Is—A need to activate lasting engagement.** *American Journal of Occupational Therapy, 74,* 7405347010. https://doi.org/10.5014/ajot.2020.039339

Abstract: Occupational therapy practitioners provide interventions to promote activity engagement to multiple clinical populations. They help clients develop restorative, adaptive, and compensatory skills to improve their performance in daily activities. The issue addressed in this article is that current clinical frameworks lack translation of learned skills to consistent everyday performance. There is a gap between what clients can do and what clients actually do in everyday life. Behavioral activation provides an explicit, structured, and practical approach that can translate capacity into long-term engagement. This article presents behavioral activation as a transdiagnostic approach that targets populations experiencing chronic illness to bridge the gap between what the client can do in therapy and what the client could do in everyday life.

Behavioral Activation Evidence:

Ekers D, Webster L, Van Straten A, Cuijpers P, Richards D, et al. (2014) **Behavioural Activation for Depression; An Update of Meta-Analysis of Effectiveness and Sub Group Analysis**. *PLoS ONE 9*(6): e100100. doi:10.1371/journal.pone.0100100

Abstract: Background: Depression is a common, disabling condition for which psychological treatments are recommended. Behavioral activation has attracted increased interest in recent years. It has been over 5 years since our meta-analyses summarized the evidence supporting and this systematic review updates those findings and examines moderators of treatment effect.

Method: Randomized trials of behavioral activation for depression versus controls or anti-depressant medication were identified using electronic database searches, previous reviews and reference lists. Data on symptom level and study level moderators were extracted and analyzed using meta-analysis, sub-group analysis and meta-regression respectively.

Results: Twenty six randomized controlled trials including 1524 subjects were included in this meta-analysis. A random effects meta-analysis of symptom level post treatment showed behavioral activation to be superior to controls (SMD2 0.74 CI20.91 to20.56, k = 25, N = 1088) and medication (SMD20.42 CI20.83 to-0.00, k = 4, N = 283). Study quality was low in the majority of studies and follow- up time periods short. There was no indication of publication bias and subgroup analysis showed limited association between moderators and effect size.

Conclusions: The results in this meta-analysis support and strengthen the evidence base indicating Behavioral Activation is an effective treatment for depression. Further high-quality research with longer term follow-up is needed to strengthen the evidence base.

Kanter, J. W., Manos, R. C., Bowe, W. M., Baruch, D. E., Busch, A. M., & Rusch, L. C. (2010). **What is behavioral activation? A review of the empirical literature.** *Clinical Psychology Review, 30*(6), 608–620. https://doi.org/10.1016/j.cpr.2010.04.001.

 Abstract: Behavioral Activation (BA) for depression is an empirically supported psychotherapy with a history dating back to the 1970s. To date, there have been no systematic reviews examining how BA treatment packages and their accompanying components have evolved over time. This review sought to identify and describe the specific treatment components of BA based on the techniques detailed in empirical articles and referenced treatment manuals when available.

The following component techniques were identified: activity monitoring, assessment of life goals and values, activity scheduling, skills training, relaxation training, contingency management, procedures targeting verbal behavior, and procedures targeting avoidance. The implementation of these techniques is reviewed, along with their empirical support both as standalone interventions and as components of larger treatment packages. Whereas activity scheduling, relaxation, and skills-training interventions have received empirical support independently, other procedures have demonstrated effectiveness primarily within comprehensive BA treatment protocols. Although BA interventions varied in the tools used, activity monitoring and activity scheduling emerged as consistent components across approaches. Possible directions for the continued evolution of BA are discussed.

Keywords: behavioral activation, depression, clinical psychotherapy, treatment components

Behavioral Activation Assessment

Manos, R. C., Kanter, J. W., & Luo, W. (2011). **The behavioral activation for depression scale-short form: development and validation**. *Behavior therapy*, *42*(4), 726–739. https://doi.org/10.1016/j.beth.2011.04.004

The Behavioral Activation for Depression Scale – Short Form (BADS-SF), is a 9-item measure, is available for use by researchers and clinicians and is published openly in the literature. The full measure can be accessed in several locations: A direct PDF of the scale and instructions is available on a Webflow resource site.It is also provided in an appendix to an Oxford Academic book which can be viewed online via the Oxford Academic link.

