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Abstract

Despite the high number of individuals living with severe mental illness and the evidence to support effective interventions, only a small percentage of occupational therapy practitioners work in community mental health settings. To address the need for more occupational therapists in this area of practice, schools must provide educational experiences that facilitate interactions with individuals experiencing severe mental illness to increase students' competence with this population. The Washington University Program in Occupational Therapy fosters students' clinical reasoning skills throughout a two semester case-based learning course. For the community mental health module at the end of the 2nd semester, the program partnered with two local community agencies to provide an opportunity for students to work with clients experiencing severe mental illness. Students administered assessments, planned and implemented interventions, and completed documentation. Following the experience, students reported increased ability to facilitate interventions and adapt to client needs and clients reported an increase in independent living skills. This paper will describe the development of the course module, collaboration between the academic institution and community based agencies, and student learning outcomes and feedback. A case study illustrates the benefits for one client participant.

Keywords

Education, mental health, community based practice

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A Community Based Experience to Enhance Occupational Therapy Student Clinical Skills with Clients with Mental Illness

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ABSTRACT

Despite the high number of individuals living with severe mental illness and the evidence to support effective interventions, only a small percentage of occupational therapy practitioners work in community mental health settings. To address the need for more occupational therapists in this area of practice, schools must provide educational experiences that facilitate interactions with individuals experiencing severe mental illness to increase students' competence with this population. The Washington University Program in Occupational Therapy fosters students' clinical reasoning skills throughout a two semester case-based learning course. For the community mental health module at the end of the second semester, the program partnered with two local community agencies to provide an opportunity for students to work with clients experiencing severe mental illness. Students administered assessments, planned and implemented interventions, and completed documentation. Following the experience, students reported increased ability to facilitate interventions and adapt to client needs and clients reported an increase in independent living skills. This paper will describe the development of the course module, collaboration between the academic institution and community based agencies, and student learning outcomes and feedback. A case study illustrates the benefits for one client participant.

INTRODUCTION

The National Alliance for Mental Illness (2015) reports that 1 in 5 Americans experience mental illness. For 1 in 25 Americans, mental illness interferes with completion of daily activities. These statistics illustrate the growing need for community mental health services targeted at improving functional independence. The literature provides evidence to support the efficacy of occupational therapy interventions focused on life skills training, social participation, education, work, and health and wellness (Bond, Drake, & Becker, 2008; Dilk & Bond, 1996; Dunn, Trivedi, Kampert, Clark, & Chambliss, 2005; Granholm et al., 2005; Gutman et al., 2007). Several studies have demonstrated

that participation in meaningful occupations promotes health and wellness among individuals experiencing severe mental illness (Gooch & Living, 2004; Haertl & Minato, 2006; Mee, Sumsion, & Craik, 2004). Further, intensive interventions addressing client-centered, occupation based skills training can foster individuals living with mental illness to fully engage in the world around them (Champagne & Gray, 2011).

Despite the evidence supporting the benefit of occupational therapy in mental health and the increased need for mental health services, there are few occupational therapists currently working in the field of community mental health. As of 2015, only 2.9% of occupational therapists reported working in a mental health setting (AOTA, 2015). A study conducted to determine what influences students' future practice area choices demonstrated that educational experiences during coursework and fieldwork placements make the largest impact (Hulse, Cash, & Simons, 2000). Therefore, it is vital to provide learning opportunities with individuals experiencing mental illness during a student's educational curriculum. Beltran, Scanlan, Hancock, and Luckett (2007) found that structured experiences with a strong mentor and formal reflection were beneficial in altering student perceptions of individuals experiencing mental illness. Through these experiences, students are able to enhance their procedural, scientific and pragmatic reasoning, as well as experience deeper empathy and the ability to develop clinical reasoning skills (VanLeit, 1995). Beltran et al. (2007) identified several factors that can positively or negatively impact a student's ability to work with individuals experiencing mental illness. Factors associated with positive experiences working with individuals with mental illness include having encouraging role models and constructive educational experiences. Conversely, factors that negatively impacted students' abilities to engage with those experiencing mental illness were increased anxiety or stigma associated with the population.

