BRIDGING THE GAP
AN INNOVATIVE PILOT PROJECT INTRODUCING OCCUPATIONAL THERAPISTS AS TREATMENT PROVIDERS IN A CHILDREN’S MENTAL HEALTH SETTING

Presenters
Sarah Ohana, MSc.OT, OT Reg. (Ont.),
Vithurry Sivaloganathan, MSc.OT, OT Reg. (Ont.),
Christie Hayos, MSW, RSW
LEARNING OBJECTIVES

1. Explore the development and implementation of an innovative group therapy pilot project that introduced Occupational Therapists into a children’s mental health centre

2. Explore the competencies and skills of Occupational Therapists that bridge a gap in services available through the children’s mental health sector

3. Explore recommendations for future opportunities to expand the role of Occupational Therapists within the children’s mental health system
THE FAMILIAR WAITLIST CHALLENGE...
A PROBLEM THAT LEAD TO A POSSIBILITY...

In year gap in hiring for vacancies left us with a surplus

Recent completion of first Occupational Therapy student placement → Expansion of services at SickKids CCMH
GAP IN SERVICES

Team: psychiatrists, psychologists and social workers

95% of services are provided through family therapy and individual therapy approaches

Opportunity to expand our group therapy services

57% of staff and residents stated that they refer clients to OT often/very often

Self-regulation and sensory processing not currently being addressed with an OT lens
PILOT PROJECT: AIM

To provide group therapy services to children on the waitlist with the goal of helping children receive services in a more timely manner, therefore reducing wait times and expanding the continuum of care of services at SickKids CCMH by including OT staff.
Hired two Occupational Therapists for 5 months

Reviewed waitlist of presenting issues that clients were facing and ages

Children between 6-12 years old were the largest group waiting for services

Top presenting issues:

- Emotion dysregulation
- Anxiety
- Attention issues
- Tantrums
- Impulsivity
## TIMELINE

<table>
<thead>
<tr>
<th>Event</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
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<tbody>
<tr>
<td>Analyse <em>waitlist</em> population</td>
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<td>Recruit participants</td>
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<td>Meet and Greet Session</td>
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<td>Present First <em>Parent workshop</em></td>
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<td>First set of <em>group sessions</em>: (4 groups at both Jarvis and Sheppard locations)</td>
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<td>Second set of <em>group sessions</em>: (3 groups at Jarvis and Sheppard location)</td>
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<tr>
<td>Evaluation of services</td>
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Occupational Therapy

Expert in enabling occupations

Healthcare service that offers creative solutions to helping individuals across the lifespan participate in meaningful activities

(CAOT, 2016)
PERSON ENVIRONMENT OCCUPATION MODEL

Person
- Sensory processing
- Self-regulation
- Cognition
- Physical/motor skills
- Mental Health

Occupation
- Productivity
- Self-care
- Leisure

Environment
- Physical
- Social
- Institutional

Performance

(Law et al., 1996)
Innovative pilot project

Emotions In Motion

Alternative seating accommodations

Schedule

Environmental Strategies

Breathing techniques
Positive self-talk
Mindfulness

Cognitive Strategies

Role playing
Games
Discussions
Movement

Engagement Strategies

Movement & Exercise,
Weighted items,
Fidget toys, etc.

Sensorimotor Tools

Free time cards
Break cards

Behavioural Strategies

Zones of Regulation
Hunter and His Amazing Remote Control

Programs

Two parent workshops
Time allocated after group to educate parents

Parent Education

BREAK

BREAK
IMPORTANT CONSTRUCTS & SUPPORTING EVIDENCE
Self-regulation: ability to adjust level of alertness and behave in a socially appropriate way to achieve goals

1. Sensory processing
2. Executive functioning
3. Emotional regulation
4. Social cognition
“All behaviours occur for a reason and a child who is seeking or avoiding sensations is often doing so to meet a neurological need.”

(Champagne, 2011)
35.7% of children referred to a psychiatric clinic had a sensory processing disorder.

33-64% of children with sensory processing disorder met criteria for a psychiatric disorder.

This study suggests that poor sensory regulation is a significant risk factor for psychopathology in children.
SI is one of the most widely used and researched approaches within the field of OT.

Theoretical framework to understand challenging behaviors and performance of activities of daily living (ADLs).
Support for OT Approaches

Self-regulation is correlated with:

- Higher academic achievement
- Pro-social behaviours

Sensory processing:

- Movement, exercise, and proprioception helps children with self-regulation, attention, and participation in ADLs
- Sensory rooms may be considered adjunct interventions to seclusion
- Sensory room led to 26.5% reduction in number of restraints and 32.8% reduction in number of seclusions
Preliminary evidence on the use of sensory motor tools (e.g. jumping) in effectively helping children with mental health issues self-regulate.

Deep pressure, heavy work, and repetitive and rhythmic movement are calming and organizing to the nervous system.
CASE STUDIES:

EMOTIONS IN MOTION
Case study 1: Jared

- 8 y.o. Boy with ADHD & LD

Observations:

- Rigidity
- Difficulty interacting with peers
- Can become aggressive when frustrated (i.e. kicking, hitting, throwing things)
- Covered his ears, hid under a table

“Becoming more aware of one’s own sensory patterns develops the ability to better understand one’s responses to different environments, people, situations, and activities”
Identified sensory concerns: Auditory sensitive, tactile and proprioceptive seeking behaviours

Interventions

- Zones of Regulation ®
- Sensory tools (deep pressure, fidgets)
- Break space
- Predictability
- Coaching/advocacy
- Cognitive tools
- Parent education/training
CASE STUDY 2: EMMA

- 11 y.o. girl with social anxiety and ADHD

Observations:

