Curated Mental Health Occupational Therapy Resources

A MHSIS Compendium, Part II (2026)

Practice Resources, Populations, Systems, and Contemporary MHOT

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Purpose and Scope

This second compendium brings together MHSIS resource guides developed after publication of the original Curated Mental Health Occupational Therapy Resources: A MHSIS Compendium (2026). The newer resources reflect continued growth of the MHSIS Resource Library and increasingly practice-oriented knowledge translation across populations, clinical reasoning, intervention, community systems, workforce well-being, and professional legacy. Each guide remains self-contained and retains its original source-based content while this compilation adds a shared structure, direct links to the public MHSIS microsite resources, and cross-references to related material in the first compendium.

Relationship to the MHSIS Compendium Series

Throughout this compendium, "Related MHSIS Resources" notes identify complementary sections of the earlier Curated Mental Health Occupational Therapy Resources: A MHSIS Compendium (2026). These cross-references are intended to support integrated clinical reasoning and help readers explore connections across populations, practice settings, intervention approaches, and emerging areas of mental health occupational therapy.

Original compendium: MHSIS Curated Mental Health Resource Compendium (2026)

How to Use This Document

- Use individual guides independently for practice, teaching, advocacy, consultation, or professional development.
- Follow the public MHSIS microsite link at the beginning of each guide to access or share the standalone resource.
- Use the Related MHSIS Resources note after each guide to extend learning across the two-compendium series.
- Consult the original sources within each guide when citing scholarship or making clinical decisions.

How to Cite This Document

Suggested APA 7 reference:

Sullivan, A. F. (2026). Curated mental health occupational therapy resources: A MHSIS compendium, Part II. American Occupational Therapy Association, Mental Health Special Interest Section.

When citing an individual resource guide reproduced or linked within this compendium, use the citation provided in that guide when available. When referring to the compilation as a whole, use the citation above.

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Part I. Populations, Identity, and Developmental Contexts

Pediatric Psychosis Mental Health Resources

Public MHSIS resource: Pediatric Psychosis Mental Health Resources

The following material preserves the substance and organization of the original MHSIS resource guide.

On Tuesday, March 17, Megan McKim, MOT, OTR/L, and Mackenzie Hupp, OTD, OTR/L from Nationwide Children's Hospital presented a MHSIS Practice Chat highlighting the unique role of occupational therapy practitioners in serving youth experiencing psychosis.

This presentation emphasized the value of OT in improving functional outcomes and advancing best practices in pediatric behavioral health. Nationwide Children's Hospital hosts one of the nation's leading pediatric behavioral health programs. McKim and Hupp discussed the integration of OTPs within interdisciplinary care and share methods of assessment, intervention, caregiver psychoeducation, interdisciplinary teaming, care coordination, discharge planning, and outcome measures.

All are welcome and invited to attend. This practice chat was recorded.

In support of AOTA's March 17th MHSIS Practice Chat on The Role of Occupational Therapy in Pediatric Psychosis, the Mental Health Special Interest Section (MHSIS) is featuring the following curated resources from its member-created library.

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

Early-onset psychosis presents complex developmental, cognitive, sensory, and participation-related challenges for children, adolescents, and their families. While psychiatric stabilization is essential, recovery is equally defined by restoration of routines, school engagement, peer participation, identity development, and daily life structure. Occupational therapy brings a distinct and essential lens to pediatric psychosis by focusing on functional cognition, sensory modulation, environmental supports, and meaningful occupation as mechanisms for recovery. The following collection highlights evidence-based frameworks, assessment tools, intervention resources, and educational media that support OT practitioners working within early psychosis and coordinated specialty care models.

👥 Pediatric Psychosis: Overview & Context Psychosis in children and adolescents may include hallucinations, delusions, disorganized thinking, and significant functional decline. Although childhood-onset schizophrenia is rare, early psychosis in adolescence requires prompt, developmentally informed intervention. Coordinated Specialty Care (CSC) models emphasize early detection, family engagement, functional recovery, and interdisciplinary treatment.

🔑 Evidence-Based Practice in Pediatric Psychosis

Caldwell, P., Glozier, N., Powell, T., Conn, K., Einboden, R., Buus, N., Brown, E., Choi, I., & Milton, A. (2025). The clinical and psychosocial journey of young people engaging with early intervention psychosis services: Qualitative study.BJPsych Open, 11, e252, 1–10. https://doi.org/10.1192/bjo.2025.10848

Driver, D. I., Gogtay, N., & Rapoport, J. L. (2013). Childhood onset schizophrenia and early onset schizophrenia spectrum disorders. Child and Adolescent Psychiatric Clinics of North America, 22(4), 539–555. https://doi.org/10.1016/j.chc.2013.04.001

McFarlane, W. R., Levin, B., Travis, L., Lucas, F. L., Lynch, S., Verdi, M., Williams, R., Adelsheim, S., & Hardaway, J. A. (2015). Clinical and functional outcomes after 2 years in the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP). Schizophrenia Bulletin, 41(1), 30–43. https://doi.org/10.1093/schbul/sbu108

📊 Value of Occupational Therapy in Pediatric Psychosis

Occupational therapy contributes uniquely to early psychosis care by addressing: • Functional cognition and executive functioning • Sensory modulation and arousal regulation • School participation and educational reintegration • Social participation and peer role development • Habit formation and environmental structuring • Family-centered routine stabilization • Meaning-centered identity development

Occupational Therapy in Early Intervention in Psychosis Research Collaboration. (2022). Occupational therapy in the United States: Early intervention in psychosis report 2021/2022. https://headsup-pa.org/

Read, H., Roush, S., & Downing, D. (2018). Early intervention in mental health for adolescents and young adults: A systematic review. American Journal of Occupational Therapy, 72, 7205190040. https://doi.org/10.5014/ajot.2018.033118

Parsonage-Harrison, J., Birken, M., Harley, D., Dawes, H., & Eklund, M. (2022). A scoping review of interventions using occupation to improve mental health or mental wellbeing in adolescent populations. British Journal of Occupational Therapy. Advance online publication. https://doi.org/10.1177/03080226221109218

📋 Pediatric Psychosis Assessment Tools

Jordans, M. J. D., Komproe, I. H., Tol, W. A., & de Jong, J. T. V. M. (2010). Child Psychosocial Distress Screener (CPDS) (Version 2010). HealthNet TPO. https://www.mhinnovation.net/sites/default/files/content/document/Child%20Psychosocial%20Distress%20Screener%20%5BCPDS%5D%20v2010.pdf

Baum, C., Morrison, T., et al. (2007). Executive function performance test: test protocol booklet. Unpublished program in Occupational Therapy Washington University School of Medicine, St. Louis, MO. (Note: This link provides the training manual, labels and check template you will need to personalize the assessment to your individual clients: https://www.ot.wustl.edu/about/resources/executive-function-performance-test-efpt-308 Email Dr. M. Carolyn Baum at baumc@wustl.edu to indicate that you have downloaded it.)

Cumming, M. M., Poling, D. V., Qiu, Y., Pham, A. V., Daunic, A. P., Corbett, N., & Smith, S. W. (2023). A Validation Study of the BRIEF-2 Among Kindergarteners and First Graders At-Risk for Behavior Problems. Assessment, 30(1), 3–21. https://doi.org/10.1177/10731911211032289

🛠 Pediatric Psychosis Intervention Resources National Institute of Mental Health. Coordinated Specialty Care for First Episode Psychosis. https://www.nimh.nih.gov/health/topics/schizophrenia/raise/coordinated-specialty-care

National Alliance on Mental Illness. (2020). Understanding psychosis. https://namimn.org/wp-content/uploads/sites/48/2020/07/NAMI- UnderstandingPsychosisReprint2020.pdf

Grenyer, B. F. S., Matthews, E., Reis, S., Marceau, E., Gigliotti, A., Townsend, M., & Stevenson, S. (2024). Air therapy workbook. Project Air Strategy for Personality Disorders, University of Wollongong. https://www.projectairstrategy.org

🎧 Related Podcast & YouTube Resources

NAMI Davidson Co. (2021, May 19). Psychosis in children and adolescents [Video]. YouTube. https://www.youtube.com/watch?v=0V1JvH7rDcA

Substance Abuse and Mental Health Services Administration. (2023, December 12). Financing coordinated specialty care for first episode psychosis [Video]. YouTube. https://www.youtube.com/watch?v=UZjlWHvJwdw

Related MHSIS Resources

Readers interested in extending this topic may also wish to explore the following sections of Curated Mental Health Occupational Therapy Resources: A MHSIS Compendium (2026):

- Trauma- and Stressor-Related Conditions Across Populations
- Neurodivergence and Neurodiversity-Affirming Mental Health Practice
- Artificial Intelligence in Mental Health Occupational Therapy

LGBTQIA+/Sexual and Gender Minorities Community Resources

Public MHSIS resource: LGBTQIA+/Sexual and Gender Minorities Community Resources

The following material preserves the substance and organization of the original MHSIS resource guide.

LGBTQIA+/Sexual and Gender Minorities Community Resources from AOTA's Mental Health Special Interest Section Resource Library June 2026 Content generated by Allison F. Sullivan, DOT, MSOT, OTR/L

June is Pride Month, a time to recognize the contributions, resilience, and diverse experiences of lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and other sexual and gender minority (LGBTQIA+) individuals and communities.

Research consistently demonstrates that supportive environments, affirming relationships, meaningful participation, and access to inclusive services contribute to improved mental health and well-being.

This resource guide highlights selected materials available through the Mental Health Special Interest Section (MHSIS) Resource Library to support occupational therapy practitioners seeking to expand their knowledge and enhance inclusive, occupation-centered practice.

Why This Matters

Sexual and gender minority individuals may experience unique barriers to occupational participation, including:

• Stigma and discrimination • Social isolation • Housing insecurity and homelessness • Healthcare access barriers • Family rejection or disruption • Minority stress and trauma exposure • Increased risk for anxiety, depression, and suicidality

Occupational therapy practitioners can support participation, belonging, identity development, self- advocacy, community engagement, and recovery across the lifespan.

🔑 Evidence-Based Practice:

Becerra-Culqui, T., Swiatek, D., Dizon, B., Getahun, D., Silverberg, M., Zhang, Q., Im, T., & Goodman, M. (2024). Challenging norms: The impact of transgender and gender-diverse realities on work and school participation. American Journal of Occupational Therapy, 78,(3). https://doi.org/10.5014/ajot.2024.050485

Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer- Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., … Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. International Journal of Transgender Health, 23(Suppl. 1), S1– S259. https://doi.org/10.1080/26895269.2022.2100644

Hughto, J. M. W., Quinn, E. K., Dunbar, M. S., Rose, A. J., Shireman, T. I., & Jasuja, G. K. (2021). Prevalence and co- occurrence of alcohol, nicotine, and other substance use disorder diagnoses among U.S. transgender and cisgender adults. JAMA Network Open, 4(2), e2036512. https://doi.org/10.1001/jamanetworkopen.2020.36512

Scheer, J. R., Epshteyn, G., Girard, R., Stage, M. A., Chadbourne, E. M., Caceres, B. A., Wall, M. M., & Hughes, T. L. (2025). Mental and behavioral health care access and satisfaction among older sexual minority women. Academia Mental Health and Well-Being, 2(3) https://doi.org/10.20935/mhealthwellb7867

Substance Abuse and Mental Health Services Administration: Behavioral health care access among lesbian, gay, and bisexual (LGB) populations. Publication No. PEP24-07-026, Substance Abuse and Mental Health Services Administration, 2024. https://nalgap.org/wp-content/uploads/2025/03/Behavioral-Health-Care-Access- LGB-Populations-SAMHSA.pdf

Substance Abuse and Mental Health Services Administration. (2024). Behavioral health of adolescents across sexual identities: Results from the 2023 National Survey on Drug Use and Health (SAMHSA Publication No. PEP24-07-028). Center for Behavioral Health Statistics and Quality. https://www.samhsa.gov/data/report/lgb- adolescent-behavioral-health-2023

The Trevor Project (2025). The Role of Parent and Caregiver Support on Perceived Life Expectancy and Life Purpose for Black Transgender and Nonbinary Young People. https://doi.org/10.70226/PDHW8773

Occupational Therapy-Specific Scholarship:

Beagan, B. L., Chiasson, A., Fiske, C. A., Forseth, S. D., Hosein, A. C., Myers, M. R., & Stang, J. E. (2013). Working with transgender clients: Learning from physicians and nurses to improve occupational therapy practice. Canadian Journal of Occupational Therapy, 80(2), 82–91. https://doi.org/10.1177/0008417413484450

Bolding, D. J., Acosta, A., Butler, B., Chau, A., Craig, B., & Dunbar, F. (2022). Working with lesbian, gay, bisexual, and transgender clients: Occupational therapy practitioners' knowledge, skills, and attitudes. American Journal of Occupational Therapy, 76(3), 7603205130. https://doi.org/10.5014/AJOT.2022.049065

Kimelstein, J. (2019). Gender as an occupation: The role of OT in the transgender community (Thesis No. 424) [Master's thesis, Ithaca College]. Ithaca College Digital Commons. https://www.semanticscholar.org/paper/Gender-as-an-Occupation%3A-The-Role-of-OT-in-the-Kimelstein/719464625aad3d176350b8c5ac7fda60601cf291 .

Tintinger, S., Ncwane, T., & Ebrahim, N. (2024). The role of occupational therapy serving LGBTQIA+ people: Retrospective perceptions of an occupational therapist. South African Journal of Occupational Therapy, 54(1). https://doi.org/10.17159/2310-3883/2024/vol54no1a11

Trentham, B. (2022). Occupational (therapy's) possibilities: A queer reflection on the tangled threads of oppression and our collective liberation. Canadian Journal of Occupational Therapy, 89(4), 346– 363. https://doi.org/10.1177/00084174221129700

Assessment-related resources:

Campbell, S., Zhai, J., Tan, J.-Y., Azami, M., Cunningham, K., & Kruske, S. (2021). Assessment tools measuring health-related empowerment in psychosocially vulnerable populations: A systematic review. International Journal for Equity in Health, 20, 246. https://doi.org/10.1186/s12939-021-01585-1

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/10.1186/1477-7525-1-41

Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the Gender Minority Stress and Resilience Measure. Psychology of Sexual Orientation and Gender Diversity, 2(1), 65– 77. https://doi.org/10.1037/sgd0000081

Intervention-related resources:

Craig, S. L. (2017). Affirmative cognitive behavior therapy with transgender and gender nonconforming adults. Psychiatric Clinics of North America, 40(1), 79–92. https://doi.org/10.1016/j.psc.2016.10.003

Johns Hopkins Medicine. (n.d.). Clinician resources. Johns Hopkins Center for Transgender and Gender Expansive Health. https://www.hopkinsmedicine.org/center-transgender-health/clinician-resources

National Queer and Trans Therapists of Color Network. (2019). Radical syllabus. https://www.nqttcn.com

Simpson, E. K., & Robinson, M. I. (2025). An occupational therapy work-self-eTicacy intervention for LGBTQ+ young people in transitional housing. The Open Journal of Occupational Therapy, 13 (1), 1-16. https://doi.org/10.15453/2168-6408.2268

Substance Abuse and Mental Health Services Administration. (2024). Supporting recovery within the LGBTQI+ community: Findings from technical experts panel. Office of Recovery. https://nopn.org/resources/samhsa-resources-for-lesbian-gay-bisexual-transgender-queer-and-intersex-lgbtqi

🎧 Related Podcast & YouTube Resources

In Session 28 (July 2024) of AJOT Authors & Issues, Dr. Tracy Becerra-Culqui and Dr. Daniel Swiatek discuss their recent publication entitled: Challenging Norms: The Impact of Transgender and Gender Diverse Realities on Work and School Participation. https://youtu.be/fznaGAwgvuc?si=rizHtmMGNgtTrx0b

This article appears in AJOT Volume 78, Issue 3. Link to Open Access article: https://journals.sagepub.com/doi/full/10.5014/ajot.2024.050485

Here are the links mentioned during the discussion.

Human Rights Campaign: https://www.hrc.org/ AOTA Resources: https://www.aota.org/practice/practice-essentials/dei/transgender-and-gender-diverse-resources

Transgender Toolkit: https://www.thehrcfoundation.org/professional-resources/trans-toolkit-for-employers

Related MHSIS Resources

Readers interested in extending this topic may also wish to explore the following sections of Curated Mental Health Occupational Therapy Resources: A MHSIS Compendium (2026):

- Bullying, Discrimination, and Psychological Safety in Occupational Therapy
- Trauma- and Stressor-Related Conditions Across Populations

Part II. Practice Tools, Assessment, and Intervention

Sample Behavioral Health and Rehabilitation Goals and Objectives

Public MHSIS resource: Sample Behavioral Health and Rehabilitation Goals and Objectives

The following material preserves the substance and organization of the original MHSIS resource guide.