For the purpose of this paper, an in-context experience is defined as a hands on learning opportunity for students to interact with an actual client and practice administering assessments and providing interventions with real time feedback from faculty mentors. Research on the benefit of similar learning experiences provides evidence supporting student interaction with clients. Rush (2008) reported that interaction with service users during coursework prepared nursing students for the ever-changing practice landscape in mental health by challenging students to complete self-reflection, increase skills in clinical reasoning and improve attitudes towards clients experiencing mental illness. Another recent study explored the benefits of engagement with a mental health population and reported that occupational therapy students felt they had a greater skill base and improved attitude towards the population following a service learning program (Schindler, 2014). In another study conducted with an interdisciplinary team of nurses, social workers and occupational therapists, students reported greater competency in their role within the population when classroom education was combined with the opportunity to practice in a real world environment at clinical sites (Carpenter, Barnes, Dickinson, & Wooff, 2006).

The use of in-context experiences provides benefits for both students and clients. Clients with mental illness benefit by participating in assessments and interventions

designed to increase their chances of achieving independent living (Arbesman & Logsdon, 2011). A small study evaluating the benefits of social work students engaging with the mental health population noted that clients felt a sense of pride in being able to assist in the educational experience of the students (Scheyett & Kim, 2004). In a similar study with nursing students, clients reported benefiting from engagement in community-based learning experiences through the opportunity to provide feedback on the student's performance and contribute to the student's learning experience. Clients described the greatest benefit when they interacted with students who were actively engaged in the process, flexible in their interventions, and open to feedback (Debyser, Grypdonck, Defloor, & Verhaeghe, 2011).

In-context experiences have been used by a variety of disciplines as an important tool in providing students with opportunities to gain familiarity with a population and develop clinical skills. These experiences also serve to introduce students to a wide range of intervention settings and influence student decisions regarding future practice settings. Simultaneously, clients experiencing mental illness receive direct benefit from their interactions with the students in the areas of skills building, self-concept and social interactions. The purpose of this paper is to describe the development of the community mental health course module, collaborative process between the academic institution and community based agency, student learning outcomes, and feedback from students and clients regarding the experience.

DESCRIPTION

The overarching goal of this course module was to provide a hands-on learning experience for students and enhanced therapy services for clients with mental illness. The module was implemented during a case-based learning course in the second year of an MSOT/OTD curriculum. During the two semester course, students explored practice problems, built clinical reasoning skills, and applied occupational therapy evaluation and intervention techniques for people of all ages and disability categories. Written and video-based cases, standardized patients, and actual clients were used as students completed their work in small groups of 8-9 students with a mentor. Mentors included faculty and clinicians from the Washington University Program in Occupational Therapy and St. Louis area clinical settings. The Community Mental Health Caseload module was completed during the final case based learning experience of the course.

The module was developed in collaboration with two community agencies who served individuals with mental illness, HIV, and history of homelessness. Community Agency 1 was a transitional housing facility that provided services to 15 men with a history of homelessness and mental illness. Services included nursing, occupational therapy, social work, and substance abuse counseling. The Recovery, Housing First, and Harm Reduction Models served as guides for the program (Anthony, 1993; Marlatt, 1996; Tsemberis, 2010). Occupational therapy's role within Community Agency 1 included providing one-on-one and group training to increase functional independence in occupations. Community Agency 2 was another transitional housing facility that served men and women who were HIV positive. Life skills specialists (non-occupational therapy) provided skills training to assist participants with job skills, cooking, building

healthy relationships, and medication management. Skills training occurred in a large group setting and individual sessions were provided using a case management model (Mueser, Bond, Drake, & Resnick, 1998). Both of these programs were dedicated to improving the lives of individuals experiencing homelessness, mental illness, and HIV.

