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An Occupational Therapy Practitioner'S Intervention Guide To Increasing Occupational Engagement In The Virtual Setting With Individuals Diagnosed With Serious Mental Illness

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AN OCCUPATIONAL THERAPY PRACTITIONER'S INTERVENTION GUIDE TO
INCREASING OCCUPATIONAL ENGAGEMENT IN THE VIRTUAL SETTING WITH
INDIVIDUALS DIAGNOSED WITH SERIOUS MENTAL ILLNESS

by

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Occupational Therapy Doctorate, University of North Dakota, 2022

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of the

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for the degree of

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APPROVAL PAGE

This scholarly project submitted by Oluwafeyikemi Adewoye OTDS in partial fulfillment of the requirement for the Degree of Occupational Therapy Doctorate from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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PERMISSION

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Engagement in the Virtual Setting with Individuals Diagnosed with Serious Mental Illness

Department: Occupational Therapy

Degree: Occupational Therapy Doctorate

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Oluwafeyikemi Adewoye, OTDS   Date: 04/14/2022

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ABSTRACT

Purpose: The purpose of this scholarly project was to ultimately reduce psychiatric readmissions by enhancing tele-health services to those diagnosed with a serious mental illness (SMI). Coronavirus disease 2019 (COVID-19) brought attention to the barriers regarding public health policies and lack of a national pandemic response approach as care was moved to the virtual context (Robinson et al., 2021). Due to the restrictions set in place, many individuals lost their ability to engage in meaningful occupations (Hoel et al., 2021).

Methods: An in-depth literature review was conducted to better understand the supports and barriers that are affecting effective service care delivery. Databases such as Psycinfo, PubMed, CINAHL and google scholar were used to search terms such as "serious mental illness," "occupational therapy," "tele-health" and "intensive outpatient programs." Concepts from the Ecology of Human Performance (EHP) model (Dunn, Brown, & McGuigan, 1994) were used as a theoretical base for the formation of interventions.

Results: An intervention guide was created to promote occupational engagement for those diagnosed with SMI. The intention of the guide was to create activities with generalizable skills to support engagement in everyday occupations. This was done by implementing intervention approaches from EHP.

Conclusion: The interventions included will provide occupational therapists with a template to lead group sessions. The interventions included have been structured to be used in the virtual setting in no particular order. Lastly, the interventions were created to support the success of the identified population through facilitating occupational well-being.

<center>**Chapter I**</center>

<center>**Introduction**</center>

Occupational therapy is a health discipline that looks at the relationship between people, their environment, and occupations to facilitate participation in their daily activities (Hoel et al., 2021). From a global level, engagement in occupations has been affected due to the Coronavirus disease 2019 (COVID-19). COVID-19 brought attention to the barriers regarding public health policies and lack of a national pandemic response strategy (Robinson et. al, 2021). The restrictions within service delivery have impacted vulnerable populations ability to engage in meaningful occupations (Hoel et al., 2021). To reduce to spread of COVID-19, efforts such as social distancing have been implemented (Hamada et al., 2020). The strategy of social distancing has led to lower psychiatric outcomes due to the loneliness and social isolation individuals with SMI are commonly prone to (Hamada et al., 2020). According to Kamalakannan and Chakraborty (2020) four different areas of occupations were affected. These occupations were identified as: those who are or were COVID-19 positive, occupations of healthy individuals who were impacted by COVID-19/lockdown, occupations of vulnerable populations and occupations that have directly impacted the economy (Kamalakannan & Chakraborty, 2020).

Problem

The arrival of COVID-19 increased the demand for telehealth. Many community-based supports used by individuals with SMI for psychosocial care such as day programs have closed due to COVID-19 (Hamada et al., 2020). This resulted in health care workers having to adapt to the changes in patient care delivery while adhering to social distancing (Johnson, 2020). Experts believe that telehealth may have intensified preexisting disparities for populations at risk such as