Developed by Allison Sullivan, DOT, OTR/L for the Occupational Therapy Program at American International College, Springfield, MA https://www.aic.edu/

Why Use These Goals:

✓ describe skills being trained

✓ avoid COPM score goals

✓ avoid participation-only outcomes

✓ reflect OT intervention targets

Participation outcomes such as: "complete a full day of school" or "increase satisfaction scores" are results of therapy, not goals. Remember: "The COPM measures change. It is not the skill."

Routine-Based Examples:

Skills being trained

- time management
- task prioritization
- routine organization
- executive functioning

**LTG (Health Management – Psychiatric or Community Setting): By discharge or end of treatment period, Client will complete a personalized daily routine—including hygiene, movement, structured rest, and coping check-ins—with moderate cues in 4 out of 5 days.

STO 1: Within 5 days, client will complete her morning hygiene routine using a visual schedule with no more than two cues.

STO 2: Sleep Routine Organization: Within 4 weeks, KM will develop and implement a structured evening routine including at least two sleep hygiene strategies to support consistent sleep preparation on 5 nights per week as documented through sleep logs.

LTG Example 2 – Routine Organization / Role Balance

Within 12 weeks, AR will independently develop and implement a structured weekly routine that allocates time for work, coaching, and personal activities, using planning and time-management strategies (e.g., weekly scheduling, task prioritization) with no more than one verbal cue, as documented through weekly routine planning sheets and therapist review.

STG 1 – Energy Management

Within 6 weeks, AR will identify and implement two energy-management strategies (e.g., task chunking, scheduled rest breaks) during work tasks with no more than two verbal cues in 4 of 5 observed sessions, as documented through therapist observation and self-report logs.

Participation-Focused Examples

LTG (Participation – Community-Based or Step-Down Setting): Within 6 weeks, client will complete in one structured daily occupation (e.g., academic task, mealtime routine, or structured leisure activity) for at least 10 minutes using one therapist-taught coping strategy with no more than one verbal cue in 80% of opportunities.

STG 1: Within 1 week, client will identify her emotional state using a feelings scale and identify a selected strategy that could be implemented to improve or sustain this emotional state during OT sessions in 3 out of 5 opportunities with minimal cues.

STG 2: Within 2 weeks, client will complete one structured mealtime or academic routine by initiating the first two steps of the task with no more than two prompts in 70% of opportunities.

Sensory/Regulation-Based Examples:

Skills being trained

- interoceptive awareness
- self-monitoring
- strategy selection
- anticipatory regulation
- LTG (6 weeks): Within 6 weeks, JS will independently identify early indicators of emotional or sensory overload and select an appropriate self-regulation strategy prior to engaging in challenging interpersonal situations, in 4 of 5 observed opportunities, as documented through therapist observation and self-monitoring logs.

Short-Term Objective 1

Sensory Regulation Awareness: Within 3 weeks, JS will identify and generate a written list of at least five sensory inputs that he experiences as consistently grounding or calming and explain when and how these inputs can be used prior to anticipated interpersonal stress, as documented through completion of a sensory regulation worksheet and therapist review.

Short-Term Objective 2

Early Stress Identification: Within 3 weeks, JS will identify at least three personal physiological or emotional indicators of escalating stress during structured activities, in 4 of 5 sessions, as documented through therapist observation and self-report logs.

Short-Term Objective 3

Communication Strategy Development: Within 4 weeks, JS will demonstrate use of two structured communication strategies for managing interpersonal conflict during role-play scenarios, with no more than one verbal cue, in 4 of 5 sessions, as documented through therapist observation.

LTG Example 2 – Sensory Self-Regulation

Within 12 weeks, AR will independently identify and implement at least three sensory regulation strategies (e.g., scheduled movement breaks, environmental modification, proprioceptive input) to maintain sustained attention during work or structured activities for at least 45 minutes, as documented through therapist observation and self-monitoring logs.

STG 2 – Task Persistence / Attention

Within 6 weeks, AR will demonstrate goal-directed task persistence to a structured leisure or work-related task for 30 minutes using one sensory regulation strategy, with no more than one verbal cue, in 4 of 5 sessions, as documented by therapist observation.

WRAP-Aligned Examples: WRAP-based goals are strong because they measure the client's ability to:

✓ recognize internal states, including self-monitoring and trigger identification

✓ plan behavioral responses

✓ monitor symptoms over time

✓ develop self-management routines (occupational self-management)

These are occupational self-regulation skills, which then support participation.

Long-Term Goal 1

Within 6 weeks, JS will identify personal triggers and early warning signs associated with escalating interpersonal stress and develop a written action plan for responding to these triggers using items from his wellness toolbox, as documented through completion of WRAP planning worksheets and therapist review.

(This aligns directly with the Triggers and Early Warning Signs sections of WRAP.)

Short-Term Objective 1

Trigger Identification: Within 2 weeks, JS will identify and document at least three interpersonal situations that serve as triggers for escalating stress or emotional dysregulation, via completion of the WRAP trigger identification worksheet.

Short-Term Objective 2

Early Warning Sign Recognition: Within 4 weeks, JS will identify and describe at least three early warning signs that indicate increasing stress or emotional dysregulation, as documented through self-monitoring logs reviewed during therapy sessions.

LTG Example 2— WRAP-Informed Self-Management

Within 8 weeks, KM will develop and implement a personalized wellness management routine identifying triggers, early warning signs of stress or fatigue, and at least three strategies to maintain daily functioning during school and work demands, as documented through completion of WRAP planning worksheets and therapist review.

STO 3 — WRAP Trigger Identification: Within 3 weeks, KM will identify and document at least three situations that increase stress or fatigue during school or work activities and list one coping strategy for each trigger using a WRAP trigger worksheet.

STO 4 — Early Warning Sign Recognition: Within 4 weeks, KM will identify at least three early warning signs of increased stress or fatigue and select one regulation

strategy to address each sign in 4 of 5 therapy sessions as documented through therapist observation and self-monitoring logs.

LTG — Financial Management Routine

Within 8 weeks, KM will independently organize and implement a weekly budgeting routine to allocate income for rent, utilities, and groceries using a structured budgeting system, completing the routine with no more than one verbal cue in 4 of 5 weeks as documented through budgeting worksheets and therapist review.

STO 1 — Budgeting Skills: Within 3 weeks, KM will categorize weekly expenses into at least three budgeting categories (rent, food, utilities) using a budgeting worksheet with no more than two verbal cues in 4 of 5 sessions.

Skills being trained

- financial organization
- routine development
- task sequencing
- executive functioning

LTG — Pain Management for Work Endurance

Skills being trained

- body mechanics
- pacing strategies
- symptom monitoring
- energy conservation

LTG 1 Within 8 weeks, KM will independently implement pacing and body positioning strategies to maintain standing and walking tolerance for 60 minutes during work or school activities while reporting pain no greater than 3/10 in 4 of 5 observed opportunities as documented through therapist observation and self-report logs.

STO — Pain Self-Management: Within 4 weeks, KM will demonstrate two pacing or body positioning strategies to manage lower back pain during standing tasks for at least 30 minutes with no more than one verbal cue in 4 of 5 sessions.

Conversational Guidelines:

What to Do:
Stay on topic or transition appropriately
Take turns
Use appropriate tone and volume
Ask relevant follow-up questions
Respect boundaries

What to Avoid:
Interrupting
Abrupt topic changes
Overly personal comments
Irrelevant or repetitive comments
Ignoring social cues

Social Skills – Conversational Reciprocity Skills being trained:

- conversational initiation
- turn-taking
- topic maintenance
- social reciprocity

LTG: Within 6 weeks, client will initiate, respond to, and sustain reciprocal, socially appropriate conversation with a peer by completing at least 3 conversational exchanges using appropriate turn-taking and topic maintenance, with no more than one verbal cue in 4 of 5 observed opportunities, as documented through therapist observation.

STO 1: Within 2 weeks, client will initiate a conversation using a context-appropriate opening statement in 3 of 5 opportunities with no more than two verbal cues.

STO 2: Within 3 weeks, client will maintain a conversational topic for at least 2 exchanges by providing relevant and context-appropriate responses, with no more than two verbal cues in 4 of 5 sessions.

Social Communication – Appropriateness & Inhibition

LTG: Within 8 weeks, client will demonstrate socially appropriate conversational responses by selecting and producing context-appropriate verbal statements and inhibiting inappropriate responses during structured and semi-structured interactions, with no more than one verbal cue in 4 of 5 observed opportunities, as documented through therapist observation and role-play performance.

STO 1 — Identification (FOUNDATIONAL)

Within 2 weeks, client will identify whether a verbal statement is socially appropriate or inappropriate in structured scenarios (e.g., role-play, video examples) in 4 of 5 trials with moderate cues.

STO 2 — Discrimination (WHY it matters)

Within 3 weeks, client will explain why a statement is socially appropriate or inappropriate based on context (e.g., tone, topic relevance, boundaries) in 4 of 5 opportunities with moderate cues.

STO 3 — Response Selection

Within 5 weeks, client will select a context-appropriate verbal response from two or more options during structured social scenarios with no more than two verbal cues in 4 of 5 trials.

STO 4 — Inhibition / Self-Monitoring

Within 6 weeks, client will pause and use a learned Monitoring (self-monitoring) strategy (e.g., “think-check-speak”) to inhibit an inappropriate verbal response before speaking in 4 of 5 observed opportunities with no more than one verbal cue.

STO 5 — Repair Strategy (ADVANCED)

Within 8 weeks, client will demonstrate use of a repair strategy (e.g., apologizing, rephrasing, clarifying intent) following a socially inappropriate statement during role-play or real interactions in 3 of 5 opportunities with minimal cues.

Self-Advocacy / Therapeutic Communication Skills being trained:

- Identification (self-awareness of needs and preferences)
- Expression (assertive communication)
- Boundary Setting
- Initiation (initiation of communication)
- Regulation (emotional regulation during expression)
- Social Pragmatics (tone, clarity, appropriateness)

LTG: Within 6 weeks, client will communicate needs, preferences, or boundaries using clear and assertive language with no more than one verbal cue in 4 of 5 opportunities.

STO 1: Within 2 weeks, client will identify and verbalize personal needs or preferences during structured activities with moderate cues.

STO 2: Within 4 weeks, client will use an "I statement" to express a need or boundary in 3 of 5 opportunities with no more than two verbal cues.

Executive Function – Task Initiation Skills being trained:

- Initiation (task initiation)
- cognitive flexibility
- action planning
- sequencing
- time awareness
- use of compensatory strategies (e.g., cueing systems, countdowns, checklists)

LTG: Within 6 weeks, client will independently initiate a multi-step task within 2 minutes of instruction using a learned initiation strategy in 4 of 5 opportunities, as documented through therapist observation.

STO 1: Within 2 weeks, client will identify and trial two Initiation (task initiation) strategies during structured activities with moderate cues.

STO 2: Within 4 weeks, client will initiate a familiar 3-step task within 5 minutes using one strategy with no more than two verbal cues in 4 of 5 sessions.

Interoception – Awareness to Action Skills being trained:

- Identification (interoceptive awareness)
- Identification (emotional identification)
- Interpretation (body–emotion mapping)
- Monitoring (self-monitoring)
- Anticipation (anticipatory regulation)
- Selection (strategy selection) based on internal cues

LTG: Within 6 weeks, client will identify internal body signals and select a corresponding regulation strategy prior to escalation of distress in 4 of 5 opportunities, as documented through Monitoring (self-monitoring) logs and therapist observation.

STO 1: Within 2 weeks, client will identify at least 3 internal body signals associated with stress or emotional changes during structured activities with moderate cues.

STO 2: Within 4 weeks, client will match internal body signals to corresponding emotional states in 4 of 5 opportunities with minimal cues.

STO 3: Within 5 weeks, client will select one regulation strategy based on identified body signals with no more than one verbal cue in 4 of 5 sessions.

Executive Function – Routine Organization / Task Completion LTG:

Within 6 weeks, client will complete a structured daily routine (e.g., morning routine, meal preparation, or household task) using external supports (e.g., checklist, timer, visual cues) with no more than one verbal cue in 4 of 5 opportunities, as documented through therapist observation.

STG 1 – Task Initiation

Within 2 weeks, client will initiate a familiar 3-step task (e.g., preparing a meal or starting a morning routine) within 5 minutes using a visual or verbal prompt with no more than two cues in 4 of 5 sessions.

STG 2 – Task Sequencing

Within 3 weeks, client will complete the first 3 steps of a structured task using a visual checklist with no more than two verbal cues in 4 of 5 opportunities.

STG 3 – Task Completion / Persistence

Within 4 weeks, client will sustain engagement in a structured task for 10 minutes using one external support (e.g., timer, checklist) with no more than one verbal cue in 4 of 5 sessions.

Executive Function – Time Management / Planning

LTG:

Within 8 weeks, client will use a structured planning system (e.g., daily schedule, written planner) to organize and complete 2–3 daily tasks with no more than one verbal cue in 4 of 5 days, as documented through therapist review and self-report logs.

STG 1 – Planning Awareness

Within 2 weeks, client will identify and write down 2 daily tasks using a structured template with moderate cues in 4 of 5 sessions.

STG 2 – Use of External Supports

Within 4 weeks, client will use one external planning tool (e.g., checklist, phone reminder) to initiate a scheduled task with no more than two cues in 4 of 5 opportunities.

Related MHSIS Resources

Readers interested in extending this topic may also wish to explore the following sections of Curated Mental Health Occupational Therapy Resources: A MHSIS Compendium (2026):

- Behavioral Activation in Occupational Therapy
- Mindfulness in Occupational Therapy and Mental Health Practice
- Dementia Care and Mental Health-Informed Occupational Therapy

Pharmacotherapy and Psychiatric Medication Management

Public MHSIS resource: Pharmacotherapy and Psychiatric Medication Management

The following material preserves the substance and organization of the original MHSIS resource guide.

Pharmacotherapy and Medication Management Resources from AOTA's Mental Health Special Interest Section Resource Library May 2026 Content generated by Allison F. Sullivan, DOT, MSOT, OTR/L

On Tuesday, May 19th, from 7:30 pm–8:30 pm ET, Carli DiMeo, OTD, OTR/L, BCP hosted a Practice Chat sponsored by AOTA's Mental Health Special interest section. Carli provided brief background information and case-based examples to facilitate discussion on the functional impact of psychiatric medication on occupational participation. Drawing connections across the lifespan while emphasizing childhood, this session will increase participants' awareness of the prevalence and occupational implications of psychiatric medication management. This session provided an opportunity for dialogue concerning the occupational therapy practitioner's role in assessment, advocacy, and intervention to support clients' daily functioning and quality of life. This practice chat was recorded.

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

Psychiatric medications can significantly influence cognition, sensory processing, energy, emotional regulation, sleep, participation, and overall quality of life across the lifespan. While medication management is often viewed primarily through a biomedical lens, occupational therapy contributes a distinct functional perspective by examining how medication routines, side effects, health literacy, habits, environmental supports, and daily occupations interact to support or interfere with participation. Occupational therapy practitioners are uniquely positioned to promote medication safety, adherence, self-management, and meaningful engagement in daily life through occupation-based assessment, intervention, advocacy, and interdisciplinary collaboration. The following collection highlights evidence- based resources, assessment tools, intervention strategies, and educational media to support OT practitioners involved in psychiatric medication management across practice settings.

👥 Psychiatric Medication Management: Overview & Context Psychiatric medication management involves supporting the safe, effective, and meaningful use of psychotropic medications to improve health, participation, and quality of life. Medication-related challenges may include side effects, cognitive barriers, sensory sensitivities, limited health literacy, regimen complexity, stigma, cost, and difficulties integrating medication routines into daily life. Occupational therapy practitioners can play an important role in assessing functional medication management skills, supporting habit formation and environmental organization, promoting self- advocacy and psychoeducation, and addressing the occupational impact of psychiatric medications within recovery-oriented and person-centered care models.