Mutual benefit can be derived from a partnership between community-based agencies and occupational therapy programs at local universities; however, these partnerships require collaboration, detailed planning, and oversight to ensure success. To create the partnership, an initial contact was made to these community mental health sites that provided fieldwork opportunities to students at Washington University. Logistically, the decision was made that both facilities would need to participate in order to accommodate a class size of 80-90 students. Staff at both facilities were receptive to involving their clients and available to participate in the introductory lecture and coordinate recruitment. As course materials were developed, feedback regarding content and logistics was elicited by the university and provided by both agencies. In addition, learning objectives were developed collaboratively and related to 1) planning and implementing occupational therapy evaluations and interventions, 2) interpersonal communication skills, and 3) documentation in the context of a community mental health setting. Eight class sessions were structured to provide students with the opportunity to practice these skills using a hands-on approach.

During the initial class session, staff from the community agencies provided an overview of their agency's mission, intake and assessment process, and programming as well as tips and guidelines for working with the clients. Then, students were placed in small groups of 8-9 and provided brief information about their assigned clients' background. Students had time to plan for the initial assessment and practice as needed with guidance from a faculty member. Site specific intake forms and assessments were used to guide students to address client centered goals that were typically addressed in these settings. During the next two class sessions, students evaluated one client from each agency in their small group with faculty and agency staff. Students completed related documentation individually for both clients; all documentation assignments were reviewed and graded by the faculty and clinician mentors. Following the experience, students reflected on their learning and completed a self-assessment related to clinical skills and confidence gained. See Table 1 for an overview of the module.

Table 1

Community Mental Health Module Class Session Outline

<u>Session</u>	<u>Learning Activities</u>	<u>Assignment</u>
1	Overview of community agencies Receive client information Plan & practice assessments	Review diagnosis Practice assessments
2	Assess client 1	Initial note
3	Assess client 2	Initial note
4	Plan intervention	Complete Community Mental Health Intervention Plan
5	Intervention session 1	Contact note
6	Intervention session 2	Contact note
7	Self-directed activities	Complete documentation Prepare for content expert chat
8	Content Expert Chat	Complete Community Mental Health Module Feedback Form

Client recruitment was one of the most challenging aspects of the preparation process due to the need for dependable and interested clients to participate in the assessment and intervention sessions. An occupational therapist and a case worker were the points of contact for each respective agency. The university and the community agencies collaborated closely to ensure that all participants were available during the assigned times and were appropriate candidates for the experience.

As an introduction to the experience, the opportunity was initially discussed during a routine resident meeting at each facility. To foster participation, staff encouraged clients to participate in the program citing opportunity for increased socialization, skill building opportunities, and improved self-concept. Clients were instructed to sign up for one time slot for the initial evaluation and one time slot for the intervention session. Verbal reminders were provided each week and on the day of the experience to ensure

participation. Additionally, a “backup” client was recruited in case one of the other participants had to cancel unexpectedly.

Many clients required individual encouragement to participate and were concerned about the large number of students that would be present. Several clients were reminded to use their coping skills for social anxiety while participating. Additionally, prior to participation in each session with the students, clients were asked to identify several goals the students might address during the intervention session. This allowed the client to feel prepared for the initial evaluation with the occupational therapy students. To provide incentive for participation for 22 clients, a stipend in the form of a gift card funded by the occupational therapy program was provided to all client participants following attendance at all planned meetings. One facility had the space to accommodate five groups of students to complete the initial evaluation and intervention on-site. The other site did not have enough room, therefore, it was determined that the clients would be bused to the university, via agency owned transportation.