Abstract: Following a landmark component analysis of cognitive therapy by Jacobson and colleagues (1996), there has been renewed interest in behavioral activation (BA) treatments for depression. The Behavioral Activation for Depression Scale (BADS) was developed to measure when and how clients become activated over the course of BA treatment. Multiple studies have provided initial support for the BADS but have also identified several potential problems. Four studies were conducted in order to develop and provide initial evaluation of a short form of the BADS that addresses these concerns. In Study 1, an exploratory factor analysis was conducted on existing data using the original BADS in order to identify items to

retain for the short form. In Study 2, these items were administered to a new sample of college students with elevated depressive symptoms and were analyzed with exploratory and confirmatory factor analyses. Study 3 examined the predictive validity of the BADS-SF by examining the BADS-SF and depression scores in relation to activity tracking and reward-value ratings over the course of 1 week. Study 4 examined BADS-SF data over the course of BA treatment for two clients using cross-lagged panel correlations. With one client, changes in BADS-SF scores led changes in depression scores by 1 week, whereas with the other client changes in BADS-SF and depression scores occurred concurrently. These studies resulted in a nine-item scale that demonstrated good item characteristics as well as acceptable internal consistency reliability, construct validity, and predictive validity.

Behavioral Activation Intervention:

Lejuez, C. W., Hopko, D. R., & Hopko, S. D. (2001). **A brief behavioral activation treatment for depression: Treatment manual.** *Behavior Modification, 25*(2), 255–286. https://doi.org/10.1177/014544550125200

ABSTRACT: The brief behavioral activation treatment for depression is a simple, cost-effective method for treating depression. Based on basic behavioral theory and recent evidence that the behavioral component may be the active mechanism of change in cognitive-behavioral treatments of clinical depression, the authors designed a treatment to systematically increase exposure to positive activities and thereby improve affect and corresponding cognitions. This article describes the rationale for the treatment and provides the treatment in manual form to be utilized by patients in therapy.

Everyday Evidence Podcast Recording and corresponding articles:

Access Recording Here: Everyday Evidence: Activating Behavior for Lasting Engagement (ABLE)

In this 2024 *Everyday Evidence* podcast episode, assistant professor and director of the Disability and WELLness laboratory at the University of Minnesota, Emily Kringle, discusses her work on developing the ABLE and duoABLE projects, which are behavioral activation-based interventions aimed to reduce post-stroke sedentary behavior through engagement in meaningful daily activities.

ABLE Intervention: https://doi.org/10.1080/10749357.2019.1623437

https://doi.org/10.5014/ajot.2020.040345

Sedentary Behavior: https://doi.org/10.1186/s12966-017-0525-8

Part III. Emerging and Cross-Cutting Considerations

A. Artificial Intelligence in Mental Health Occupational Therapy

Introduction: As I continue to build resources for AOTA's Mental Health Special Interest Section (MHSIS) library, I've been reflecting on the expanding role of AI and digital technologies in mental health occupational therapy and what this means for ethical, effective practice. Through my employer, I have also been engaged in ongoing AI professional development offered by the Council of Independent Colleges (CIC), which has provided me with additional opportunities to think and learn about how AI is influencing practices in my sphere of expertise.

Several recent publications highlight both the promise and the risks of AI-enabled mental health tools, underscoring the need for occupational therapy practitioners to thoughtfully and carefully consider their process regarding whether and how to adopt or avoid these technologies in their practice:

A 2025 multi-institutional longitudinal trial by Cachia et al., *AI for Proactive Mental Health*, examined AI-supported wellness platforms used across college campuses. These tools emphasized daily check-ins, engagement strategies, and positive psychology approaches, showing potential for scalable prevention, habit formation, and early identification of stress patterns among emerging adults. From an OT perspective, these applications align with proactive, occupation-based approaches to supporting routines, self-regulation, and participation—when used appropriately.

A **2025 review by Kristine Haertl** highlights opportunities to enhance outcomes from intervention via thoughtful integration of AI-supported tools (such as reflective writing or journaling) within trauma-informed, occupation-based practice when appropriate.