In support of this May 19th MHSIS Practice Chat on Psychiatric Medication Management, the Mental Health Special Interest Section (MHSIS) is featuring the following curated resources from its member-created library:

🔎 Evidence-Based Practice in Psychiatric Medication Management:

Pillinger, T., Howes, O. D., Correll, C. U., Leucht, S., Huhn, M., Schneider-Thoma, J., Gaughran, F., Jauhar, S., McGuire, P. K., Taylor, D. M., Young, A. H., & McCutcheon, R. A. (2023). Antidepressant and antipsychotic side-effects and personalised prescribing: A systematic review and digital tool development. The Lancet Psychiatry, 10(11), 860–876. https://doi.org/10.1016/S2215-0366(23)00262-6

National Elf Service. (2025). Physical health side effects of psychotropic medication: Holistic prevention and management. The Mental Elf. https://www.nationalelfservice.net/treatment/antipsychotics/physical-health-side- effects-of-psychotropic-medication-holistic-prevention-and-management/

50 years of SSRIs: weighing benefits and harms. (2025). Lancet, 405(10490), 1641. https://doi-org.ezai.ez.cwmars.org:3243/10.1016/S0140-6736(25)00981-X

Patel, N. U., Moore, B. A., Craver, R. F., & Feldman, S. R. (2016). Ethical considerations in adherence research. Patient Preference and Adherence, 10, 2429–2435. https://doi.org/10.2147/PPA.S117802

📊 Value of Occupational Therapy in Psychiatric Medication Management:

Occupational therapy contributes uniquely to psychiatric medication management by addressing: • Functional cognition and executive functioning related to medication routines • Medication adherence and habit formation within daily occupations • Sensory, cognitive, and behavioral side effects impacting participation • Health literacy and understanding of medication instructions • Environmental organization and medication safety strategies • Daily routine development and time management supports • Self-advocacy and communication with health care providers • Fine motor, visual-perceptual, and process skills required for medication management • Functional assessment of medication self-management capacity • Recovery-oriented goal setting and quality of life outcomes • Caregiver education and support for medication-related routines • Interdisciplinary collaboration to optimize participation and treatment engagement

McCarthy, J., Hawkins, M., & Andrews, S. (2023). The Connelly House approach: occupational therapists facilitating the self-administration of medication in a psychiatric rehabilitation in-patient ward. BJPsych bulletin, 47(5), 274–279. https://doi.org/10.1192/bjb.2022.62

Somerville, E., Bollinger, R., Keleman, A., Haxton, M., Sarrami, B., Chen, S. W., Holden, B., Yan, Y., & Stark, S. (2023). Tailored medication management intervention delivered by occupational therapists for older adults: A study protocol. The British journal of occupational therapy, 86(4), 257–264. https://doi.org/10.1177/03080226221135366

Garrison, T. A., Schwartz, J. K., & Moore, E. S. (2023). Effect of occupational therapy in promoting medication adherence in primary care: A randomized controlled trial. American Journal of Occupational Therapy, 77(3), 7703205040. https://doi.org/10.5014/ajot.2023.050109

Allen, D. D., & Jaffe, L. (2024). A Survey of Medication Management in Occupational Therapy Practice. Occupational Therapy In Health Care, 38(4), 932–945. https://doi.org/10.1080/07380577.2023.2243516

📋 **Assessment Tools:**

Anderson, K., & Borson, S. (n.d.). Medi-Cog™. University of Maryland School of Pharmacy. https://www.pharmacy.umaryland.edu/centers/lamy/clinical-initiatives/medmanagement/assisted_living/Tools- to-Assess-Self-Administration-of-Medication/ : The Medi-Cog is a seven-minute tool, which can be used by health care providers to assess cognitive literacy and pillbox skills in order to optimize medication safety. The tool is a combination of the Mini-Cog©, a validated cognitive screen, and the Medication Transfer Screen (MTS), a pillbox skills test. This tool was developed by Katherine Anderson, PharmD.

Orwig, D., Brandt, N., & Gruber-Baldini, A. L. (2006). Medication management assessment for older adults in the community. The Gerontologist, 46(5), 661–668. https://doi.org/10.1093/geront/46.5.661: Medication Management Instrument for Deficiencies on the Elderly (MedMaIDE™): The MedMaIDE™ tool is used to assess the ability to self-administer medications within the aging population. It examines how much the person knows about their medications, if they know how to take their medications, and if they know how to procure their medications. The tool also provides a section for the individual's complete medication list. This tool was developed by Denise Orwig, PhD, Nicole Brandt, PharmD, and Ann Gruber-Baldini, PhD.

Albert, S. M., Edelstein, O. E., & Park, H. (2020). The Self-Medication Assessment Tool (SMAT): Development, reliability, and validity. Research in Social and Administrative Pharmacy, 16(8), 1035–1041. https://doi.org/10.1016/j.sapharm.2019.11.003 : The Self-Medication Assessment Tool (SMAT) is a comprehensive instrument intended to screen for medication self-management deficits in older adults and to facilitate targeted interventions.

George, J., Phun, Y. T., Bailey, M. J., Kong, D. C., & Stewart, K. (2004). Development and validation of the medication regimen complexity index. The Annals of pharmacotherapy, 38(9), 1369–1376. https://doi.org/10.1345/aph.1D479 : The Medication Regimen Complexity Index (MRCI) is a validated 65-item clinical tool used to objectively quantify how difficult a patient's drug regimen is to manage. It goes beyond a simple count of medications by assigning specific weights to factors that drive adherence challenges and errors.

Baby, B., McKinnon, A., Patterson, K., Patel, H., Sharma, R., Carter, C., Griffin, R., Burns, C., Chang, F., Guilcher, S. J., Lee, L., Fadaleh, S. A., & Patel, T. (2024). Tools to measure barriers to medication management capacity in older adults: a scoping review. BMC geriatrics, 24(1), 285. https://doi.org/10.1186/s12877-024-04893-7

🛠 Psychiatric Medication Management Intervention Resources

American Psychiatric Association. (2025). Psychiatric medications: An overview. https://www.psychiatry.org/patients-families/psychiatric-medications-an-overview-1

American Association of Psychiatric Pharmacists. (2019, February). Adherence. https://www.nami.org/treatments-and-approaches/mental-health-medications/medication-plan-adherence/

Baby, B., McKinnon, A., Patterson, K., Patel, H., Sharma, R., Carter, C., Griffin, R., Burns, C., Chang, F., Guilcher, S. J., Lee, L., Fadaleh, S. A., & Patel, T. (2024). Tools to measure barriers to medication management capacity in older adults: a scoping review. BMC geriatrics, 24(1), 285. https://doi.org/10.1186/s12877-024-04893-7

🎧 Related Podcast & YouTube Resources

Pharmacology: Antidepressants - SSRIs, SNRIs, TCAs, MAOIs: https://www.youtube.com/watch?v=T25jvLC6X0w

Anxiety Medications - Pharmacology @LevelUpRN: https://www.youtube.com/watch?v=L3Q4DrvwjQo . In this 2020 YouTube video, Cathy Parkes, BSN, RN, covers medications that are used to treat anxiety, including benzodiazepines and buspirone.

Bipolar Medications: Therapies - Psychiatric Mental Health @LevelUpRN: https://www.youtube.com/watch?v=p8JyrnsL5Ok. In this 2023 YouTube video, Cathy Parkes, BSN, RN covers key medications used in the treatment of bipolar disorder, including lithium, carbamazepine, and valproic acid. For lithium, she discusses the side effects, contraindications, signs/symptoms of toxicity, interactions, nursing care, and patient teaching associated with lithium. For carbamazepine and valproic acid, Cathy discusses the mode of action, key side effects, and nursing care associated with these medications.

Psycho-pharmacotherapies in Pediatric Patients UCONN Student Health Fair 2022: https://www.youtube.com/watch?v=H3H73XwdzPE. In this video, UConn students Sindy Yang, Anna Liu, Nathalie Brown, and Katie Meehan discuss the use of psycho-active medications in pediatric patients, including the common conditions they are used to treat, the medications in this class that are most used, as well as the statistics on overuse of these medications.

Medications for Substance Use Disorders @LevelUpRN: https://www.youtube.com/watch?v=COeGP7EKv2A In this 2023 YouTube video, Cathy Parkes BSN, RN covers medications used for substance use disorders, including alcohol use disorder (disulfiram, naltrexone, acamprosate) and opioid use disorder (buprenorphine, methadone). She also discusses medications that support smoking cessation (varenicline, buproprion). At the end of the video, Cathy provides a quiz to test your knowledge of some of the key points she covered in the video.

Medications for Schizophrenia: Therapies - Psychiatric Mental Health @LevelUpRN: https://www.youtube.com/watch?v=PnmOpGoGZYw In this 2024 YouTube video, Cathy Parkes, BSN, RN, discusses antipsychotic medications used in the treatment of schizophrenia, including first generation (typical) and second generation (atypical) antipsychotics. She covers the side effects and nursing care for each medication class. Cathy also provides a more in-depth discussion of two important antipsychotic side effects: extrapyramidal symptoms and neuroleptic malignant syndrome. At the end of the video, she provides a quiz to test your knowledge of key points she covered in the video.

Related MHSIS Resources

Readers interested in extending this topic may also wish to explore the following sections of Curated Mental Health Occupational Therapy Resources: A MHSIS Compendium (2026):

- Dementia Care and Mental Health-Informed Occupational Therapy
- Neurodivergence and Neurodiversity-Affirming Mental Health Practice

Sensory Resources for Mental and Behavioral Health

Public MHSIS resource: Sensory Resources for Mental and Behavioral Health

The following material preserves the substance and organization of the original MHSIS resource guide.

Sensory Resources for Mental and Behavioral Health from
AOTA's Mental Health Special Interest Section Resource Library
June 2026

Content developed by Allison F. Sullivan, DOT, MSOT, OTR/L

Sensory experiences can influence arousal, emotional regulation, participation, and recovery. Occupational therapy practitioners may use sensory-informed approaches in collaboration with individuals, families, caregivers, and interdisciplinary teams across mental and behavioral health settings. This selected resource guide was developed by the AOTA Mental Health Special Interest Section (MHSIS) to introduce sensory functioning, including sensory integration, processing, and modulation, through a mental and behavioral health lens. The resources included here are intentionally selective rather than comprehensive. They provide a brief overview of a vast and evolving area of scholarship and practice; highlight connections among sensory experiences, emotional regulation, trauma, neurodivergence, cognition, participation, and mental health; and offer starting points for further learning.

🎾 **Why This Matters**: Sensory patterns and environmental demands may shape how people experience distress, safety, concentration, sleep, social participation, learning, daily routines, and engagement in valued roles. In mental and behavioral health practice, sensory-informed approaches can complement - rather than replace - occupation-centered, trauma-informed, recovery-oriented, and evidence-informed care.

• Support regulation and participation across everyday routines and roles • Offer individualized strategies for distress prevention, de-escalation, and recovery • Consider sensory preferences, access needs, trauma history, culture, and environmental context • Strengthen collaboration among people receiving services, caregivers, and interdisciplinary teams • Connect sensory supports with meaningful goals, occupational performance, and community participation

Scope and Related AOTA Resources: This guide is not intended to be a comprehensive sensory integration or sensory-processing bibliography, nor does inclusion constitute endorsement of a particular intervention, program, product, or theoretical approach. For more extensive sensory integration and sensory-processing resources, explore the AOTA Sensory Integration and Processing Special Interest Section Community on CommunOT.

📋 **Note Regarding Sensory Assessment:** This guide does not provide sensory assessment tools, training, or instruction in assessment administration or interpretation. Sensory assessment requires appropriate professional preparation, clinical judgment, and consideration of psychometric properties, cultural relevance, functional context, and the person's goals and lived experience. Practitioners seeking more extensive education are encouraged to pursue specialized training and consult resources from AOTA's Sensory Integration and Processing Special Interest Section.

🗂️ Guide Topics Represented in This Collection

• Sensory integration, processing, and modulation in mental health: theory, terminology, occupational therapy perspectives, and selected evidence • Intervention strategies: individual and group approaches, sensory rooms and comfort rooms, environmental modification, prevention, de-escalation, and recovery • Practice across settings: adult inpatient psychiatry, child and adolescent behavioral health, community mental health, substance use, schools, clubhouses, Veterans Affairs, residential, and forensic settings • Outcome measurement and participation: collaborative goal setting, behavioral and crisis-related data, occupational performance, participation, and client-reported outcomes • Implementation resources: staff education, program development, sensory-room development, interdisciplinary collaboration, and organizational supports • Research and emerging directions: current evidence, knowledge gaps, and the ongoing MHSIS research initiative

📚 Sensory Integration, Processing, and Modulation in Mental Health

The following resources introduce sensory functioning, including sensory integration, processing and modulation as they relate to psychiatric symptoms, emotional regulation, trauma, and occupational participation. They are best read as complementary sources that use different terminology, populations, and levels of evidence:

Bailliard, A. L., & Whigham, S. C. (2017). Centennial topics - Linking neuroscience, function, and intervention: A scoping review of sensory processing and mental illness. American Journal of Occupational Therapy, 71, 7105100040. https://doi.org/10.5014/ajot.2017.024497

A broad occupational therapy scoping review that maps literature linking sensory processing, mental illness, function, and intervention. A useful foundational source for understanding the field's history and gaps.

McMahon, K., Anand, D., Morris-Jones, M., & Rosenthal, M. Z. (2019). A path from childhood sensory processing disorder to anxiety disorders: The mediating role of emotion dysregulation and adult sensory processing disorder symptoms. Frontiers in Integrative Neuroscience, 13, Article 22. https://doi.org/10.3389/fnint.2019.00022

An original transdiagnostic adult study examining associations among retrospectively reported childhood sensory processing symptoms, adult sensory symptoms, emotion dysregulation, and lifetime anxiety disorders. The findings are correlational and should not be interpreted as establishing a causal developmental pathway.

Serafini, G., Engel-Yeger, B., Vazquez, G. H., Pompili, M., & Amore, M. (2017). Sensory processing disorders are associated with duration of current episode and severity of side effects. Psychiatry Investigation, 14(1), 51-57. https://doi.org/10.4306/pi.2017.14.1.51

An outpatient study examining sensory-processing patterns among people with depressive, bipolar, and anxiety disorders. Useful for considering sensory experiences within broader psychiatric and medication contexts; it does not test intervention effectiveness.

Meteran, H., Vindbjerg, E., Uldall, S. W., Glenthøj, B., Carlsson, J., & Oranje, B. (2019). Startle habituation, sensory, and sensorimotor gating in trauma-affected refugees with posttraumatic stress disorder. Psychological Medicine, 49(4), 581-589. https://doi.org/10.1017/S003329171800123X

A neuropsychiatric study of trauma-affected refugees with posttraumatic stress disorder that examines startle habituation and sensory/sensorimotor gating. It offers background for understanding sensory-related mechanisms in trauma, not a practice protocol.

Huberman, M., Gafter, L., Bar-Shalita, T., & Lahav, Y. (2025). Sensory modulation difficulties and PTSD: A prospective study during and after rocket attacks. Psychological Trauma: Theory, Research, Practice, and Policy. Advance online publication. https://doi.org/10.1037/tra0001867

A prospective study of Israeli adults assessed during rocket attacks and 40-71 days after the ceasefire. Higher sensory responsiveness was associated with early trauma-related symptoms and predicted later PTSD symptom severity; early trauma-related symptomatology mediated some associations. Findings support clinically meaningful relationships but should be interpreted within the study context and without assuming a universal causal pathway.

Payne, P., Levine, P. A., & Crane-Godreau, M. A. (2015). Somatic experiencing: Using interoception and proprioception as core elements of trauma therapy. Frontiers in Psychology, 6, Article 93. https://doi.org/10.3389/fpsyg.2015.00093

A conceptual and theoretical article describing Somatic Experiencing and its emphasis on interoceptive, proprioceptive, and kinesthetic experience. Use as background theory; it is not a clinical outcome study.

🌱 Trauma, Neurodivergence, and Pediatric Mental Health

These resources highlight developmental, trauma-related, neurodivergence-informed, and participation-oriented perspectives. They include systematic and scoping reviews, original research, professional-practice resources, and one preprint that has not yet undergone peer review.

Fraser, K., MacKenzie, D., & Versnel, J. (2017). Complex trauma in children and youth: A scoping review of sensory-based interventions. Occupational Therapy in Mental Health, 33(3), 199-216. https://doi.org/10.1080/0164212X.2016.1265475

A scoping review of sensory-based interventions for children and youth who have experienced complex trauma. It identifies limited but promising evidence when approaches are part of integrated treatment and reinforces the need for careful, trauma-informed application.

McGreevy, S., & Boland, P. (2020). Sensory-based interventions with adult and adolescent trauma survivors: An integrative review of the occupational therapy literature. Irish Journal of Occupational Therapy, 48(1), 31-54. https://doi.org/10.1108/IJOT-10-2019-0014
An integrative review of occupational therapy literature on sensory-based interventions with adult and adolescent trauma survivors. It identifies promising but limited empirical evidence, describes sensory-processing patterns and transdisciplinary programs, and emphasizes trauma-informed, person-centered application, ongoing training, and the need for more rigorous research.

Lehr, V., Sullivan, A. F., Champagne, T., & Szklut, S. E. (2023). Trauma-informed, sensory-based pediatric OT interventions: A systematic review. American Journal of Occupational Therapy, 77(Supplement 2), 7711505060p1. https://doi.org/10.5014/ajot.2023.77S2-PO60
An AJOT supplement abstract reporting a systematic review of trauma-informed, sensory-based pediatric occupational therapy interventions. This resource provides an OT-specific connection among trauma-informed care, sensory approaches, and pediatric mental health practice.