After each class session in the first year of this learning experience, the first author de-briefed with both community partners and prepared for the next session. At the end of the 8-class session module, faculty, students and agency staff reviewed all aspects; feedback was used to refine class materials in the subsequent year. Additionally, the occupational therapist at the community site de-briefed with the clients individually to reflect on the intervention provided by the students. The occupational therapist discussed how each client might incorporate the strategies and resources from the student led intervention session into his/her actual intervention plan.

ASSESSMENT

Following the community mental health module, students completed a self-assessment and provided verbal feedback during the in-class wrap up session. Participation in the self-assessment was optional; collection and use of student survey data was declared exempt by the Institutional Review Board. Students were asked to rate their level of agreement that course module objectives were met on a 5-point scale: Strongly Agree, Agree, Neutral, Disagree and Strongly Disagree. Responses from the 2015 and 2016 spring semesters were combined for analysis (n=160). The vast majority of students agreed or strongly agreed that they fulfilled the learning objectives. Approximately 27% of students rated their ability to promote behavioral change and respond to unexpected situations as neutral, suggesting a need to provide additional opportunities to practice these skills. Refer to Table 2 for detailed student self-assessment results.

Table 2

Student Self-assessment of Meeting Community Mental Health Module Objectives

<u>Objectives</u>	<u>Strongly Agree (n)</u>	<u>%</u>	<u>Agree (n)</u>	<u>%</u>
Plan initial evaluation	60	37.50%	91	56.88%
Introduce myself & establish rapport	109	68.13%	47	29.38%
Conduct an informal interview	86	53.75%	71	44.38%
Collaborate with client to identify goals	85	53.13%	67	41.88%
Plan & deliver a client centered intervention session	40	25.16%	89	55.97%
Promote behavioral change through use of effective communication	29	18.13%	86	53.75%
Respond to unexpected situations	30	18.75%	81	50.63%
Close session in an effective manner	80	50.00%	65	40.63%
Document in a clear & efficient manner	69	43.13%	72	45.00%

During the in-class wrap up session and in the free response portion of the self-assessment, students identified the following key strengths: hands on practice with planning and executing intervention with an actual client, gaining experience with having to use a back-up intervention plan when Plan A did not work, opportunity to “think on their feet”, and managing two clients simultaneously. Suggestions for the future included providing more guidance with intervention planning and documentation in a mental health setting, working in smaller student groups, and adding a second intervention session for each client.

This in-context experience, now in its fourth year, is continually evaluated and refined based on feedback from the community agencies, the clients, the faculty and clinician mentors, and the students. Providing more student support for intervention planning and documentation has been addressed. Client availability, space and budget constraints may limit ability to provide additional client visits in smaller group sizes, but this suggestion is being considered. Future module changes may also include modifications of the assessment battery.

Obtaining client feedback after the experience was difficult due to decreased literacy and communication skills. When asked how they benefited from their involvement in the student experience, many client participants noted that they felt they were providing a service to the community through the education of future practitioners. Further, many participants reported being happy to promote a positive image of mental health and reduce stigma towards their illness. Some participants remarked that they learned new skills that would aid them in independent living. To further illustrate this, a case study of one participant's experience is provided to demonstrate the client perspective of the experience.

CASE EXAMPLE

Roy is a 23 year old Caucasian male with diagnoses of major depressive disorder, bipolar disorder, and generalized anxiety disorder. He lived in several apartments prior to coming to Community Agency 1 and was evicted from his last residence due to issues with keeping the apartment clean. Roy is one of eight adoptive children and has a history of childhood neglect. Roy deeply values his leisure occupation of playing for the agency's homeless soccer team as goalie and has traveled across the country to engage in this activity. Upon admission, he had extremely poor hygiene, was unable to communicate in full sentences or make eye contact, and displayed agitation during conversation. At the time of the community mental health module, he had recently begun working at a doggie day care facility and was feeling overwhelmed about the job.