- No eye contact
- Hair covering face
- Required mother to be present
- Communicated via passing notes to mom to share
● **Psychoeducation:**
  - Zones of Regulation ®
  - Fight/flight/freeze response

● **Mandalas**

● **Weighted items and fidgets**

● **Movement and heavy work:**
  - Alternative seating: **exercise ball**
  - “I bounced on it [ball] and it calmed me down” - Child in Emotions in Motion
PERSON ENVIRONMENT OCCUPATION MODEL

**Person**
- Diagnoses: anxiety, ADHD
- Interventions: Zones of Regulation, sensory tools

**Occupation**
- Social engagement, participation in group discussions

**Environment**
- Social: peers, family support
- Physical: break space
- Institutional: referrals to OT

(Law et al., 1996)
FINDINGS
8 Children’s groups:

- 42 children from the waitlist agreed to participate in the group
- 3 closed
- 34 went to family therapy
- 1 went to an assessment
- 2 went to individual therapy
SURVEY RATING SCALE (N = 32)
## PROCESS OF CARE SUBSCALE

<table>
<thead>
<tr>
<th>Process of Care Items (N = 32)</th>
<th>Caregiver % positive</th>
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<tbody>
<tr>
<td>We received the services we needed</td>
<td>81.3%</td>
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<tr>
<td>We were involved in planning our services</td>
<td>50.0%</td>
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<tr>
<td>It was clear what would happen in the service</td>
<td>87.5%</td>
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<tr>
<td>The staff helped us connect with other services <em>(if applicable)</em></td>
<td>55.6% <em>(n = 27)</em></td>
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## Outcomes and General Satisfaction

### Outcomes Items (N = 32)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Caregiver % positive</th>
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</thead>
<tbody>
<tr>
<td>We learned useful skills</td>
<td>90.6%</td>
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<tr>
<td>We are better able to deal with our problems</td>
<td>71.9%</td>
</tr>
<tr>
<td>Things improved for my child</td>
<td>65.6%</td>
</tr>
<tr>
<td>Things improved for me</td>
<td>68.8%</td>
</tr>
<tr>
<td>Things improved for our family</td>
<td>65.6%</td>
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### General Satisfaction Item

| General Satisfaction Item                                             | 90.6%                 |
| Overall I am satisfied with the services                               |                       |
Following the final workshop, parents reported:

- **Increased understanding of tools**
  - “different strategies that are practically useful (balls, bands, etc)”
  - “…starting his day [by] engaging in more physical activity [or] with some bean bag taps as he does not like school”

- **Ability to co-regulate**
  - “co-regulation - priceless - I need to manage myself to help him manage himself”

- **Increased awareness into child’s behaviours**
  - “had no idea about the development of the frontal part of the brain”
  - "that he is not acting out [but] may need support for sensory & regulation challenges"
“The program ‘Emotions in Motion’ gave my son for the first time the language to at least begin articulating his emotions. There is still a long road ahead but at least we can now have a discussion about an incident on an emotional level. We can now talk about working together to make our family relationships better.” -Parent

“Teaching children in groups using activity-based exercises caused my child to discuss things more openly...negative things (temper etc) was easier to discuss and tackle with tools learned in the group setting.” -Parent
“...My client was struggling with sensory issues that were beyond my scope of practice. Thankfully, Sarah and Vee [OTs] could offer the family a consultation that supported a more holistic approach to mental health services...[their consultation] nicely complimented the brief therapy approach and enabled client access to information [group therapy] they otherwise would not have had the opportunity to receive...”

Child and Family Therapist 2
One [of] the other children she [school social worker] works with [who] is in the Emotions in Motion group and is apparently doing phenomenally. Both school and family have described a huge difference and she said that they have only seen him in the office on 1 occasion in the past couple of weeks.

- Intake worker
“...It [observation of group] gave me some great ideas for how we could be more “sensory aware” within our school [section 23 school]. Specifically, I really liked...the use of space and movement (some sitting, some standing, some writing, some talking, experiential, role play, activity, etc.). You both showed excellent flexibility too – accommodating the changing needs of the group...without abandoning the Zones format...using the language (e.g. “that’s unexpected”).”

-Manager
STRENGTHS: ENGAGEMENT STRATEGIES

Promoted parent involvement

- Meet and Greet Sessions
- Debrief after each session
- 2 parent workshops

Dropout rate: 7.1%

Dropout rate in a paediatric community clinic providing CBT: 14.4%

(Wergeland et al., 2015)
STRENGTHS OF THE PILOT PROJECT

CHANGE AGENTS

- Identified client populations in need for services (ADHD, self-regulation, sensory processing)
  - Contributed to filling a gap in practice
- Added to SickKids CCMH’s repertoire of calming strategies
- Expanded breadth of group therapy services
AREAS OF DEVELOPMENT

- Short duration of group
- Family based issues
  - <20% of caregivers felt that the group was not sufficient alone or not a good match to their needs.
- Limited opportunities for parent education on a weekly basis
- Limited follow up post group
NEXT STEPS: OT IN PAEDIATRIC MENTAL HEALTH

OT Role:

- Sensory Room
- Member of interprofessional team
THANK YOU!

Neill Carson, Clinical Director
Bree Brown and Adia Shivraj, intake coordinators
Alfredo Tinajero, Research Associate and Alex Naber, Research assistant
All clinicians at SickKids CCMH
References


Kuypers, L. (2014). *The Zones of Regulation: A Curriculum Designed to Foster Self-Regulation and Emotional Control.* [PDF Presentation]. Retrieved from: https://docs.google.com/presentation/d/1yIKyUa-iNCl-
References