Purvis, K. B., McKenzie, L. B., Cross, D. R., & Becker Razuri, E. (2013). A spontaneous emergence of attachment behavior in at-risk children and a correlation with sensory deficits. Journal of Child and Adolescent Psychiatric Nursing, 26(3), 165-172. https://doi.org/10.1111/jcap.12041
A nursing study exploring attachment-related behavior and sensory deficits among at-risk children. It can support interdisciplinary discussion of sensory experiences within relational and developmental contexts.

Engel-Yeger, B., & Mevorach Shimoni, M. (2024). The contribution of atypical sensory processing to executive dysfunctions, anxiety and quality of life of children with ADHD. Occupational Therapy in Mental Health, 40(2), 103-122. https://doi.org/10.1080/0164212X.2023.2220975
A cross-sectional study of boys with ADHD, ADHD plus atypical sensory processing, and typical development. It examines relationships among sensory processing, executive functions, anxiety, and quality of life; findings should be interpreted within the study's design and sample limitations.

Jurek, L., Duchier, A., Gauld, C., Hénault, L., Giroudon, C., Fourneret, P., Cortese, S., & Nourredine, M. (2025). Sensory processing in individuals with attention-deficit/hyperactivity disorder compared with control populations: A systematic review and meta-analysis. Journal of the American Academy of Child & Adolescent Psychiatry, 64(10), 1132-1147. https://doi.org/10.1016/j.jaac.2025.02.019
A systematic review and meta-analysis of 30 studies involving 5,374 children and adults with ADHD and control participants. It found more atypical sensory-processing patterns across multiple modulation domains and sensory modalities in ADHD, while also noting substantial heterogeneity, variable study quality, and possible overlap between sensory constructs and ADHD symptoms. This is a strong contextual source, not evidence for any specific intervention.

Josyfon, E., Spain, D., Blackmore, C., Murphy, D., & Oakley, B. (2023). Alexithymia in adult autism clinic service-users: Relationships with sensory processing differences and mental health. Healthcare, 11(24), Article 3114. https://doi.org/10.3390/healthcare11243114
A cross-sectional study of 190 adults attending a tertiary autism clinic. Sensory-processing differences were associated with anxiety and depression severity, and difficulties identifying or describing feelings partially mediated these relationships. The findings support consideration of sensory experiences and emotional awareness in mental health formulation; the self-report, cross-sectional design does not establish causality.

Grist, N., Yu, M.-L., & Brown, T. (2025). Exploration of children's interoception, emotional regulation, or anxiety and occupational participation: A scoping review with narrative synthesis. Occupational Therapy in Health Care. Advance online publication. https://doi.org/10.1080/07380577.2025.2567315

A scoping review examining the emerging evidence on interoception, emotional regulation, anxiety, and occupational participation in school-aged children. It identifies important gaps and supports cautious, participation-focused clinical reasoning.

Khan, S. (2025). Enhancing interoceptive awareness in youth: Occupational therapy interventions for emotional regulation and mental health. OT Now. https://doi.org/10.63192/otnow.1921179

A practice-oriented article that introduces interoceptive awareness in relation to youth emotional regulation and mental health and offers examples of intervention approaches for consideration. Resource type: Professional practice article.

Sullivan, A. F. (2026, January). AOTA's Mental Health Special Interest Section neurodivergence resources [Resource list]. American Occupational Therapy Association, Mental Health Special Interest Section. An MHSIS Library compendium of interdisciplinary scholarship relevant to neurodivergence- and neurodiversity-informed mental health occupational therapy practice, including sensory, regulation, trauma, and participation-related resources. Access the resource: MHSIS-Curated-Mental-Health-Resource-Compendium-2026.pdf

🛠️ Intervention, Environmental, and Implementation Resources

Sensory-based supports should be individualized and connected to a person's goals, preferences, access needs, life roles, and environment. These resources provide an entry point to evidence, implementation considerations, and practice frameworks:

Doroud, N., Cappy, M., Grant, K., Scopelliti, M., McKinstry, C., & McMahon, D. (2025). Sensory rooms within mental health settings: A systematic scoping review. Occupational Therapy in Mental Health, 41(1), 38-58. https://doi.org/10.1080/0164212X.2024.2308290

A systematic scoping review of sensory rooms in mental health settings. It discusses room features, applications, potential benefits, and implementation issues, emphasizing staff and consumer training and tailored use of sensory strategies.

Piller, A., McHugh Conlin, J., Glennon, T. J., Andelin, L., Auld-Wright, K., Teng, K., & Tarver, T. (2025). Systematic review of sensory- based interventions for children and youth (2015-2024). Frontiers in Pediatrics, 13, Article 1720179. https://doi.org/10.3389/fped.2025.1720179

A systematic review of sensory-based interventions for children and youth with sensory integration/processing challenges. It differentiates sensory-based interventions from direct occupational therapy using Ayres Sensory Integration and summarizes evidence relevant to functional outcomes and participation.

Lane, S. J., Schoen, S. A., Schaaf, R., Bundy, A., Mailloux, Z., Smith Roley, S., May-Benson, T. A., & Parham, L. D. (2025, September 26). Supporting children with sensory integration challenges and their families: A sensory integration decision guide [Preprint]. Preprints.org. https://doi.org/10.20944/preprints202509.2139.v1

A narrative review and decision guide intended to support primary care referral pathways for children with sensory integration challenges. Important: This is a preprint and is explicitly identified as not peer reviewed.

Stewart, P., & Grant, C. (2025, June 1). Bridging the gap: Sensory integration and mental health in pediatrics. OT Practice, 30(6), 10- 13.

An AOTA professional-practice article addressing sensory integration and pediatric mental health. It may be useful as a clinician-facing discussion resource rather than as a peer-reviewed research study. Resource type: Professional practice article.

🧩 Practice Framework: Ready to Learn and Play Ready to Learn and Play is a sensory-regulation framework intended to support children's participation, learning, play, and emotional regulation across everyday environments. According to the program website, the framework draws on literature and practice from cognitive science, behavioral psychology, neuroeducation, and occupational therapy.
Program website: https://www.readytolearnandplay.com
Developer-curated evidence page: https://www.readytolearnandplay.com/evidence

Use note: Review the cited evidence and consider the fit of specific strategies with the child's sensory patterns, occupations, environment, goals, and broader mental-health needs.

🎧 **Media and Archived Practice Resources AOTA Everyday Evidence Podcast:**

Ready to Learn and Play Sensory Regulation Framework
In this AOTA Everyday Evidence episode, Amanda Newchok and Erin O'Hara discuss the Ready to Learn and Play Sensory Regulation Framework and its relevance to children's sensory regulation, participation, learning, and play. Listen/watch: https://youtu.be/IQT5XXffCt8?is=faZUx_JmMsVnZM1l

Sensory Diet Guides by Tina Champagne, OTD, OTR/L, FAOTA Champagne, T. (n.d.). Sensory diet guides for Allen Cognitive Levels 2-4 and personalized sensory diet [Practice guide]. These archived practice guides connect sensory-based strategies with the Cognitive Disabilities Model and Allen Cognitive Levels. They include sensory stimulation examples, environmental considerations, activity ideas, caregiver-support guidance, and safety precautions that may inform individualized intervention planning across levels of functional cognition. Resource type: Archived practice tools and clinical-reasoning supports.

Use note: Use these materials alongside comprehensive occupational therapy assessment, the person's preferences and goals, relevant medical and psychiatric considerations, trauma-informed practice, and current functional presentation. The guides illustrate an important dimension of Dr. Champagne's work beyond sensory modulation and trauma-informed care: applying sensory-based supports in ways that consider functional cognitive abilities, modes of performance, environmental needs, and required level of caregiver facilitation. The lower Allen-level guides emphasize pacing, safety, initiation, and environmental support, whereas later-level materials include more concrete, goal-directed activity options and individualized self-management strategies. These guides were previously available through Dr. Champagne's OT-Innovations website and are retained in the MHSIS Library as archived practice resources. They are no longer publicly available on the current website.

🔬 **MHSIS Research and Future Directions:** This guide complements an ongoing MHSIS initiative examining occupational therapy practitioners' use of sensory modulation interventions, outcomes, and implementation experiences in mental and behavioral health settings. Together, the resource guide and survey initiative aim to identify current practice patterns, highlight emerging evidence, and support future research and clinical innovation.

Related MHSIS Resources

Readers interested in extending this topic may also wish to explore the following sections of Curated Mental Health Occupational Therapy Resources: A MHSIS Compendium (2026):

- Neurodivergence and Neurodiversity-Affirming Mental Health Practice
- Trauma- and Stressor-Related Conditions Across Populations
- Mindfulness in Occupational Therapy and Mental Health Practice

Functional Cognition, Co-Occurring Disorders, and Women's Health

Public MHSIS resource: Functional Cognition, Co-Occurring Disorders, and Women's Health

The following material preserves the substance and organization of the original MHSIS resource guide.

AOTA MHSIS Resource Library | Functional Cognition, Co-Occurring Disorders, and Women's Health Resources

About This Guide: This resource guide was developed to support the August 18, 2026 MHSIS Practice Chat, Addressing Functional Cognition in Women's Co-Occurring Care: Early Insights, led by Michele Karen Johnson, OTD, OTR/L, in collaboration with the Functional Cognition Community of Practice. The discussion explores factors that impact functional cognition for individuals in co-occurring treatment settings, with attention to occupational performance, daily functioning, treatment engagement, and residential treatment contexts for women.

Why Functional Cognition Matters: Functional cognition refers to the dynamic integration of cognitive skills during everyday activity and occupational performance. In co- occurring treatment settings, it may be shaped by mental health symptoms, substance use, trauma exposure, medication effects, sleep disruption, sensory processing, pain, stress, environmental demands, and social determinants of health. For women, these factors may intersect with reproductive health, parenting, caregiving, safety, housing, relationships, work, education, and recovery roles. Occupational therapy practitioners contribute by observing performance, analyzing routines and environments, identifying supports and barriers, and connecting cognitive strengths and needs to daily participation.

Key concepts addressed: functional cognition; co-occurring mental health and substance use disorders; women's health; maternal mental health; residential treatment; performance-based assessment; executive functioning; self-management; safety; supported decision making; sensory processing; trauma-informed and recovery-oriented care.

Functional Cognition: Evidence and Practice Foundations:

Giles, G., Edwards, D., Baum, C., Furniss, J., Skidmore, E., Wolf, T., & Leland, N. (2020). Making functional cognition a professional priority. American Journal of Occupational Therapy, 74(1), 7401090010p1-7401090010p6. https://doi.org/10.5014/ajot.2020.741002

A foundational AJOT article calling for occupational therapy to prioritize functional cognition as a central practice concern. Useful for framing cognition through everyday performance, participation, and real-world occupational demands. Resource type: Professional priority and practice-framing article

Lee, Y., Randolph, S. B., Kim, M. Y., Foster, E. R., Kersey, J., Baum, C., & Connor, L. T. (2025). Performance-based assessments of functional cognition in adults, part 1-Assessment characteristics: A systematic review. American Journal of Occupational Therapy, 79, 7904205130. https://doi.org/10.5014/ajot.2025.050948
A systematic review describing characteristics of performance-based assessments that directly observe everyday activities such as cooking, meal preparation, managing finances, telephone use, and medication management. Resource type: Systematic review of performance-based functional cognition assessments

Lee, Y., Randolph, S. B., Kim, M. Y., Foster, E. R., Kersey, J., Baum, C., & Connor, L. T. (2025). Performance-based assessments of functional cognition in adults, part 2-Psychometric properties: A systematic review. American Journal of Occupational Therapy, 79, 7904205140. https://doi.org/10.5014/ajot.2025.050949
A companion systematic review examining reliability, validity, and other psychometric properties of adult performance-based functional cognition assessments. Resource type: Systematic review of psychometric properties

Stewart, K., Hancock, N., Chapparo, C., & Stancliffe, R. J. (2022). Functional performance and the Allen Cognitive Level Screen for adults with mental illness: A scoping review. American Journal of Occupational Therapy, 76(2),7602205150. https://doi.org/10.5014/ajot.2022.045757 *A scoping review focused on functional performance and use of the Allen Cognitive Level Screen with adults with mental illness. Relevant for considering evidence, limits, and clinical reasoning in co-occurring care settings. Resource type: OT scoping review of functional performance and Allen Cognitive Level Screen use*

Stillman, M., Sullivan, A., & Alterio, C. (2022). The value of a collaborative approach to addressing executive functioning weakness in school-based intervention: An occupational therapy perspective. Special Education Research, Policy, and Practice, 6(1), 154-170. https://issuu.com/hofstra/docs/2022_edition--special_education_research_policy_/154
Although school-focused, this article reinforces the value of collaborative approaches to executive functioning and highlights OT contributions when functional performance is affected by executive functioning needs. Resource type: OT article on executive functioning and collaborative practice

Deste, G., Barlati, S., Galluzzo, A., Corsini, P., Valsecchi, P., Turrina, C., & Vita, A. (2019). Effectiveness of cognitive remediation in early versus chronic schizophrenia: A preliminary report. Frontiers in Psychiatry, 10, Article 236. https://doi.org/10.3389/fpsyt.2019.00236
A preliminary report comparing cognitive remediation in early versus chronic schizophrenia. Useful for considering cognitive intervention, participation, and treatment engagement in serious mental illness and co-occurring care contexts. Resource type: Cognitive remediation research article

Assessment and Clinical Reasoning Resources

Assessment Note: Many additional occupational therapy and interdisciplinary assessment tools are available in the MHSIS Resource Library. The tools included here are intentionally selective and are offered as examples that may inform OT reasoning, performance-based assessment, interdisciplinary communication, intervention planning, documentation, and outcome measurement. Inclusion does not substitute for agency policy, professional training, scope of practice, cultural and contextual relevance, psychometric review, or clinical judgment.

Katz, N. (2006). Routine Task Inventory-Expanded (RTI-E). Allen Cognitive Network.
A semi-standardized assessment within the Cognitive Disabilities Model that examines functional cognition through ADL, IADL, communication, and work-readiness tasks. Resource type: Functional cognition and routine-task assessment tool

Allen, C. K. (1985). Occupational therapy for psychiatric diseases: Measurement and management of cognitive disabilities. Little, Brown. *Includes the Alternative Cognitive Level Test and foundational Cognitive Disabilities Model content; may be useful when other CDM assessments do not yield clear information or when a level below 3 is suspected. Resource type: Foundational functional cognition text and assessment source*

Albert, S. M., Edelstein, O. E., & Park, H. (2020). The Self-Medication Assessment Tool (SMAT): Development, reliability, and validity. Research in Social and Administrative Pharmacy, 16(8), 1035-1041. https://doi.org/10.1016/j.sapharm.2019.11.003
A medication self-management assessment relevant to health management, routines, executive functioning, safety, adherence supports, caregiver involvement, and independent living. Resource type: Health management and medication self-management assessment tool

George, J., Phun, Y. T., Bailey, M. J., Kong, D. C., & Stewart, K. (2004). Development and validation of the medication regimen complexity index. The Annals of Pharmacotherapy, 38(9), 1369-1376. https://doi.org/10.1345/aph.1D479
The Medication Regimen Complexity Index (MRCI) is a validated 65-item clinical tool used to objectively quantify how difficult a medication regimen is to manage, extending beyond a simple medication count. Resource type: Medication regimen complexity assessment tool

van de Glind, G., van den Brink, W., Koeter, M. W. J., et al. (2013). Validity of the Adult ADHD Self-Report Scale (ASRS) as a screener for adult ADHD in treatment-seeking substance use disorder patients. Drug and Alcohol Dependence, 132(3), 587-596. https://doi.org/10.1016/j.drugalcdep.2013.04.010
Examines the ASRS as a screener for adult ADHD among people seeking treatment for substance use disorders. ADHD- related executive functioning needs can affect engagement, time management, emotional regulation, medication routines, relapse prevention, and daily performance. Resource type: Interdisciplinary ADHD screening resource for substance-use treatment contexts

MultiContext. (n.d.). Weekly Calendar Planning Activity training, setup, administration, and scoring resources. https://multicontext.net/new-page
Videos on the setup, administration, and scoring of the Weekly Calendar Planning Activity as a supplement to the WCPA manual. The WCPA manual is required for proper scoring and interpretation. Resource type: Functional cognition assessment training media

Co-Occurring Mental Health and Substance Use Resources

Substance Abuse and Mental Health Services Administration.(2024). Co-occurring mental health and substance use services (Publication No. PEP24-01-008). Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. https://www.drugsandalcohol.ie/43242/1/issue-brief-co-occurring-pep24-01-008.pdf

An issue brief for state mental health directors and policymakers that provides an overview of integrated co-occurring mental health and substance use services, evidence-based practices, and resources. Resource type: Federal issue brief on co-occurring services and integrated care

Shourvazi, R., MirzaKhani, N., Rahmanirasa, A.,Pashmdarfard, M., & Loabichian, M. (2024). The relationship between sensory processing, substance abuse and impulsivity with suicide in schizophrenia: A narrative review. Function and Disability Journal, 7, Article E121.5. http://dx.doi.org/10.32598/fdj.7.121.5