Roy was extremely apprehensive about participating in the student experience, mainly because he was anxious about being in a room with so many women his own age. Prior to the experience, Roy and the occupational therapist at the agency practiced several role play scenarios and wrote down three possible goal areas to present to the students. Roy reported that this made him feel slightly more comfortable but he continued to voice concerns regarding his ability to socialize. The occupational therapist offered to accompany Roy to his first session with the students but he declined stating that he did not want to seem "dependent".

After Roy completed the initial evaluation with his student group, he reported that he enjoyed it more than he anticipated. He further reported that he and the students discussed a plan to work on stress reduction at his job. When asked about this goal, Roy stated "I think it's a good choice. I mean I need to work on it anyway, so hopefully the students will help me be able to keep working there." During the week between his initial meeting and intervention session with the students, Roy and the occupational therapist from the agency created a list of difficulties he was experiencing in the workplace. Roy reported that this helped him remember what to say with so many students watching him. Roy also noted that he was feeling more confident prior to the second meeting after knowing what to expect.

During Roy's intervention session, the students provided a coping skills toolbox to use when he is feeling overwhelmed at work. The students educated Roy on relaxation techniques that could be completed quickly and used during the work day. Roy was taught several breathing techniques, instructed on how to gain maximum benefit from

his break time, and encouraged to utilize meditation before and after work. Additionally, the students engaged Roy in a discussion about professional communication and expectations. Together, Roy and the students generated possible responses to scenarios he might face at work through the use of role play activities. Finally, Roy was educated on resources and support to assist him with feeling comfortable at work. Following the intervention, Roy was provided with several handouts on relaxation techniques and key phrases for appropriate communication, which he posted in his room as a reminder.

Roy reported that the experience was extremely important for his recovery. He stated, "I felt like those students helped me feel confident about my ability to do my job and they gave me some phrases I can use [to communicate better at work]. They also taught me about saying 'no' when I feel that I can't take on anything else." When asked how he felt about his experience participating in the entire program, he reported that "It made me feel good." Roy said he felt important and valued by the students and that it felt good to give back to the community.

In the months following the experience, Roy continued to maintain his job at the doggie day care facility with verbal cues from the occupational therapist to implement the strategies taught by the students. Roy continues to report benefits of the experience including improved self-esteem, newly adopted coping skills, and decreased anxiety during socialization with women his age. He also reports looking forward to his next opportunity to work with students.

DISCUSSION AND IMPLICATIONS FOR OCCUPATIONAL THERAPY EDUCATION

This paper described the developmental process of the community mental health course module, reported student learning outcomes and summarized student and client feedback regarding the experience. Following the community mental health module, the vast majority of students agreed the learning objectives were met. Students reported that they improved their intervention planning and implementation skills with clients with mental illness and making "on the spot" clinical judgments. The students additionally stated that the experience could be strengthened by having the opportunity for additional intervention sessions and smaller student to client ratios. The clients reported that the greatest benefit from the in-context experience was the opportunity to participate in interventions designed to increase their chances of achieving independent housing.

Partnering with community mental health agencies provides a rich learning experience for both students and clients. The literature demonstrates that students benefit from experiential learning programs with improvement in the areas of clinical reasoning and skill building (Coker, 2010). Through in-context experiences, students can enhance their skills, knowledge, and familiarity with actual clients in an environment that offers support and mentorship. Furthermore, literature from other healthcare professions reports that prejudice against people with mental illness can be reduced when students have the opportunity to engage with actual clients (O'Reilly, Bell, & Chen, 2010). In addition to improving student skills and attitudes, clients participating in the experience derive

benefits from engaging with students. Research suggests that service user participation in the education of future practitioners is beneficial in promoting recovery (Cleminson & Moesby, 2013). Client participants in this experience reported similar benefit in terms of increased skills training, reduced stigma, and increased sense of self. Broadly speaking, this experience was beneficial to both participating parties and encouraged the development of relationships between educational institutions and community partners.

