

Lighting the Way: Occupational Therapy Consultation Equipping Behavioral Health Therapists to Guide Adolescents with Suicidality Through Academic and Occupational Challenges in Intensive Outpatient Services

Hannah Fairchild, B.S., OTD

Kasey Stepanksy, CScD, OTR/L, C/NDT, CBIS

Kim Poling, LCSW

Amy Mattila, PhD, MBA, OTR/L

Introduction

Within the United States (U.S), suicide is currently the second leading cause of death for adolescents (Hink et al., 2022). Adolescents who experience suicidal ideation (SI) have more difficulty with daily activities such as social participation, health management, sleep, and education when compared to their peers (Jefferies & Salzer, 2022). Though research is showing a link between academic performance skills such as executive functioning, social interaction, advocacy, and study habits; current intensive outpatient mental health curriculums are limited when supporting clients developing these skills (Dickson et al., 2022).

Occupational therapy integration within intensive outpatient mental health programs helps provide a unique lens on the occupational performance needs of school and academic functioning, along with other daily occupational deficits. Kirby et al. (2020) discusses how occupational therapy alongside mental health therapists could create a strong interdisciplinary team to treat individuals experiencing SI. Occupational therapy practitioners have in-depth knowledge about executive functioning, academic performance skills, and can provide activity analysis of school-based occupations. Compared to this, mental health therapists are knowledgeable about warning signs of SI, diagnostic criteria, and safety planning. Combining

the skill sets of both practitioners, occupational therapists and mental health therapists, can lead to a well-rounded holistic view of adolescent strengths, needs, and performance for school occupations.

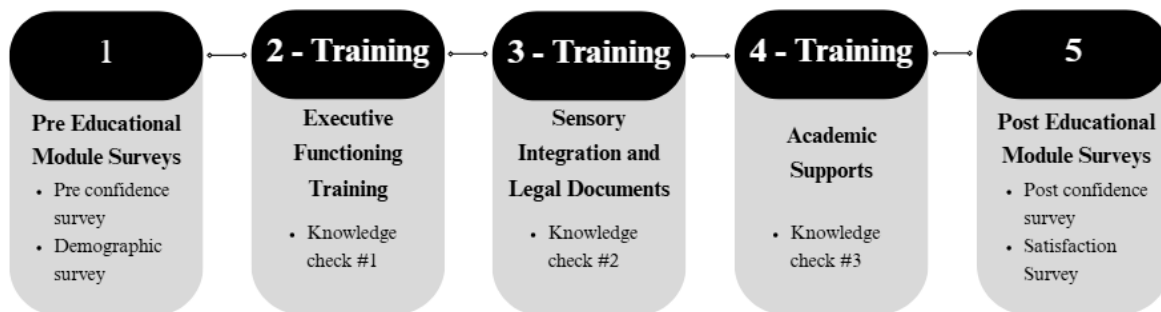
Based upon the identified needs in the literature and through a series of interviews, data review, and focus groups, Services for Teens at Risk (STAR), in Pittsburgh, PA identified that their behavioral health therapists (BHT) would benefit from consultation for how to support adolescents who exhibit difficulties returning to an academic setting (school and school programs). The goal of this intensive outpatient program (IOP) is to provide rapid and comprehensive treatment for adolescents experiencing SI, depression, and anxiety (Salk et al., 2021; Victor et al., 2023). The main goal of this project was to assess BHT confidence and knowledge level after educational training topics on key academic occupational performance skills such as executive functioning, sensory supports, and study skills.

Methods

Design

The design of this project was a mixed method one group repeated measure design. This design was chosen to assess change in confidence and knowledge after three BHT staff educational training sessions. Data was collected from a demographic survey, pre/post confidence survey, post satisfaction survey, and knowledge checks after each of the trainings (See Figure 1). The study protocol was approved by the IRB board of Duquesne University (6/03/25). Consent for data collection was gathered during the first educational training session.

Figure 1: Overview of Data Collection Tools



Educational Trainings

Occupational therapy consultation training sessions were conducted in a hybrid style. The three training sessions focused on school performance strategies including executive functioning, sensory integration, and academic supports. Each session started with a description of occupational therapy and its scope working with the adolescent mental health population to reinforce the BHT understanding of the interdisciplinary role. Throughout the training sessions, beginner level information was presented alongside hands-on strategies that BHT could implement in both group and individual sessions.