A narrative review connecting sensory processing, substance abuse, impulsivity, suicide, and schizophrenia. Relevant to complex co-occurring presentations involving sensory processing, functional cognition, emotional regulation, and risk. Resource type: Narrative review on sensory processing, substance use, impulsivity, and suicide risk

National Institute on Drug Abuse. (n.d.). Chart of evidence-based screening tools and assessments. National Institutes of Health. https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools

A curated NIH/NIDA webpage of evidence-based screening tools relevant to substance use, opioid risk, tobacco, alcohol, prescription medication, and related behavioral health concerns. Screening information may support OT evaluation, care planning, documentation, and team communication.Resource type: NIH webpage for interdisciplinary screening tools

McNeely, J., Wu, L.-T., Subramaniam, G., Sharma, G., Cathers, L. A., Svikis, D., Sleiter, L., Russell, L., Nordeck, C., Sharma,A., O'Grady, K. E., Bouk, L. B., Cushing, C., King, J., Wahle, A., Schwartz, R. P., & Rotrosen, J. (2016). Performance of the Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) tool for substance use screening in primary care patients. Annals of Internal Medicine, 165(10), 690-699. https://doi.org/10.7326/M16-0317

A two-stage screening and brief assessment tool addressing tobacco, alcohol, prescription medication, and other substance use. Relevant where substance use affects routines, roles, sleep, self-care, parenting, treatment engagement, and health management. Resource type: Substance-use screening and brief assessment

tool

Women's Health, Maternal Mental Health, and Occupational Participation:

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

A scoping review identifying OT roles in supporting women experiencing postpartum depression, including occupational disruption, transition to motherhood, and parenting-related functional challenges. Resource type: OT scoping review on postpartum depression

Markfield, F., & Reaume, C. D. (2025). Uncovering occupational therapy's role in addressing postpartum anxiety: A scoping review. The Open Journal of Occupational Therapy, 13(4), 1-16. https://doi.org/10.15453/2168-6408.2332

A scoping review highlighting OT-relevant settings, assessments, and interventions for postpartum anxiety, including performance patterns, sensory experiences, emotional regulation, and meaningful activity. Resource type: OT scoping review on postpartum anxiety

Cox, J. L., Holden, J. M., & 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/

The Edinburgh Postnatal Depression Scale is a widely used screening tool for identifying risk of postnatal depression. Screening does not replace clinical assessment or diagnostic evaluation. Resource type: Perinatal depression screening tool

Westerneng, M. (2020). Third trimester routine ultrasound in relation to prenatal maternal anxiety and bonding: Getting the picture [Doctoral dissertation, Vrije Universiteit Amsterdam]. https://research.vu.nl/ws/portalfiles/portal/110954774/523663.pdf

A dissertation including systematic review content on maternal anxiety and mother-to-infant bonding. Relevant to pregnancy, postpartum transition, emotional well-being, co-regulation, and parent-infant occupations. Resource type: Maternal anxiety and bonding dissertation/resource

Substance Abuse and Mental Health Services Administration. (2026). Improving maternal mental health in women with serious mental illness (Publication No. PEP26-01-006). U.S. Department of Health and Human Services. https://library.samhsa.gov

A federal resource addressing maternal mental health among women with serious mental illness. Relevant to integrated care, family roles, recovery planning, health management, parenting occupations, safety, and occupational participation. Resource type: Federal maternal mental health resource

Khan, S. (2025). Occupational therapy guidelines for supporting role transitions and managing stress in women experiencing postpartum depression. Occupational Therapy in Mental Health. https://doi.org/10.1080/0164212X.2025.2476167

Practice-oriented guidelines for supporting role transitions and managing stress in postpartum depression. Relevant to role clarity, support networks, body image, health management, coping, and meaningful occupations. Resource type: OT intervention guidelines for postpartum depression

Intervention, Environmental, and Program Development Resources

Allen, C. K. (2018). *Allen app: The Allen Cognitive Disability Model* (1st digital ed.; ACLS-6). ACDMweb. https://acdmweb.com/allen-app

The Allen 6 App presents the Allen Cognitive Disability Model in a digital format. It may support level-informed reasoning when used with appropriate preparation and attention to verification, context, environmental fit, client goals, and occupational meaning. Resource type: Digital Cognitive Disabilities Model application

Allen Cognitive Group. (n.d.). *Downloads*. https://allencognitive.com/downloads/

The Allen Cognitive Group downloads page provides selected practice materials, handouts, and Cognitive Disabilities Model resources to support clinical reasoning, education, intervention planning, caregiver communication, and documentation. Resource type: Allen Cognitive Group practice resources and downloads

Allen Cognitive Group. (2023). *Allen cognitive levels case examples and handout suite: Evaluation and intervention; levels; modes; level of care*. https://allencognitive.com/wp-content/uploads/Case-Examples-of-Evaluation-and-Intervention-within-CDM_4.2023.pdf

A handout suite with case examples and level-informed evaluation/intervention materials. Useful for translating Cognitive Disabilities Model concepts into practical communication about support needs and activity/environmental fit. Resource type: Cognitive Disabilities Model case examples and handout suite

Toglia, J. P. (2018). The dynamic interactional model and the multicontext approach. In N. Katz & J. Toglia (Eds.), *Cognition, occupation, and participation across the lifespan* (4th ed., pp. 355–385). AOTA Press. https://multicontext.net

The MultiContext Approach provides a framework for promoting strategy use and online awareness of performance across everyday activities. Relevant when cognitive lapses, executive functioning needs, or self-monitoring challenges interfere with participation. Resource type: Cognitive strategy intervention framework

Hudspeth, A., & Peltier, C. (2020). *An Allen's cognitive levels training program for more comprehensive interprofessional care: Implementing Allen's Cognitive Level Screen*. Occupational Therapy Capstones, 538.https://commons.und.edu/ot-grad/538

A capstone project focused on implementing functional cognition screening based on the Cognitive Disabilities Model and PEO Model for interprofessional teams. Resource type: Interprofessional training and implementation resource

Schumacher, S. J. (2022). *Functional cognition in long-term care*. Occupational Therapy Capstones, 441. https://commons.und.edu/ot-grad/441

A capstone project that created a quick-reference guide and in-service training based on the Cognitive Disabilities Model. Offers transferable ideas for staff education, implementation planning, and connecting screening with needed supports. Resource type: Functional cognition implementation and staff-education resource

Media and Teaching Resources

AJOT Authors and Issues. (2025). *Episode 41: Functional cognition assessments with Yejin Lee and Lisa Connor* [Video]. YouTube. https://youtu.be/_eSdauRtank

An AJOT Authors and Issues conversation about the two-part systematic review on performance-based functional cognition assessments. Useful for introducing students and practitioners to current assessment scholarship. Resource type: Podcast/video discussion

Allen Cognitive Group. (2013). *Simulated ACLS-5/LACLS-5 administration* [Video]. Vimeo. https://vimeo.com/69276435

A simulated administration of the ACLS-5/LACLS-5 by Allen Cognitive Group expert clinician Catherine Earhart. Full protocols and interpretation require the manual and appropriate training. Resource type: Assessment demonstration video

Canadian Occupational Performance Measure. (n.d.). *Five steps to administering the Canadian Occupational Performance Measure video library*. YouTube. https://youtube.com/@thecopm

A video library demonstrating COPM administration steps. Relevant when centering the client's own occupational priorities in co-occurring and women's health contexts. Resource type: Client-centered outcome-measure video library

Substance Abuse and Mental Health Services Administration. (2022). *Screening and treatment for co-occurring mental health and substance use disorders* [Video]. YouTube.
https://youtu.be/nqjrhF5ZtXM

This 2022 YouTube video from SAMHSA briefly describes how integrated screening and treatment for patients with both a mental illness and substance use disorder can make treatment more effective. An integrated approach can lead to better quality of care and health outcomes. Resource type: Podcast/video discussion

Reflection Questions

• How do co-occurring mental health and substance use concerns affect functional cognition, occupational performance, and treatment engagement in this setting?
• Which daily routines, roles, environmental demands, and supports are most likely to be missed without an OT perspective?
• How can performance-based assessment complement interdisciplinary screening, diagnostic information, and client self-report?
• How can OT practitioners document cognitive support needs while preserving the person's strengths, preferences, values, and goals?
• What strategies can support functional cognition while preserving dignity of risk, autonomy, safety, and meaningful participation?
• How do women's health, maternal health, caregiving, trauma, stigma, housing, and relationship contexts shape intervention priorities?

Related MHSIS Resources

Readers interested in extending this topic may also wish to explore the following sections of Curated Mental Health Occupational Therapy Resources: A MHSIS Compendium (2026):

- Dementia Care and Mental Health-Informed Occupational Therapy
- Maternal Mental Health and Occupational Therapy
- Trauma- and Stressor-Related Conditions Across Populations
- Behavioral Activation in Occupational Therapy

Part III. Systems, Community, and Workforce Sustainability

Occupational Therapy in Community Behavioral Health

Public MHSIS resource: Occupational Therapy in Community Behavioral Health

The following material preserves the substance and organization of the original MHSIS resource guide.

Selected resources from AOTA's Mental Health Special Interest Section Resource Library | July 2026 Content developed by Allison F. Sullivan, DOT, MSOT, OTR/L

About This Guide: This resource guide was developed to support the July 14 MHSIS Practice Chat on occupational therapy in community behavioral health, hosted by Danielle Amero OTD, OTR/L, CHT and Alexa Trolley-Hanson MS, OTR/L. It highlights selected resources that may help occupational therapy practitioners, educators, students, and advocates describe OT's role in Certified Community Behavioral Health Clinics (CCBHCs), Community Behavioral Health Centers (CBHCs), and related integrated care models. The resources included here are intentionally selective rather than comprehensive. They provide starting points for understanding the role of OT in recovery-oriented, person-centered, occupation-based, trauma-informed, and integrated behavioral health care.

What Are CCBHCs and CBHCs? *Certified Community Behavioral Health Clinics* are a national model of community-based behavioral health care intended to expand timely access to coordinated, person-centered mental health and substance use services. CCBHCs are designed to provide or coordinate a broad range of services, including crisis care, screening and assessment, outpatient mental health and substance use services, care coordination, peer and family supports, psychiatric rehabilitation, and services for members of the armed forces and veterans. *Community Behavioral Health Centers* is a broader term used in some states, regions, and service systems to describe community-based behavioral health organizations that provide accessible mental health, substance use, crisis, and care coordination services. Some CBHCs may be part of a state-specific behavioral health redesign, while others may function similarly to CCBHCs without having formal CCBHC designation. For this resource, CCBHC refers specifically to the federal Certified Community Behavioral Health Clinic model, while CBHC is used more broadly to describe community behavioral health centers and related service models. Terminology, staffing models, billing mechanisms, and service requirements vary by state, payer, and agency policy.

Why This Matters for Occupational Therapy: Occupational Therapy adds value when behavioral health goals need to work in daily life. CCBHCs and CBHCs emphasize access, recovery, whole-person care, crisis prevention, integrated services, and community participation. OT practitioners contribute a functional and occupation-based lens to interdisciplinary behavioral health teams. OT can help translate treatment goals into daily routines, roles, environments, self-management strategies, and participation in meaningful

occupations. OT practitioners are positioned to address overlooked barriers to recovery, including executive functioning, sensory regulation, ADLs/IADLs, health management, medication routines, environmental fit, housing stability, work/school participation, and community integration.

Selected Foundational and Advocacy Resources:

American Occupational Therapy Association(n.d.). Occupational therapy practitioners: A key member of the community behavioral health team [Fact sheet]. *A concise advocacy resource describing OT practitioners as members of community behavioral health teams. It emphasizes OT's fit with recovery- oriented, integrated care and identifies roles in evaluation, treatment planning, implementation, peer collaboration, psychiatric rehabilitation, and community participation. Resource type: AOTA advocacy fact sheet*

American Occupational Therapy Association. (n.d.). Occupational therapy in mental and behavioral health [PowerPoint slides].
A brief slide resource describing OT's role in mental and behavioral health, including assessment, goal setting, skill development, strategy training, sensory profiling, activity-based social skills intervention, wellness programming, supported employment and education, first episode psychosis, transition planning, and veterans services. Resource type: AOTA advocacy slide deck

Castaneda, R., Olson, L. M., & Radley, L. C. (2013). Occupational therapy's role in community mental health [Fact sheet]. American Occupational Therapy Association.
An AOTA fact sheet summarizing OT's community mental health roles across recovery-oriented services, community participation, independent living skills, employment and education, health management, and wellness. Resource type: AOTA community mental health fact sheet

Baker, G., & Shaw, J. (2024, November 1). Mental health occupational therapy advocacy in action. Mental Health Special Interest Section Quarterly. American Occupational Therapy Association. https://www.aota.org/publications/sis-quarterly/mental-health-sis/mhsis-11-24
A current MHSIS Quarterly article highlighting mental health OT advocacy and the importance of clearly communicating OT's role, value, and workforce contribution in mental and behavioral health settings. Resource type: Advocacy article

OT Outcomes, Assessment, and Documentation

Note Regarding Assessment Tools: Assessment in CCBHCs and CBHCs is typically interdisciplinary. OT practitioners may contribute occupation-based evaluation, functional assessment, environmental assessment, and outcome measurement while also using screening information gathered by other team members to inform intervention planning, documentation, and team communication. This guide includes only selected examples. Many additional occupational therapy and interdisciplinary assessment tools are available in the MHSIS Resource Library and through AOTA practice resources. Screening and assessment tools should be used according to agency policy, professional scope, payer requirements, training, cultural relevance, psychometric properties, and interdisciplinary team protocols.

Duggan, E., Gaston, A., & Lizcano, E. (2016). Occupational therapy service outcome measures for Certified Community Behavioral Health Centers (CCBHCs): Framework for occupational therapy service with rationale for outcome measures selection and listing of occupational therapy outcome measure tools. American Occupational Therapy Association.
An OT-specific framework developed for CCBHC educational and advocacy efforts. It links CCBHC service expectations with OT outcome measurement and highlights assessment tools that can support evaluation, treatment planning, and progress measurement. Resource type: OT outcome-measure framework and assessment resource for CCBHCs

American Occupational Therapy Association. (2022). AOTA occupational profile community mental health-homelessness example [Occupational profile example].
A community mental health occupational profile example illustrating how OT evaluation can capture occupational history, routines, goals, barriers, environmental factors, and participation needs for a person transitioning from homelessness to community living. Resource type: Occupational profile and documentation example

Karr, K. (2024). Billing and coding occupational therapy for mental and behavioral health services. American Occupational Therapy Association.
A current AOTA guide addressing coding, billing, reimbursement, documentation, setting-specific considerations, QMHP status, telehealth, PHP/IOP, CCBHCs, schools, private practice, and consulting. Especially useful for advocacy and implementation discussions. Resource type: Billing, coding, documentation, and reimbursement guide

Campbell, S., Zhai, J., Tan, J.-Y., Azami, M., Cunningham, K., & Kruske, S. (2021). Assessment tools measuring health-related empowerment in psychosocially vulnerable populations: A systematic review. International Journal for Equity in Health, 20, Article 246. https://doi.org/10.1186/s12939-021-01585-1
A systematic review of health-related empowerment measures for psychosocially vulnerable populations. Useful for considering recovery, equity, empowerment, and person-centered outcomes while recognizing limitations in feasibility, responsiveness, and clinical utility evidence. Resource type: Systematic review of empowerment assessment tools

National Institute on Drug Abuse. (n.d.). Chart of evidence-based screening tools and assessments. National Institutes of Health. https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools
A curated NIH/NIDA webpage of evidence-based screening tools relevant to substance use, opioid risk, tobacco, alcohol, prescription medication, and related behavioral health concerns. Results from these tools may inform OT reasoning around routines, health management, relapse prevention, safety, role participation, and referral needs. Resource type: NIH webpage for interdisciplinary screening tools Use note: Not OT-specific; included because interdisciplinary screening information can support OT evaluation, care planning, documentation, and team communication.

Albert, S. M., Edelstein, O. E., & Park, H. (2020). The Self-Medication Assessment Tool (SMAT): Development, reliability, and validity. Research in Social and Administrative Pharmacy, 16(8), 1035-1041. https://doi.org/10.1016/j.sapharm.2019.11.003
A medication self-management assessment relevant to health management, routines, executive functioning, safety, adherence supports, caregiver involvement, and independent living. Resource type: Health management and medication self-management assessment tool

Iwata, B. A., DeLeon, I. G., & Roscoe, E. M. (2013). Reliability and validity of the Functional Analysis Screening Tool. Journal of Applied Behavior Analysis, 46(1), 271-284. https://doi.org/10.1002/jaba.31

An informant-based screening tool used to identify possible functions of challenging behavior. It may be relevant when behavioral patterns interfere with daily routines, safety, housing, school/work participation, caregiving relationships, or community participation. Resource type: Behavioral assessment and functional analysis screening tool Use note: Specialized tool; use only when consistent with role expectations, training, agency policy, and interdisciplinary protocols.