In contrast, a *JAMA Network Open* **study by Brewster et al.** raised significant concerns about consumer chatbots used for emergent adolescent health situations, including suicidal ideation, sexual assault, and substance use. The study found wide variability in accuracy, empathy, and safety, particularly among companion-style chatbots. While general-assistant chatbots performed somewhat better, none consistently met standards required for crisis response, reinforcing the need for clear safeguards, transparency, and limits on use, especially with youth.

Adding important nuance to this discussion, a newly published open-access Delphi study in *Frontiers in Digital Health* **(Curll et al., 2025)** established international consensus on what outcomes matter most and what clinicians should prioritize in youth online chat mental health services. Across youth, clinician, and researcher panels, priority outcomes focused on immediate stabilization and empowerment, including *feeling heard and validated, reduced distress, feeling safe, increased coping, increased help-seeking capacity,* and *having clear next steps*. Notably, outcomes related to long-term change or social connection were not prioritized, reflecting realistic expectations for brief, single-session digital encounters.

Consensus clinician actions centered on risk management, active listening, validation, compassion, respect for diversity, and creating welcoming, youth-friendly environments. Young

people placed particular value on practical problem-solving and access to resources, while clinicians emphasized therapeutic stance and relational processes. This information highlights important tensions in how digital mental health services are designed and delivered.

Taken together, these studies reinforce a central reality for our profession: AI in mental health is broad in scope, variable in quality, and firmly here to stay. Its applications range from supportive wellness tools to high-risk crisis contexts, and these differences matter.

For occupational therapy practitioners and others working in mental health practice settings, this means:

- Evaluating person–environment–technology fit, not just technological capability

- Teaching safe, purposeful, and developmentally appropriate use of digital tools

- Exercising caution when clients or students turn to consumer AI tools for crisis support

- Advocating for ethical standards, safety features, and regulatory oversight, especially for youth

- Integrating AI-supported tools (such as reflective writing or journaling) thoughtfully within trauma-informed, occupation-based practice when appropriate

As AI continues to expand across mental health contexts, our occupational lens, rooted in participation, meaning, habits, safety, and context, remains essential.

References

Cachia, J. Y. A., Zhao, X., Hunter, J., Wu, D., Lin, E., & De Freitas, J. (2025). *AI for proactive mental health: A longitudinal, multi-institutional trial* (HBS Working Paper No. 26-030). Harvard Business School. https://www.hbs.edu/ris/Publication%20Files/26-030_70648a5c-4c3a-49fc-92b6-27bddf8dc5c1.pdf.

Brewster, R. C. L., Zahedivash, A., Tse, G., Bourgeois, F., & Hadland, S. E. (2025). *Characteristics and safety of consumer chatbots for emergent adolescent health concerns. JAMA Network Open, 8*(10), e2539022. https://doi.org/10.1001/jamanetworkopen.2025.39022

Curll, S., Mazzer, K., Albrecht, S., Barbic, S., Fitzgerald, A., Kõlves, K., Telford, N., Titov, N., & Rickwood, D. (2025). Consensus derived client outcomes and clinician actions for youth online chat mental health services: A Delphi study. *Frontiers in Digital Health, 7*, Article 1671364. https://doi.org/10.3389/fdgth.2025.1671364

Haertl, K. (2025). Technological writing interventions in mental health occupational therapy: Considerations for ethical and effective practice. *Frontiers in Psychiatry, 16*, Article 1663697. https://doi.org/10.3389/fpsyt.2025.1663697

Closing Reflection

Taken together, these topics reflect core commitments of mental health occupational therapy: attention to context, participation, dignity, justice, regulation, meaning, and ethical practice. While each topic addresses different populations and systems, common threads emerge, particularly the importance of **fit**, **psychological safety**, **co-production**, and **occupation-centered reasoning** across all mental health settings.

This compendium is intended as a living document, responsive to emerging scholarship, practice realities, and community dialogue. I welcome your feedback so that I can continue to develop resources and connection to sustain this work.

Thank you,

Allison Sullivan DOT, MSOT, OTR/L

AOTA MHSIS Chair

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