However, educators must consider that provision of opportunities for students to enter the clinical environment outside of fieldwork experiences presents several challenges. These learning experiences require extensive planning by all parties and can influence productivity and patient care at community sites. Educators should partner with local community agencies to determine how to best develop similar course modules to allow students to gain comfort with clients with mental illness and other practice areas. If programs do not have access to willing community partners, alternative ways to provide simulated experiences include use of video-cases and faculty role-play.

In summary, this experience provided an opportunity for students to interact with clients experiencing mental illness while simultaneously providing skills training for clients who are motivated to move to independent housing. This paper provides a blueprint for occupational therapy educators to create partnerships with local community agencies to plan and implement similar learning experiences. By providing students with the opportunity to engage in a small group assessment and intervention encounters with clients, educators can simulate clinical practice and prepare students for fieldwork and beyond.

References

- American Occupational Therapy Association. (2015). Salary & Workforce Survey Executive Summary. Retrieved from <https://www.aota.org/~media/Corporate/Files/Secure/Educations-Careers/Salary-Survey/2015-AOTA-Workforce-Salary-Survey-LOW-RES.pdf>.
- Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, 16(4), 11-23. <http://dx.doi.org/10.1037/h0095655>
- Arbesman, M., & Logsdon, D. W. (2011). Occupational therapy interventions for employment and education for adults with serious mental illness: A systematic review. *American Journal of Occupational Therapy*, 65(3), 238-246. doi:10.5014/ajot.2011.001289
- Bond, G. R., Drake, R. E., & Becker, D. R. (2008). An update on randomized controlled trials of evidence-based supported employment. *Psychiatric Rehabilitation Journal*, 31, 280–290. <http://dx.doi.org/10.2975/31.4.2008.280.290>
- Beltran, R. O., Scanlan, J. N., Hancock, N., & Lockett, T. (2007). The effect of first year mental health fieldwork on attitudes of occupational therapy students towards people with mental illness. *Australian Occupational Therapy Journal*, 54(1), 42-48. doi/10.1111/j.1440-1630.2006.00619.x/full

- Carpenter, J., Barnes, D., Dickinson, C., & Wooff, D. (2006). Outcomes of interprofessional education for community mental health services in England: The longitudinal evaluation of a postgraduate programme. *Journal of Interprofessional Care*, 20(2), 145-161. <http://dx.doi.org/10.1080/13561820600655653>
- Champagne, T., & Gray, K. (2011). Occupational therapy's role in mental health recovery. Retrieved from <http://www.aota.org/-/media/Corporate/Files/AboutOT/Professionals/WhatIsOT/MH/Facts/Mental%20Health%20Recovery.pdf>.
- Cleminson, S., & Moesby, A. (2013). Service user involvement in occupational therapy education: an evolving involvement. *The Journal of Mental Health Training, Education and Practice*, 8(1), 5-14. <https://doi.org/10.1108/17556221311307989>
- Coker, P. (2010). Effects of an experiential learning program on the clinical reasoning and critical thinking skills of occupational therapy students. *Journal of Allied Health*, 39(4), 280-286. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/21184024>
- Debyser, B., Grypdonck, M. H., Defloor, T., & Verhaeghe, S. T. (2011). Involvement of In-patient mental health clients in the practical training and assessment of mental health nursing students: Can it benefit clients and students? *Nurse Education Today*, 31(2), 198-203. <https://doi.org/10.1016/j.nedt.2010.06.001>
- Dilk, M. N., & Bond, G. R. (1996). Meta-analytic evaluation of skills training research for individuals with severe mental illness. *Journal of Consulting and Clinical Psychology*, 64(6), 1337-1346. <http://dx.doi.org/10.1037/0022-006X.64.6.1337>
- Dunn, A. L., Trivedi, M. H., Kampert, J. B., Clark, C. G., & Chambless, H. O. (2005). Exercise treatment for depression: efficacy and dose response. *American Journal of Preventive Medicine*, 28(1), 1-8. <https://doi.org/10.1016/j.amepre.2004.09.003>
- Gooch, P., & Living, R. (2004). The therapeutic use of videogames within secure forensic settings: A review of the literature and application to practice. *British Journal of Occupational Therapy*, 67(8), 332-41, [10.1177/030802260406700802](https://doi.org/10.1177/030802260406700802)
- Granholm, E., McQuaid, J. R., McClure, F. S., Auslander, L. A., Perivoliotis, D., Pedrelli, P., ... & Jeste, D. V. (2005). A randomized, controlled trial of cognitive behavioral social skills training for middle-aged and older outpatients with chronic schizophrenia. *American Journal of Psychiatry*, 162(3), 520-529. <https://doi.org/10.1176/appi.ajp.162.3.520>
- Gutman, S. A., Schindler, V. P., Furphy, K. A., Klein, K., Lisak, J. M., & Durham, D. P. (2007). The effectiveness of a supported education program for adults with psychiatric disabilities: The Bridge Program. *Occupational Therapy in Mental Health*, 23, 21-38. http://dx.doi.org/10.1300/J004v23n01_02
- Haertl, K., & Minato, M. (2006). Daily occupations of persons with mental illness: Themes from Japan and America. *Occupational Therapy in Mental Health*, 22(1), 19-32. http://dx.doi.org/10.1300/J004v22n01_02
- Hulse, J. E., Cash, S. H., & Simons, D. F. (2000). A longitudinal study of factors influencing occupational therapy students' practice preference from pre-admission through job selection. *Occupational Therapy in Mental Health*, 16(1), 53-76. http://dx.doi.org/10.1300/J004v16n01_04