Practice, Intervention, and Program Development Resources

DeAngelis, T., Mollo, K., Giordano, C., Scotten, M., & Fecondo, B. (2019). Occupational therapy programming facilitates goal attainment in a community work rehabilitation setting. Journal of Psychosocial Rehabilitation and Mental Health, 6, 63-72. https://doi.org/10.1007/s40737-018-00133-5

An OT-specific community behavioral health study reporting positive COPM outcomes in a community work rehabilitation program serving people with serious mental illness, substance use recovery needs, homelessness, and justice involvement. The authors identify CCBHCs as a potential setting for OT role expansion. Resource type: OT-specific community behavioral health intervention study

Brecht, C., & McGregor, J. (2012). Illness management and recovery: The role of occupational therapy. Occupational Therapy Capstones, 28. https://commons.und.edu/ot-grad/28

A capstone resource connecting Illness Management and Recovery with occupational therapy. IMR can support recovery routines, relapse prevention, medication and health management, coping strategies, and participation in valued roles. Resource type: Recovery-oriented psychiatric rehabilitation and self-management resource

Helfrich, C. A. (2006a). Food management: A life skills intervention. University of Illinois at Chicago. http://naric.com/?q=en/content/order-life-skills-manual

One module of an OT-developed life skills curriculum supporting residential stability and community living. This module addresses food management, nutrition, meal planning, budgeting, and community food resources. Resource type: Life skills curriculum module

Helfrich, C. A. (2006b). Money management: A life skills intervention. University of Illinois at Chicago. http://naric.com/?q=en/content/order-life-skills-manual

A module addressing budgeting, saving, credit protection, and identity theft prevention. Relevant to independent living, housing stability, and recovery-oriented community participation. Resource type: Life skills curriculum module

Helfrich, C. A. (2006c). Home and self-care: A life skills intervention. University of Illinois at Chicago. http://naric.com/?q=en/content/order-life-skills-manual

A module addressing personal hygiene, health condition management, maintaining living space, and obtaining/caring for clothing. Highly relevant to ADL/IADL, health management, and residential stability goals. Resource type: Life skills curriculum module

Helfrich, C. A. (2006d). Safe community participation: A life skills intervention. University of Illinois at Chicago. http://naric.com/?q=en/content/order-life-skills-manual

A module addressing personal, home, and community safety and emergency response. Relevant to community participation, safety planning, and independent living. Resource type: Life skills curriculum module

Recovery, Community Integration, and Implementation

Burns-Lynch, W., Salzer, M., & Baron, R. C. (2010). Managing risk in community integration: Promoting the dignity of risk and supporting personal choice. Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities. https://tucollaborative.org/inclusion- practices/managing-risk-in-community-inclusion-promoting-the-dignity-of-risk-and-personal-choice/

A recovery-oriented guide addressing community integration, personal choice, risk planning, and dignity of risk. Useful for balancing safety, autonomy, and meaningful participation in housing, employment, education, social roles, peer support, citizenship, and community life. Resource type: Community integration and dignity-of-risk practice guide

Breuer, E., Lee, L., De Silva, M., & Lund, C. (2016). Using theory of change to design and evaluate public health interventions: A systematic review. Implementation Science, 11, Article 63. https://doi.org/10.1186/s13012-016-0422-6

A systematic review describing Theory of Change as a method for designing and evaluating complex public health interventions. Useful for articulating OT's role in CCBHCs/CBHCs through assumptions, implementation processes, outputs, outcomes, and evaluation measures. Resource type: Implementation and program-development framework

Selected National Resources Substance Abuse and Mental Health Services Administration. (n.d.). Certified Community Behavioral Health Clinics. https://www.samhsa.gov/communities/certified-community-behavioral-health-clinics

SAMHSA's main CCBHC webpage provides national information about the CCBHC model, implementation, services, grants, and related resources. Resource type: Federal CCBHC information portal

National Council for Mental Wellbeing. (2020). CCBHCs: A new & better way to fund care [Video]. YouTube. https://www.youtube.com/watch?v=79czoIXZ2G0

A brief video overview explaining the CCBHC model and its funding approach. Useful for orienting practitioners, students, and stakeholders to why the model matters. Resource type: Introductory video

Substance Abuse and Mental Health Services Administration. (2026). Refocus and renew: Moving toward health for adults with serious mental illness and youth with serious emotional disturbances (Publication No. PEP26-01-006). U.S. Department of Health and Human Services. https://library.samhsa.gov

A SAMHSA resource from the Refocus and Renew: Moving Toward Health series that may support whole-health, recovery-oriented, and integrated care approaches for adults with serious mental illness and youth with serious emotional disturbances. Resource type: Federal recovery and whole-health resource

Substance Abuse and Mental Health Services Administration. (2026). Improving maternal mental health in women with serious mental illness (Publication No. PEP26-01-006). U.S. Department of Health and Human Services. https://library.samhsa.gov

SAMHSA resource addressing maternal mental health among women with serious mental illness. Relevant to integrated care, family roles, health management, and occupational participation. Resource type: Federal maternal mental health resource

Substance Abuse and Mental Health Services Administration. (2026). Serious emotional disturbances in children, youth, and young adults (Publication No. PEP26-01-006). U.S. Department of Health and Human Services. https://library.samhsa.gov

SAMHSA resource focused on children, youth, and young adults with serious emotional disturbances. Relevant to pediatric and youth-focused behavioral health services, school/community participation, family supports, and transition planning. Resource type: Federal youth behavioral health resource

Reflection Questions for Practice, Advocacy, and Program Development:

- How can OT practitioners communicate their role in language that is meaningful to behavioral health teams, administrators, payers, and community partners?
- Which daily routines, roles, environments, and participation needs are most likely to be missed without an OT perspective?
- How can OT documentation connect occupation-based outcomes with CCBHC/CBHC quality, recovery, and community integration goals?
- What assessment and outcome measures best support the population, service model, and agency workflow in a specific CCBHC or CBHC setting?

Key Concepts Addressed in This Collection:

Community Behavioral Health • CCBHCs • CBHCs • Integrated Care • Recovery • Psychiatric Rehabilitation • Community Participation • Functional Assessment • Occupational Profile • Outcome Measurement • Health Management • Medication Self-Management • Sensory Regulation • Executive Functioning • Housing Stability • Employment and Education • Peer and Family Collaboration • Advocacy • Billing and Documentation

Related MHSIS Resources

Readers interested in extending this topic may also wish to explore the following sections of Curated Mental Health Occupational Therapy Resources: A MHSIS Compendium (2026):

- Psychosocial Clubhouses and Occupational Therapy
- Behavioral Activation in Occupational Therapy
- Trauma- and Stressor-Related Conditions Across Populations

Self-Care Resources

Public MHSIS resource: Self-Care Resources

The following material preserves the substance and organization of the original MHSIS resource guide.

Occupational therapy practitioners routinely support individuals, families, groups, and communities experiencing stress, illness, trauma, occupational disruption, and life transitions. While this work can be deeply meaningful, it can also expose practitioners to chronic stress, burnout, compassion fatigue, secondary traumatic stress, and moral distress.

Research increasingly demonstrates that practitioner well-being is not simply an individual concern - it is a workforce sustainability issue that directly affects job satisfaction, retention, therapeutic use of self, quality of care, and professional longevity.

This resource guide highlights selected resources available through the Mental Health Special Interest Section (MHSIS) Resource Library and provides practical strategies for occupational therapy practitioners seeking to strengthen resilience, promote well-being, develop sustainable self-care practices, and maintain engagement in meaningful professional occupations.

🌱 Getting Started: OT Yourself

Occupational therapy practitioners routinely help others develop healthy habits, manage stress, build resilience, and engage in meaningful occupations. Yet we do not always apply these same principles to ourselves. As occupational therapist Jacqueline Wynter, OTD, OTR/L, recently highlighted in a LinkedIn discussion of practitioner burnout, one useful starting point is to “OT yourself”: applying occupational therapy knowledge and skills to support your own health, participation, and well-being.

- Start with awareness: Observe patterns of energy, stress, and restoration throughout your day. • Adjust expectations to match capacity: Set realistic goals that account for your current capacity rather than your ideal capacity.
- Practice self-compassion: Extend the same kindness to yourself that you would offer a client, student, colleague, or family member.
- Build brief restorative moments into the day: Pause between tasks; use breathing, mindfulness, stretching, movement, or journaling.
- Use your OT skills on yourself: Analyze your routines, habits, environments, and occupational patterns; then modify what is not supporting well-being.

Self-care is not simply another task to add to an already crowded schedule. It is an ongoing process of intentionally supporting the occupations, routines, relationships, and environments that sustain health and well-being.

Adapted from concepts shared by Jacqueline Wynter, OTD, OTR/L, in a LinkedIn discussion of occupational therapy practitioner burnout.

✨ Why This Matters

- High emotional demands associated with therapeutic relationships
- Exposure to trauma, grief, crisis situations, and secondary traumatic stress
- Increasing productivity expectations and administrative burdens
- Workforce shortages and staffing challenges
- Role strain, moral distress, and professional isolation
- Compassion fatigue and emotional exhaustion
- Burnout-related impacts on health, job satisfaction, retention, and quality of care
- Challenges balancing professional responsibilities with personal well-being

Occupational therapy practitioners are uniquely positioned to understand the relationship between occupation, health, participation, and well-being. Applying these same principles to our own lives can support resilience, professional sustainability, and continued engagement in meaningful work.

🔎 Evidence-Based Practice

Kunzler, A. M., Helmreich, I., Chmitorz, A., König, J., Binder, H., Wessa, M., & Lieb, K. (2020). Psychological interventions to foster resilience in healthcare professionals. Cochrane Database of Systematic Reviews, 2020(7), Article CD012527. https://doi.org/10.1002/14651858.CD012527.pub2

A Cochrane systematic review examining interventions that promote resilience among healthcare professionals. Findings support the value of psychological approaches, including mindfulness and stress-management strategies, for improving well-being and reducing distress.

Substance Abuse and Mental Health Services Administration. (n.d.). Taking care: Promoting well-being for recovery and behavioral health care providers [Fact sheet]. https://www.samhsa.gov/spark

A practical fact sheet highlighting self-care, recovery-oriented practices, and organizational supports that help behavioral health professionals sustain their well-being.

Yap, S. H., Zainal, L. N. B., Yusoff, S. Z. B., & Tan, X. R. (2025). Exploring the use of mindfulness for prevention of burnout in allied health professionals in Singapore. Work: A Journal of Prevention, Assessment & Rehabilitation, 92(1), 1-8. https://doi.org/10.1177/10519815241313115

A mixed-methods study demonstrating reductions in emotional exhaustion and improvements in emotional regulation, communication, and workplace support following a mindfulness program.

📊 Occupational Therapy-Specific Scholarship

Bass, J. D., Marchant, J. K., de Sam Lazaro, S. L., & Baum, C. M. (2025). An investigation of the professional resilience strategies used by experienced occupational therapists. OTJR: Occupational Therapy Journal of Research, 45(1), 131- 139. https://doi.org/10.1177/15394492241237740

Explores how experienced practitioners maintain resilience and professional longevity; identifies practical strategies that can inform workforce development and mentoring.

Gibbs, T., Garcia, M., Menard, K., & O'Bannon, W. (2026). The relationship between burnout, resilience, and locus of control in occupational therapy. The Open Journal of Occupational Therapy, 14(2), 1-15. https://doi.org/10.15453/2168-6408.2486

Examines relationships among resilience, perceived control, and burnout, offering insight into protective factors relevant to occupational therapy practitioners.

Shin, J., McCarthy, M., Schmidt, C., Zellner, J., Ellerman, K., & Britton, M. (2022). Prevalence and predictors of burnout among occupational therapy practitioners in the United States. American Journal of Occupational Therapy, 76, 7604205080. https://doi.org/10.5014/ajot.2022.048108

A landmark national study documenting burnout prevalence and associated factors among occupational therapy practitioners in the United States.

Suto, J., Lane, A. E., Torres, R., & Simpson, E. K. (2025). How acute care and inpatient occupational therapists describe their experiences with secondary traumatic stress. The Open Journal of Occupational Therapy, 13(1), 1-15. https://doi.org/10.15453/2168-6408.2286 *Provides insight into how occupational therapists experience and make meaning of secondary traumatic stress in emotionally demanding practice settings.*

🛠 Intervention-Related Resources

American Occupational Therapy Association. (2020). Addressing acute stress and anxiety [Infographic]. https://www.aota.org

A concise infographic offering immediate strategies for managing stress, anxiety, and emotional overwhelm.

Berkshire Healthcare NHS Foundation Trust. (2023). Worry: A worry management self-help guide (Workbook 5). NHS Talking Therapies Berkshire Healthcare. https://talkingtherapies.berkshirehealthcare.nhs.uk

A practical workbook that teaches worry management, problem solving, attention training, and strategies for coping with uncertainty.

Trauma Therapist Institute. (n.d.). Transformative healing workbook: A journey for trauma therapists [Workbook]. https://www.traumatherapistinstitute.com/en-us/free-downloads

A reflective workbook designed to help helping professionals address burnout, vicarious trauma, compassion fatigue, and personal healing.

🎧 Related Podcast & YouTube Resources

AJOT Authors and Issues Session 8: OT Burnout with Julia Shin and Molly McCarthy.
https://youtu.be/7kkS_mghVKs?si=PVTbqhD3Wucxllj6

This session of AJOT Authors & Issues features the 2022 AJOT article, "Prevalence and Predictors of Burnout Among Occupational Therapy Practitioners in the United States." Guests on this episode are Dr. Julia Shin and Dr. Molly McCarthy, the two lead authors on the paper.

The article can be accessed for free on the AJOT website: American Journal of Occupational Therapy, 76(4), 7604205080. https://doi.org/10.5014/ajot.2022.048108 Direct article access for readers who want to pair the podcast discussion with the full scholarly publication.

💬 Reflection Questions

- What occupations currently restore my energy and sense of purpose?
- What occupations consistently contribute to stress or depletion?
- Which self-care strategies am I already using effectively?
- What is one small change I can make this week to support my own well-being?

Occupational therapy practitioners understand that meaningful change often begins with small, intentional steps. The same principle applies to self-care.

📌 Key Concepts Addressed in This Collection

Burnout • Compassion Fatigue • Secondary Traumatic Stress • Professional Resilience • Mindfulness and Stress Reduction • Emotional Regulation • Occupational Balance • Workforce Well-Being • Sustainable Practice • Self-Care and Recovery

Related MHSIS Resources

Readers interested in extending this topic may also wish to explore the following sections of Curated Mental Health Occupational Therapy Resources: A MHSIS Compendium (2026):

- Mindfulness in Occupational Therapy and Mental Health Practice
- Acceptance and Commitment Therapy (ACT) in Occupational Therapy
- Bullying, Discrimination, and Psychological Safety in Occupational Therapy

Part IV. Leadership, Legacy, and Knowledge Translation

Resources Highlighting the Contributions of Tina Champagne, OTD, OTR/L, FAOTA

Public MHSIS resource: Resources Highlighting the Contributions of Tina Champagne, OTD, OTR/L, FAOTA

The following material preserves the substance and organization of the original MHSIS resource guide.

Compiled by Allison F. Sullivan, DOT, MSOT, OTR/L Professor of Occupational Therapy, American International College
June 2026

Purpose of this Resource Guide

In recognition of the contributions of Tina Champagne, OTD, OTR/L, FAOTA to contemporary mental health occupational therapy, this resource guide highlights some of her publications, educational resources, leadership activities, and professional contributions.

The purpose of this document is to provide educators, practitioners, students, researchers, and historians with a curated overview of Dr. Champagne's body of work to date, and its influence on occupational therapy and interdisciplinary mental health practice. Modeled after resource guides, developed to preserve and disseminate occupational therapy knowledge, this document centers the scholarship, educational initiatives, and leadership contributions that have shaped contemporary mental health occupational therapy practice over the past two decades.

Prologue: A Legacy of Leadership Dr. Tina Champagne's roles, leadership activities, and professional recognitions collectively reflect her sustained commitment to advancing occupational therapy and behavioral health practice. Dr. Champagne's influence extends beyond individual publications, research, and programs to encompass workforce development, organizational transformation, systems change, professional education, and the promotion of humane, trauma-informed, and recovery-oriented approaches to care. Through leadership, scholarship, consultation, and innovation, Dr. Champagne has helped shape contemporary mental health occupational therapy while influencing broader conversations regarding trauma and attachment-informed care, sensory-based, recovery, and behavioral health service delivery.