Participants

Participants were recruited through convenience sampling via emails to BHTs at the site. Inclusion criteria for therapists to participate in this study was that they must be a BHT at Services for Teens At Risk (STAR) Center and work directly with adolescents with mental health diagnoses. Other practitioners such as the psychiatrist, nurse practitioner, and nurses were excluded from this project. Seven participants were recruited, participated in educational trainings, provided demographic information (see Table 1), and completed pre/post surveys.

Measures and Materials

Confidence Survey

Table 1: Demographic Table

Individual Characteristic	Total Sample (n=7)
Gender, n (%)	
Female	5 (71%)
Non-binary	1 (14%)
Gender-fluid	1 (14%)
Sex, n (%)	
Female	7 (100%)
Race, n (%)	
White/Caucasian	6 (86%)
Latinx/Hispanic	1 (14%)
Age Range, n (%)	
20-30	3 (43%)
31-40	2 (29%)
41-50	1 (14%)
61+	1 (14%)
Time working at STAR, n (%)	
0-2 years	2 (29%)
3-4 years	2 (29%)
5-7 years	1 (14%)
8+ years	2 (29%)
Prior knowledge, n (%)	
Emotional regulation	6 (86%)
Advocacy	6 (86%)
Social participation	6 (86%)
Attention	5 (71%)
Planning/organization	4 (57%)
Monitoring behaviors	4 (57%)
Study habits	3 (43%)
Initiation	2 (29%)
Working memory	2 (29%)
Shifting	2 (29%)

The authors developed a confidence survey to use for this project based off topics from the Behavior Rating Inventory of Executive Functioning (BRIEF) (Isquith et al., 2008) and one on one interviews with participants currently in the STAR intensive outpatient program. The survey required BHT to rate their confidence in using 11 executive functioning and academic performance skills in their interventions on a five-point scale: one being not confident to five being extremely confident. This survey was conducted pre/post educational trainings.

Table 2: Confidence Survey

Topic	Definition/Example
Initiation	Action of beginning something
Inhibition	Ability to override a dominant pulse
Planning/organization	Process of making plans
Emotional regulation	Process of managing emotions to be able to respond to challenges
Working memory	Part of short-term memory that is concerned with immediate memory
Shifting	Ability to shift between different tasks
Monitoring behaviors	Observing and recording patterns to understand them
Advocacy	Empowering clients
Social participation	Person's active involvement in activities
Attention	Being able to focus on a specific person or task
Study habits	Consistent behaviors/routines individual uses to learn new information

*Note – Rating Scale 1-Not Confident at all to 5 Extremely Confident

Knowledge Check

The author developed knowledge checks to follow each of the educational trainings to test immediate post-training session knowledge. Each knowledge check was five multiple-choice questions focusing on the topics the training covered.

Satisfaction Survey

After completion of all three of the educational training sessions, the participants completed a satisfaction survey to provide feedback on session/materials.

Data Analysis

A Wilcoxon signed-ranked test was used to assess significant changes between pre and post confidence scores. Each knowledge check was descriptively analyzed in aggregate via the module averages. The satisfaction survey was analyzed descriptively for quantitative data, and qualitative data was assessed via content analysis.

Results

At the end of the three staff educational training sessions, the confidence scores showed significant change between pre and post data in the topics of initiation and planning/organization (see Table 3). Positive trends pre/post were found in the topics of inhibition, monitoring behaviors, and attention.