- Marlatt, G. A. (1996). Harm reduction: Come as you are. *Addictive Behaviors*, 21(6), 779-788. [https://doi.org/10.1016/0306-4603\(96\)00042-1](https://doi.org/10.1016/0306-4603(96)00042-1)
- Mee, J., Sumsion, T., & Craik, C. (2004). Mental health clients confirm the value of occupation in building competence and self-identity. *British Journal of Occupational Therapy*, 67(5), 225-33. doi:10.1.1.427.126
- Mueser, K.T., Bond, G.R., Drake, R.E., & Resnick, S. G. (1998). Models of community care for severe mental illness: A review of research on case management. *Schizophrenia Bulletin*, 24(1), 37-74. <https://doi.org/10.1093/oxfordjournals.schbul.a033314>
- National Alliance for Mental Illness (2015). Mental Health Facts in America. Retrieved from <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/GeneralMHFacts.pdf>.
- O'Reilly, C. L., Bell, J. S., & Chen, T. F. (2010). Consumer-led mental health education for pharmacy students. *American Journal of Pharmaceutical Education*, 74(9), 167. <https://doi.org/10.5688/aj7409167>
- Rush, B. (2008). Mental health service user involvement in nurse education: A catalyst for transformative learning. *Journal of Mental Health*, 17(5), 531-542. doi:10.1080/09638230802053383
- Scheyett, A., & Kim, M. (2004). Can we talk? Using facilitated dialogue to positively change student attitudes towards persons with mental illness. *Journal of Teaching in Social Work*, 24(1-2), 39-54. http://dx.doi.org/10.1300/J067v24n01_03
- Schindler, V. P. (2011). Using service-learning to teach mental health and research skills. *Occupational Therapy in Health Care*, 25(1), 54-64. <http://dx.doi.org/10.3109/07380577.2010.519430>
- Tsemberis, S. (2010). *Housing first: The pathways model to end homelessness for people with mental illness and addiction manual*. Center City, Minnesota: Hazelden.
- VanLeit, B. (1995). Using the case method to develop clinical reasoning skills in problem-based learning. *American Journal of Occupational Therapy*, 49(4), 349-353. doi:10.5014/ajot.49.4.349