Table of Contents

Online Resource Center: OT Innovations

Website: https://www.ot-innovations.com/

OT Innovations serves a repository for Dr. Champagne's professional work and ongoing contributions to the field. Through this platform, she provides access to publications, educational resources, consultation services, training opportunities, and implementation tools that support occupational therapy and interdisciplinary behavioral health practice.

The website reflects Dr. Champagne's longstanding commitment to translating evidence into practice and making high-quality resources accessible to clinicians, educators, students, organizations, individuals receiving services, and family members. Resources available through OT Innovations address a wide range of topics relevant to contemporary mental health practice, including sensory modulation, sensory integration and processing, trauma-informed care, attachment-informed care, recovery-oriented practice, cognition and dementia care, environmental supports, organizational transformation, and workforce development.

In addition to documenting her scholarship and professional activities, OT Innovations functions as a living resource center that supports the continued dissemination and implementation of evidence-informed approaches within mental health and human service settings. As such, it represents an important component of Dr. Champagne's contribution to the profession by extending the reach of her educational, clinical, and systems-level work beyond traditional publications and presentations.

Major Contributions to Contemporary Mental Health Occupational Therapy

Over the course of her career, Dr. Champagne has made significant contributions to the development of contemporary mental health occupational therapy through scholarship, clinical innovation, education, consultation, leadership, and systems transformation. While her work spans multiple areas of practice, several themes consistently emerge throughout her research, publications, training programs, and organizational initiatives. Collectively, these contributions have helped shape how occupational therapists and other behavioral health professionals understand and address self-regulation, trauma, attachment, participation, recovery, and environmental supports.

Sensory Integration and Processing

Among Dr. Champagne's most widely recognized contributions is her leadership in advancing sensory-based approaches within mental health practice. During a period when sensory processing concepts were primarily associated with pediatric practice, her early work helped demonstrate their relevance for adolescents, adults, and older adults receiving mental health services.

Through clinical innovation, scholarship, consultation, and program development, Dr. Champagne contributed to the development and dissemination of sensory modulation programs designed to support self-regulation, emotional well-being, occupational engagement,

health, and recovery. Her work emphasized the importance of understanding individual sensory preferences and responses while recognizing the role that sensory experiences play in supporting safety, stabilization, health, wellness, and participation in everyday life.

Her landmark text, Sensory Modulation & Environment: Essential Elements of Occupation, helped establish a conceptual and practical foundation for integrating sensory-based approaches within mental health settings, and introduced the framework of the Sensory Modulation Program. Through subsequent editions, training programs, consultation activities, and research, she helped make sensory modulation a widely recognized and utilized occupational therapy approach in behavioral health services. Today, sensory-based assessments, sensory strategies, sensory diets and environmental enhancements and modifications (i.e., sensory rooms) are common features of many mental health programs, reflecting the enduring influence of her work.

Trauma-Informed and Attachment-Informed Care

Dr. Champagne has also been a leading advocate for integrating trauma-informed and attachment-informed principles into occupational therapy and behavioral health practice. In recognition of her work, before the trauma informed care and restraint/seclusion reduction initiatives existed, she was asked to include her work in the U.S. national initiative to demonstrate how the use of sensory-based approaches support trauma- informed care, restraint/seclusion reduction and recovery.

In 2003, she became the first occupational therapist to present about sensory modulation-based approaches in the TIC and R/S reduction national initiative. This demonstrates that long before trauma-informed care became a widely recognized framework, she emphasized the need to understand the impact of trauma on occupational participation, sensory processing, emotional regulation, relationships, and engagement in daily

activities. Her work also emphasized the vital role of occupational therapy as a significant part of these initiatives.

Her work has highlighted the importance of creating therapeutic environments and services that promote physical and emotional safety, trustworthiness, collaboration, empowerment, and choice. Through publications, presentations, consultation, and systems-level initiatives, she has helped practitioners and organizations recognize how trauma can influence occupational performance and participation across the lifespan.

Importantly, Dr. Champagne's approach has consistently linked trauma-informed care with occupational therapy's core focus on participation, meaning, and engagement in everyday occupations. Her contributions have therefore helped bridge trauma and attachment theories and occupational therapy practice, providing clinicians with practical strategies for supporting healing, recovery, and participation.

Recovery-Oriented and Person-Centered Practice

A consistent theme throughout Dr. Champagne's work is her commitment to recovery- oriented and person-directed approaches to care. Her scholarship and professional activities emphasize the importance of respecting individual strengths, preferences, goals, and lived experiences while promoting meaningful participation and self-determination.

Rather than focusing exclusively on symptom reduction, her work highlights the role of occupation, choice, environmental supports, and therapeutic relationships in helping individuals build satisfying and meaningful lives. This perspective aligns closely with contemporary recovery frameworks that emphasize hope, empowerment, resilience, community inclusion, and quality of life.

By integrating sensory-based approaches, trauma-informed care, and recovery principles, Dr. Champagne has helped advance holistic approaches that recognize individuals as active participants in their own recovery journeys rather than passive recipients of services. From this foundational and continued body of work, many other occupational therapy practitioners across areas of practice are integrating these approaches into occupational therapy practice.

Seclusion and Restraint Reduction

Dr. Champagne's contributions to reducing the use of seclusion and restraint represent one of the most significant examples of occupational therapy's impact on systems-level mental health practice. Through her work with the National Association of State Mental Health Program Directors (NASMHPD) Office of Technical Assistance, the Massachusetts Department of Mental Health, and numerous other behavioral health organizations, she

has helped develop and disseminate practical alternatives to coercive interventions. The inclusion of her work related to sensory modulation programs is part of the evidence- based, 6 Core Strategies for the Reduction of Seclusion and Restraint (Huckshorn, 2003).

Her work demonstrates that sensory-based approaches, environmental supports, and trauma-informed strategies promote safety and self-regulation while reducing reliance on restrictive practices. These efforts contributed to broader culture change initiatives aimed at improving the quality, safety, and humane provision of mental health services.

The impact of this work extended beyond occupational therapy, influencing interdisciplinary teams, organizational policies, workforce training initiatives, and statewide systems transformation efforts.

Systems Transformation and Organizational Change

Although many clinicians are familiar with Dr. Champagne's direct practice contributions, her influence extends well beyond individual intervention approaches. Throughout her career, she has worked with organizations seeking to create nurturing, healing, trauma and attachment-informed, and recovery-oriented cultures of care.

Her consultation activities have addressed topics including environmental design, workforce development, leadership, organizational culture, restraint reduction, trauma- informed systems transformation, and implementation of sensory modulation programs. Through these efforts, she has demonstrated how occupational therapy knowledge can contribute not only to individual outcomes but also to organizational effectiveness and systems change.

Her work with the Massachusetts Department of Mental Health, NASMHPD, and numerous state, national, and international organizations illustrates the potential for occupational therapy practitioners to influence policy, program development, service delivery systems, and organizational culture.

Knowledge Translation, Education, and Professional Development

A defining characteristic of Dr. Champagne's career has been her commitment to knowledge translation. Through books, book chapters, peer-reviewed publications, continuing education articles, resource guides, fact sheets, training programs, consultation activities, and professional presentations, she has consistently sought to bridge the gap between evidence and practice.

Her educational efforts have helped make complex concepts related to sensory processing, trauma, attachment, recovery, and organizational change accessible to practitioners across disciplines. In doing so, she has contributed significantly to workforce development and professional education within occupational therapy and behavioral health.

This commitment to practical application has ensured that her contributions extend beyond scholarly discourse and into the daily work of clinicians, educators, students, administrators, and organizations seeking to improve the quality of mental health services.

Professional Roles, Leadership, and Recognition

In addition to her scholarly contributions, Dr. Champagne has demonstrated sustained leadership across clinical practice, education, consultation, research, and systems transformation. Her professional roles and affiliations reflect a career dedicated to improving the quality of mental health services while advancing the role of occupational therapy within interdisciplinary behavioral health care. Through leadership positions, consultation activities, workforce development initiatives, and educational programs, she has influenced practitioners, organizations, and service systems at local, state, national, and international levels.

Professional Roles

Chief Executive Officer, Cutchins Programs for Children and Families

Dr. Champagne serves as the Chief Executive Officer of Cutchins Programs for Children and Families in Northampton, Massachusetts. In this role, she provides executive leadership for a wide variety of programs that support children, adolescents, families, and communities. These

programs include some of the following: residential programs, private special education, community-based services, outpatient, training, and consultation.

One example of her innovative leadership is her ability to get the MA State Department of Elementary and Secondary Education to approve her proposal to provide occupational therapy services to all students within the private special education school, whether occupational therapy was part of the IEP or not. After her extensive presentation on needs of the students given the trauma histories and impact on their educational needs and goals, the school became the first within the state to offer occupational therapy to all students.

Founder and International Consultant, Champagne Conferences & Consultation

As the founder of Champagne Conferences & Consultation, Dr. Champagne provides consultation, training, and technical assistance to a wide range of organizations and systems seeking to implement sensory-based, trauma-informed care, recovery-oriented

services, and organizational change initiatives. Her consultation work has supported mental health, educational, healthcare, residential, and human service organizations throughout the United States and internationally.

Through this work, she has helped organizations develop practical strategies for promoting safety, reducing coercive practices, improving environmental supports, strengthening workforce development, and enhancing service quality. She also provides train-the-trainer sessions to help foster the ability of other occupational therapy practitioners to support the implementation of sensory-based approaches, such as but not limited to the Sensory Modulation Program.

Adjunct Faculty, American International College

Through teaching, mentoring, and scholarly engagement, she contributes to the preparation of occupational therapy leaders committed to advancing evidence-informed and occupation-centered practice. Dr. Champagne serves as a faculty adjunct professor within the Post-Professional Occupational Therapy Doctorate Program at American International College in Springfield, Massachusetts.

She has also been an adjunct professor for Springfield College’s occupational therapy program and guest lectures for occupational therapy programs internationally.

Leadership in Behavioral Health Systems Transformation

A distinguishing feature of Dr. Champagne's career has been her ability to bridge direct clinical practice and systems-level transformation. Her work has consistently demonstrated how occupational therapy perspectives can inform organizational culture, policy development, workforce training, environmental design, and service delivery.

National Association of State Mental Health Program Directors (NASMHPD): Office of Technical Assistance

Dr. Champagne has served as part of the founding faculty for the National Executive Training Institute's initiative, Creating Violence-Free and Coercion-Free Mental Health Treatment Environments for the Reduction of Seclusion and Restraint. Through this work, she contributed educational content and resources that helped behavioral health organizations implement sensory-based, trauma-informed alternatives to restrictive interventions, such as the 6 Core Strategies for the Reduction of Seclusion and Restraint.

Her consultation through NASMHPD's Office of Technical Assistance supported organizations nationally and internationally, seeking to improve safety, reduce coercion, and promote recovery-oriented approaches within behavioral health systems.

Massachusetts Department of Mental Health

Dr. Champagne has collaborated extensively with the Massachusetts Department of Mental Health on initiatives designed to advance trauma-informed care, sensory-based approaches, restraint reduction, and positive cultures of care. As a consultant, trainer, author, and co-author of numerous publications and resources, she has helped influence statewide efforts to transform mental health service delivery.

Among the most influential products of this work is Creating Positive Cultures of Care: A Resource Guide, which has served as a widely utilized resource for organizations seeking to develop nurturing, trauma-informed environments that support recovery and participation.

Education, Training, and Workforce Development

Throughout her career, Dr. Champagne has demonstrated a commitment to educating practitioners across disciplines. She has developed and delivered workshops, training programs, consultation initiatives, and educational resources addressing topics such as:

- The Sensory Modulation Program
- Sensory Integration & Processing Applications for Mental Health and Educational Services
- Trauma-informed and attachment-informed care
- Recovery-oriented practice
- Dialectical Behavior Therapy (DBT)
- Cognition and occupational participation
- Clinical aromatherapy
- Nonlinear dynamics and complexity science
- Organizational culture change

- Environmental enhancements and modifications
- The use of technology in mental health

She is also the creator of the Sensory Modulation Program (SMP) and associated train-the-trainer programs, which have supported implementation of sensory modulation approaches in a variety of service settings. These train-the trainer sessions have helped other occupational therapy practitioners in researching, implementing and expanding upon this body of work across the globe.

Research and Scholarship

Dr. Champagne earned her Doctor of Occupational Therapy degree from Boston University and a Master of Education degree from Springfield College. Her scholarly work spans research publications, books, book chapters, continuing education articles, fact sheets, training materials, and implementation resources.

Her commitment to research and scholarship reflects a broader dedication to ensuring that innovation in practice is supported by evidence, critical inquiry, and ongoing professional dialogue.

Professional Recognition and Honors

Over the course of her career, Dr. Champagne has received numerous awards recognizing her leadership, innovation, scholarship, education, and service to the profession.

American Occupational Therapy Association Award of Merit (2024)

In 2024, Dr. Champagne received the American Occupational Therapy Association's Award of Merit, the Association's highest honor. This award recognizes occupational therapists who have demonstrated extensive leadership through sustained and significant contributions to the profession.

Jane Koomar Award for Innovation (2021)

In 2021, Dr. Champagne received the Jane Koomar Award for Innovation from ATTACh (Association for Training on Trauma and Attachment in Children). This international recognition honors innovative contributions that advance understanding and practice related to trauma and attachment.

Fellow of the American Occupational Therapy Association (FAOTA) (2016)

Dr. Champagne was inducted as a Fellow of the American Occupational Therapy Association in recognition of her leadership and contributions to mental health occupational therapy. Fellowship represents one of the profession's highest honors and acknowledges exemplary contributions that have had a significant impact on occupational therapy.

Massachusetts Department of Mental Health Commissioner's Distinguished Service Award (2008)

In recognition of her leadership in integrating trauma-informed care and sensory-based approaches across the state mental health system, Dr. Champagne received the Massachusetts Department of Mental Health Commissioner's Distinguished Service Award.

Massachusetts State Senate Citation (2008)

Dr. Champagne also received a Massachusetts State Senate Citation acknowledging her innovative work and leadership in advancing trauma-informed care, sensory-based approaches, and efforts to reduce seclusion and restraint within behavioral health services.

Catherine Anne Trombly Award (2006)

The Massachusetts Occupational Therapy Association honored Dr. Champagne with the Catherine Anne Trombly Award for innovation in occupational therapy practice, education, and research.

Irene Allard Outstanding Fieldwork Educator Award (2005)

In recognition of her excellence in occupational therapy education and mentorship, Dr. Champagne received the Irene Allard Outstanding Fieldwork Educator Award from the New England Occupational Therapy Education Council.

Publications and Scholarly Contributions

Dr. Champagne's scholarly contributions span more than two decades and reflect her commitment to advancing occupational therapy and interdisciplinary behavioral health practice through research, education, clinical innovation, and systems transformation. Her publications address a broad range of topics, including sensory modulation, sensory processing, trauma-informed care, attachment-informed practice, recovery-oriented services, restraint reduction, environmental supports, occupational participation, dementia care, and organizational change.

Collectively, these works demonstrate a sustained effort to translate emerging knowledge into practical resources that support clinicians, educators, administrators, organizations, and individuals receiving services. The following bibliography is organized by publication type and provides a comprehensive overview of Dr. Champagne's scholarly and professional contributions.

Doctoral Publication

Champagne, T. (2010). Weighted blanket competency-based training program: Adult mental health populations©. ProQuest, Ann Arbor, MI.

Research Publications

Champagne, T. (2011). The influence of posttraumatic stress disorder, depression, and sensory processing patterns on occupational engagement: A case study. WORK, 38(1), 67– 75.

Champagne, T., Mullen, B., Dickson, D., & Krishnamurty, S. (2015). Researching the safety and effectiveness of the weighted blanket with adults during an inpatient mental health hospitalization. Occupational Therapy in Mental Health, 31, 211–233.

Mullen, B., Champagne, T., Krishnamurty, S., Gao, R., & Dickson, D. (2008). Exploring the safety and effectiveness of the therapeutic use of the weighted blanket with adults. Occupational Therapy in Mental Health, 24, 65–89.

Lehr, V., Sullivan, A., Champagne, T., & Szklut, S. (2023). Trauma-informed, sensory-based pediatric OT interventions. American Journal of Occupational Therapy, 77(Supplement_2), 7711505060p.1

Tan, B.L. & Champagne, T. (2026). Editorial: The use of technology in mental health occupational therapy. Frontiers in Psychiatry, 17:1809565. doi:10.3389/fpsyt.2026.1809565

Books

Dr. Champagne's books have been among the most influential vehicles for disseminating sensory modulation approaches within occupational therapy and interdisciplinary behavioral health practice. These texts have provided clinicians, educators, and organizations with practical guidance for implementing sensory-based interventions and environmental supports across a variety of settings.

Champagne, T. (2003). Sensory modulation and environment: Essential elements of occupation. Southampton, MA: Champagne Conferences & Consultation.

Champagne, T. (2006). Sensory modulation and environment: Essential elements of occupation (2nd ed.). Southampton, MA: Champagne Conferences & Consultation.