Table 3: Pre/Post Confidence Ratings

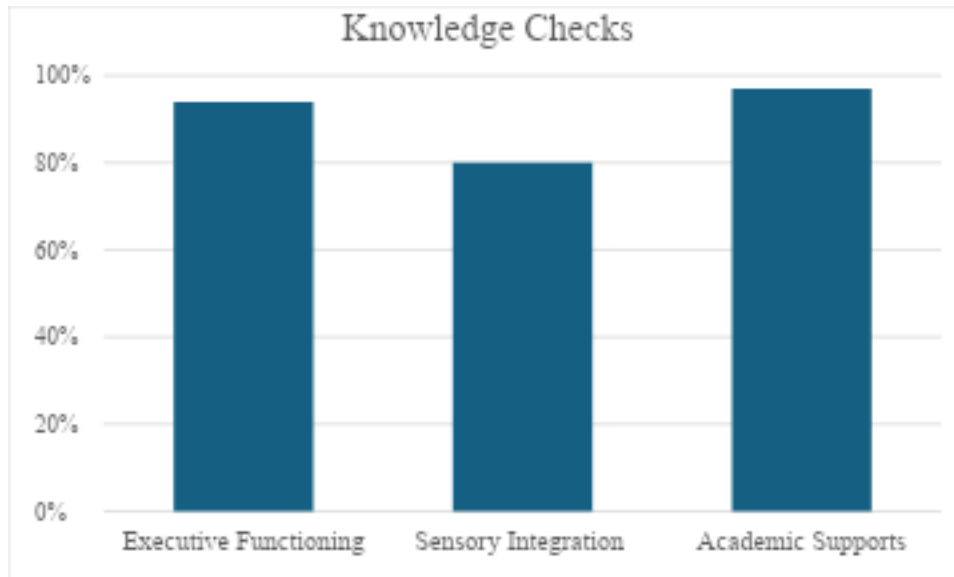
Topics (n=7)	Pre Median (IQR)	Post Median (IQR)
Initiation*	3 (2.5-4)	4 (3.5-5)

Inhibition	2 (2-3.5)	4 (3-4)
Planning/ organization*	4 (3.5-4)	5 (4.5-5)
Emotional Regulation	5 (4.5-5)	5 (4.5-5)
Working Memory	3 (2-3.5)	3 (3-3)
Shifting	3 (2.5-3)	3 (3-4)
Monitoring Behaviors	4 (3.5-4)	5 (4-5)
Advocacy	5 (4-5)	5 (5-5)
Social Participation	5 (4-5)	5 (4.5-5)
Attention	3 (2.5-4)	4 (4-4.5)
Study Habits	4 (2.5-4)	3 (3-4.5)

*Indicates a significant change pre/post with $p < 0.05$ according to Wilcoxon Signed-Ranked Test

The averages of the knowledge checks post the executive functioning module and academic supports module were 94% and 97% respectively. The sensory integration knowledge check was lowest, averaging at 80% (see Figure 2).

Figure 2: Knowledge Checks



All participants agreed that the trainings provided relevant information to their position at STAR and their individual sessions with clients at STAR. Therapists also agreed that they were satisfied with the specific skills they learned about academic performance. Therapists reported during the open-ended feedback that for future consultative training sessions they would benefit from handouts, additional case examples, interactive activities, and prompts for group participation.

Discussion

The educational training session focused on occupational therapy's role and consultation in academic performance which supported the BHT in both their individual and group sessions. Therapists had an increase in confidence and were satisfied with the applicability of the consultation after completing the three training sessions. It was also seen that therapists retained more knowledge in the topics of executive functioning skills and academic supports post training session when compared to sensory strategies. This most likely is due to their previous knowledge in these topics and sensory integration skills not being a previous topic mental health therapists

are trained in. These results support existing literature that indicates that mental health therapists have limited awareness on how to address executive functioning in academics (Dickson et al., 2023; Samuels et al., 2016). This study indicates that BHT's felt more prepared for their individual sessions with adolescents who noted difficulties in academic skills.

While behavioral health therapists felt more prepared after educational sessions, this project highlighted how occupational therapists should be considered a consistent interdisciplinary team member in the intensive outpatient adolescent mental health field due to their unique knowledge of executive functioning and academic performance skills to support recovery and transitions. In 2023, occupational therapy was identified as a reimbursable service in intensive outpatient programming (Karr, 2024; Sandhu, 2023). Though this has been in effect since 2023, only 2.2% of occupational therapists work in the mental health setting in the United States (Jesus et al., 2025). Additional advocacy and research need to be done about the role of occupational therapy in the intensive outpatient mental health setting.

Limitation of this project included the small sample size limiting the generalizability of the results outside of the STAR center. In addition, the educational trainings were completed during staff and IOP meetings which were run in a hybrid fashion, allowing for staff to join via Teams call which made gathering data in-person from staff inconsistent.

Conclusion

This project highlighted the strengths of occupational therapy consultation to support interdisciplinary services and academic transitions for adolescent clients with SI in an IOP setting. Occupational therapists are trained to be able to provide mental health services to clients experiencing executive and occupational performance dysfunction for transitions back to school.

As an integral part of the interdisciplinary team, occupational therapy can provide the skills to address adolescent academic challenges that are not currently being addressed in traditional IOP services. Actions are needed for additional advocacy for occupational therapy to become a consistent part of the IOP interdisciplinary team.

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