Champagne, T. (2008). Sensory modulation & environment: Essential elements of occupation (3rd ed.). Southampton, MA: Champagne Conferences & Consultation.

Champagne, T. (2011). Sensory modulation & environment: Essential elements of occupation (3rd ed., rev.). Australia: Pearson.

Champagne, T. (2016). Sensory Modulation Program Workbook: Adolescent and Adult Applications. Florence, MA: Champagne Conferences & Consultation.

Champagne, T. (2018). Sensory modulation: Applications for working with people with dementia. London: Jessica Kingsley Publishers.

Book Chapters

Through contributions to occupational therapy textbooks and professional references, Dr. Champagne has helped educate generations of practitioners regarding mental health practice, trauma-informed care, sensory modulation, occupational participation, and systems-based approaches to care.

Burson, K., & Champagne, T. (2010). Client-centered principles and systems. In M. Scheinholtz (Ed.), Occupational Therapy in Mental Health: Considerations for Advanced Practice (pp. 249–264). Bethesda, MD: American Occupational Therapy Association.

Champagne, T. (2010). Occupational therapy in special situations including high-risk. In M. Scheinholtz (Ed.), Occupational Therapy in Mental Health: Considerations for Advanced Practice (pp. 179–198). Bethesda, MD: American Occupational Therapy Association.

Champagne, T., & Tewfik, D. (2010). Trauma, mental health care & occupational therapy practice. In M. Scheinholtz (Ed.), Occupational Therapy in Mental Health: Considerations for Advanced Practice (pp. 215–230). Bethesda, MD: American Occupational Therapy Association.

Lane, S. J., Smith Roley, S., & Champagne, T. (2014). Sensory integration and processing: Theory and applications to occupational performance. In B. B. Schell, G. Gillen, & M. J. Scaffa (Eds.), Willard & Spackman's Occupational Therapy (12th ed., pp. 816–868). Philadelphia, PA: Lippincott Williams & Wilkins.

Champagne, T. (2014). Integrating sensory-based approaches for adults with intellectual and developmental disabilities. In K. Haertl (Ed.), Adults with Intellectual and Developmental Disabilities (pp. 235–264). Bethesda, MD: AOTA Press.

Champagne, T. (2016). Development and participation in occupation: Early lifespan. In C. Manville & J. Keough (Eds.), Mental Health Practice for the Occupational Therapy Assistant (pp. 75–109). Thorofare, NJ: Slack.

Champagne, T. (2016). Occupational therapy intervention: Promoting occupational participation. In C. Manville & J. Keough (Eds.), Mental Health Practice for the Occupational Therapy Assistant (pp. 111–155). Thorofare, NJ: Slack.

Champagne, T. (2018). Trauma- and stressor-related disorders. In C. Brown, G. Stoffel, & J. Munoz (Eds.), Occupational Therapy in Mental Health: A Vision for Participation (2nd ed., pp. 211–220). Philadelphia, PA: F. A. Davis.

Champagne, T. (2019). Trauma- and stressor-related disorders. In C. Brown, G. Stoffel, & J. Munoz (Eds.), Occupational Therapy in Mental Health: A Vision for Participation (3rd ed.). Philadelphia, PA: F. A. Davis.

Champagne, T. (2020). Sensory modulation. In N. Carson (Ed.), Psychosocial Occupational Therapy (pp. 104–124). Elsevier.

Champagne, T. (2020). Trauma informed care. In N. Carson (Ed.), Psychosocial Occupational Therapy (pp. 241–261). Elsevier.

Champagne, T., & Pfeiffer, B. (2020). Sensory integration approaches with adults with mental health disorders. In A. Bundy & S. Lane (Eds.), Sensory Integration: Theory and Practice (3rd ed., pp. 513–521). Philadelphia, PA: F. A. Davis.

Lieberman, R. E., Champagne, T., & Wang, E. (2020). Understanding and applying a neurodevelopmental approach in residential interventions. In B. Caldwell, R. E. Lieberman, J. LeBel, & G. Blau (Eds.), Transforming Residential Interventions: Practical Strategies and Future Directions (pp. 197–234). New York, NY: Routledge.

Champagne, T., & Cavaliere, C. (2024). Promoting mental health and well-being for children and youth. In M. Pizzi & M. Amir (Eds.), Interprofessional Perspectives on Community Practice: Promoting Health, Well-Being, and Quality of Life. Thorofare, NJ: Slack.

Champagne, T. (2025). Sensory modulation. In N. Carson (Ed.), Psychosocial Occupational Therapy (2nd ed.). Elsevier.

Champagne, T. (2025). Trauma informed care. In N. Carson (Ed.), Psychosocial Occupational Therapy (2nd ed.). Elsevier.

Champagne, T. (2026). Sensory Modulation Program. In T. Machingura & P. Meredith (Eds.), Sensory Approaches to Mental Health Practice. Elsevier.

Champagne, T. (2026). Sensory Modulation in Dementia Care. In T. Machingura & P. Meredith (Eds.), Sensory Approaches to Mental Health Practice. Elsevier.

Cavaliere, C., & Champagne, T. (In press). The impact of stress, trauma, and adversity on mental health and occupational engagement. In M. Pizzi (Ed.), Psychopathology, Function and Occupation: A Guide to Assessment, Intervention and Mental Health Promotion. Routledge.

Champagne, T., & Sullivan, A. (In press). Dissociative disorders. In M. Pizzi (Ed.), Psychopathology, Function and Occupation: A Guide to Assessment, Intervention and Mental Health Promotion. Routledge.

Sullivan, A., & Champagne, T. (In press). Trauma and stressor-related disorders. In M. Pizzi (Ed.), Psychopathology, Function and Occupation: A Guide to Assessment, Intervention and Mental Health Promotion. Routledge.

Champagne, T., & McCarthy, K. (In press). Occupation, values, and approaches. In A. MacRae (Ed.), Psychosocial Occupational Therapy: An Evolving Practice (5th ed.). Thorofare, NJ: Slack.

Peer-Reviewed Articles

Dr. Champagne's peer-reviewed and continuing education publications have helped translate emerging concepts into practical guidance for clinicians working across behavioral health settings.

Champagne, T., & Stromberg, N. (2004). Sensory approaches in inpatient psychiatric settings: Innovative alternatives to seclusion and restraint (CE article). Journal of Psychosocial Nursing, 42(9), 35–44.

Champagne, T., Saccamondo, H., Ryan, J., & Lazzarini, I. (2007). A nonlinear dynamics approach to exploring the spiritual dimensions of occupation. Emergence: Complexity and Organization, 9, 29–43.

Champagne, T., Koomar, J., & Olson, L. (2010). Sensory processing evaluation and intervention in mental health (CE article). OT Practice, 15, CE-1–CE-9.

Champagne, T. (2011). Attachment, trauma and occupational therapy practice (CE article). OT Practice, 16(5), CE-1–CE-8.

Champagne, T., & Frederick, D. (2011). Sensory processing research advances in mental health: Implications for occupational therapy. OT Practice, 7–8.

Champagne, T., & Koomar, J. (2012). Sensory processing and assessment in mental health (CE article). OT Practice, CE-1–CE-8.

Champagne, T. (2012). Creating occupational therapy groups for children and youth in community-based mental health practice. OT Practice, 13–18.

Burwash, S., Cook, B., & Champagne, T. (2014). Connected and mobile: Social media tools and apps for occupational therapy and mental health applications (CE article). OT Practice, CE-1–CE-8.

Quarterlies and Newsletters

Dr. Champagne has also contributed extensively to professional newsletters and specialty publications that have supported continuing professional development and dissemination of emerging practice approaches.

Champagne, T. (2005). Expanding the role of sensory approaches for acute inpatient psychiatry. Mental Health Special Interest Newsletter, 28, 1–4.

Champagne, T. (2006). Creating sensory rooms: Essential enhancements for acute inpatient mental health settings. Mental Health Special Interest Newsletter, 29, 1–4.

LeBel, J., Champagne, T., Stromberg, N., & Coyle, R. (2010). Integrating sensory and trauma-informed interventions: A Massachusetts state initiative, Part 1. Mental Health Special Interest Section Quarterly, 33(1), 1–4.

LeBel, J., & Champagne, T. (2010). Integrating sensory and trauma-informed interventions: A Massachusetts state initiative, Part 2. Mental Health Special Interest Section Quarterly, 33(2), 1–4.

Champagne, T., & Koomar, J. (2011). Expanding the focus: Addressing sensory discrimination concerns in mental health. Mental Health Special Interest Newsletter, 34(1), 1–4.

Professional Resources, Fact Sheets, and Systems Change Publications

In addition to traditional scholarly publications, Dr. Champagne has produced numerous practice resources, implementation guides, fact sheets, and systems-level publications

that have supported organizational change and workforce development across behavioral health settings.

Champagne, T. (2003). Creating nurturing and healing environments for a culture of care. Occupational Therapy Advance, 19(19), 50.

Stromberg, N., Bluebird, G., & Champagne, T. (2003–present). Prevention Tools Module. In National Executive Training Institute: Creating Violence and Coercion-Free Environments for the Reduction of Seclusion and Restraint. Baltimore, MD: NASMHPD.

Champagne, T. (2007). Physical environment. In J. LeBel & N. Stromberg (Eds.), Developing Positive Cultures of Care: Resource Guide (2nd ed.). Boston, MA: Massachusetts Department of Mental Health.

Champagne, T. (2007). Sensory approaches. In J. LeBel & N. Stromberg (Eds.), Developing Positive Cultures of Care: Resource Guide (2nd ed.). Boston, MA: Massachusetts Department of Mental Health.

Champagne, T., & McLaughlin, J. (2006). Sensory approaches: Seclusion and restraint reduction tools module. In National Executive Training Institute Curriculum for the Reduction of Seclusion and Restraint. Alexandria, VA: NASMHPD.

Champagne, T., Koomar, J., & Olsen, L. (2010). Occupational therapy's role with posttraumatic stress disorder. Bethesda, MD: American Occupational Therapy Association.

Champagne, T., & Mahaffey, L. (2010). Occupational therapy's role in restraint reduction or elimination. Bethesda, MD: American Occupational Therapy Association.

Watling, R., Jackson, L., Bondoc, S., Asher, A., & Champagne, T. (2010). The role of occupational therapy with children and youth. Bethesda, MD: American Occupational Therapy Association.

Champagne, T., & Gray, K. (2011). Occupational therapy's role in mental health recovery. Bethesda, MD: American Occupational Therapy Association.

May-Benson, T., & Champagne, T. (2011). Occupational therapy using a sensory integration-based approach with adult populations. Bethesda, MD: American Occupational Therapy Association.

Champagne, T. (2012). Physical environment. In J. LeBel & A. Lim (Eds.), Creating Positive Cultures of Care: A Resource Guide (3rd ed.). Boston, MA: Massachusetts Department of Mental Health.

Champagne, T. (2012). Sensory approaches. In J. LeBel & A. Lim (Eds.), Creating Positive Cultures of Care: A Resource Guide (3rd ed.). Boston, MA: Massachusetts Department of Mental Health.

Champagne, T., & Caldwell, B. (2012). Nurturing interventions. In J. LeBel & A. Lim (Eds.), Creating Positive Cultures of Care: A Resource Guide (3rd ed.). Boston, MA: Massachusetts Department of Mental Health.

Champagne, T., & Caldwell, B. (2012). Touch. In J. LeBel & A. Lim (Eds.), Creating Positive Cultures of Care: A Resource Guide (3rd ed.). Boston, MA: Massachusetts Department of Mental Health.

Caldwell, B., & Champagne, T. (2012). Nurturing interventions. In J. LeBel & A. Lim (Eds.), Creating Positive Cultures of Care: A Resource Guide (3rd ed.). Boston, MA: Massachusetts Department of Mental Health.

Caldwell, B., & Champagne, T. (2012). Touch. In J. LeBel & A. Lim (Eds.), Creating Positive Cultures of Care: A Resource Guide (3rd ed.). Boston, MA: Massachusetts Department of Mental Health.

Continuing Influence on Contemporary Mental Health Occupational Therapy

The influence of Dr. Champagne's work continues to be evident throughout contemporary occupational therapy and interdisciplinary behavioral health practice. Many of the concepts, approaches, and environmental supports now commonly associated with mental health services (including the Sensory Modulation Program, sensory-based self- regulation and environmental strategies, trauma and attachment-informed care, and recovery-oriented interventions) have been shaped by her scholarship, leadership, consultation, research, publications, and educational efforts.

Importantly, Dr. Champagne's contributions have extended beyond the development of specific interventions. Her work has consistently emphasized the interconnected relationships among sensory integration and processing, trauma, attachment, emotional regulation, environmental supports, meaningful occupation, and participation in everyday life. By integrating these concepts into practical frameworks and implementation strategies, she has helped clinicians and organizations move beyond symptom-focused approaches toward more holistic, person-centered models of care.

The continued relevance of her work is reflected in the ongoing use of her publications, training materials, consultation resources, and educational programs. Occupational therapists,

behavioral health practitioners, educators, students, administrators, and policy leaders continue to draw upon her contributions when designing services, developing programs, creating therapeutic environments, and implementing organizational change initiatives.

The Sensory Modulation Program and related training initiatives remain influential resources for organizations seeking to support self-regulation, participation, and recovery. Likewise, her contributions to trauma-informed care, attachment-informed practice, restraint reduction, and positive cultures of care continue to inform contemporary efforts to create safer, more responsive, and more humane behavioral health services.

Her more recent publications and ongoing scholarly activities demonstrate that her influence is not limited to past accomplishments. Through continuing authorship, consultation, teaching, and leadership, Dr. Champagne remains actively engaged in shaping the future of mental health occupational therapy while supporting the next generation of practitioners, educators, and leaders. As the CEO of a nonprofit organization offering mental health and private special education services for children and families, she continues to work towards demonstrating how to integrate innovation into practice.

In addition, she has been the vice president of the Massachusetts Association for Occupational Therapy for two terms, and the chair for AOTA's Mental Health Special Interest Section. In both roles, and in her advocacy with both organizations in an ongoing way, she continues to help lead the efforts to include occupational therapy practitioners as qualified mental health practitioners at state and national scales.

The OT Innovations website further reflects this ongoing commitment to dissemination and implementation. As a living repository of educational resources, publications, and practice tools, it serves as a mechanism through which her work continues to reach practitioners and organizations around the world.

Conclusion

Over the course of her career, Tina Champagne has made substantial and enduring contributions to contemporary mental health occupational therapy through scholarship, clinical innovation, education, consultation, leadership, and systems transformation. Her work has influenced how occupational therapists and interdisciplinary behavioral health professionals understand sensory modulation, trauma-informed care, attachment-

informed practice, recovery-oriented services, environmental supports, and organizational change.

Few occupational therapists have contributed so extensively across clinical practice, research, education, policy, workforce development, and systems transformation. Through books, book chapters, research publications, professional resources, training programs, consultation activities, and organizational leadership, Dr. Champagne has consistently sought to bridge the

gap between theory and practice while advancing compassionate, evidence-informed approaches to care.

Her contributions have helped establish the Sensory Modulation Program and other sensory-based approaches within mental health practice, advanced the integration of trauma-informed principles into behavioral health services, supported efforts to reduce seclusion and restraint, and demonstrated the importance of creating environments that promote safety, participation, healing, and recovery. In doing so, she has expanded the influence of occupational therapy within interdisciplinary behavioral health practice, while improving services for countless individuals, families, and communities.

As occupational therapy continues to evolve in response to emerging knowledge, changing systems, and new societal challenges, the influence of Dr. Champagne's work remains readily apparent. Her scholarship, leadership, and commitment to translating knowledge into action have helped shape the contemporary landscape of mental health occupational therapy and will likely continue to inform its future development for years to come.

This resource guide was developed to document and celebrate her contributions to date while providing educators, practitioners, students, researchers, and historians with a curated overview of the work of a leader whose influence continues to be felt throughout the profession and across the broader behavioral health community.

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Related MHSIS Resources

Readers interested in extending this topic may also wish to explore the following sections of Curated Mental Health Occupational Therapy Resources: A MHSIS Compendium (2026):

- Trauma- and Stressor-Related Conditions Across Populations
- Mindfulness in Occupational Therapy and Mental Health Practice
- Dementia Care and Mental Health-Informed Occupational Therapy

Closing Reflection

Taken together, the resources in Part II of this resource compendium demonstrate the continued breadth of mental health occupational therapy and the value of translating evidence into practical tools that clinicians, educators, students, and advocates can use. Across the collection, recurring themes include functional performance, participation, regulation, identity and belonging, health management, recovery, environmental fit, community inclusion, workforce sustainability, and the translation of behavioral health goals into everyday life.

Part II is intended to complement rather than replace the original compendium. The cross-references between the two documents make visible the connections among populations, systems, assessment, intervention, professional well-being, and the history and continuing development of mental health occupational therapy.

Thank you,
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