<center>1</center>

those with limited digital and health literacy, older adults, low income individuals and racial/ethnic minorities (Nouri et al., 2020). For patients particularly struggling with substance abuse and depression, conversation about involving oneself in enjoyable activities was difficult with stay-home orders (Perrin et al., 2020). COVID-19 challenged expansion of occupational therapist's service delivery in a way that reflected the professions values. Occupational therapists are experts who study the various ways of measuring involvement in occupations as a means of therapy through providing strategies and therapeutic interventions (Kamalakannan & Chakraborty, 2020). The interventions created are formed with a base tool known as activity analysis. Activity analysis is the process in which the occupational therapist identifies the skills and demands needed to complete an activity This is executed by breaking down a single occupation into various components to better understand the skills needed to appropriately complete the activity (Kamalakannan & Chakraborty, 2020). The occupational therapist is then able to use to information found to match the skill level of the patients served to facilitate meaningful engagement (Kamalakannan & Chakraborty, 2020).

The pandemic promoted practitioners to think quickly as the research and public guidelines were continuously changing. The psychosocial effects of the pandemic have prompted individuals to look for change. To reinforce health systems telehealth has been at the forefront of healthcare delivery (Di Carlo et al., 2020). To reduce the spread of infection, telemedicine is beneficial for both patients and healthcare workers as allows patient care delivery to happen in a virtual setting (Di Carlo et al., 2020). Disasters and pandemics pose a challenging twist to health care delivery (Hollander, 2020). Though telehealth will not be able to reach all the limitations, the infrastructure is strong enough for providing adequate patient care delivery to reduce readmission rates threatened by the barriers stemming from the pandemic

Occupation Based Model

The Ecology of Human Performance [EHP] (Dunn, Brown, & McGuigan, 1994) was the theoretical foundation of the product created as it views the relationship between the person, task and context. These three domains allow for staff to better understand the patient's performance range. With the information collected, the staff member will then better understand how to increase occupational engagement through the use of therapeutic activity. The five intervention approaches included are intended to be used to facilitate the individual's growth in performance (Dunn, 2017). The intervention approaches include: establish, adapt/modify, create, prevent and alter (Dunn et al., 1994; Hinojosa, Kramer, & Royeen, 2017). With the virtual environment being the primary context of where interventions will be carried out, it is important that the contextual environments are addressed as the literature has shown the limitations telehealth has had on patient care delivery. EHP hones in on the contextual environment that occupations are being carried out and the relationship it has on performance (Brown, 2011; Cole & Tufano, 2008). With the virtual context being the primary barrier to occupational engagement, EHP is able to consider the environment and the influence it poses on the process of maximizing performance range.

Chapter II

REVIEW OF LITERATURE

Overview of intensive outpatient programs

Intensive outpatient programs (IOP's) strive to align with the triple aim of care. According to Hasselman (2013), the triple aim is to improve patient care experiences, health and reduction of healthcare expenses. IOPs consist of a multidisciplinary team to ensure the patients receive patient centered care to target patients' medical, social and treatment management difficulties (Long et. al, 2020). IOPs are unique as they allow patients to use payment methods outside of the traditional methods such as fee-for service reimbursement (Hassleman, 2013). Typically, IOPs follow a three day per week schedule for two to three hours each day following one on one therapy once a week (Mochrie et al., 2020). These services consist of team based intensive case management that facilitates recovery (Kristie et al., 2019). According to Hulen (2016) there is a gap in the literature regarding patient care and their progress towards the interventions implemented. Worldwide, the demand for mental health services has increased since COVID-19 along with many countries service care delivery being disrupted (Hamada et al., 2020). Full alignment and comprehension of patient's goals is an important strategy when assisting high need patients (Reuben et al., 2012). Assessing aspects such as living arrangements, mental health diagnosis and overall health is of value when assisting patients with goal setting. While there is not explicit literature that looks at the transaction between living arrangements, mental health status and goal completion there is evidence that supports that those who live alone, particularly men, are much more likely to abuse stances, increase anxiety/depressive disorders, and have a higher percentage of morbidity and mortality (Mochrie et al., 2020). This

supports the argument that those who live independently would benefit from additional supports for making progress towards their goals and occupational well-being (Mochrie et al., 2020). With IOPs transitioning into virtual care this is an area for occupational therapists to explore to assist with occupational engagement in the virtual context. This is done by the development of innovative strategies and therapeutic interventions to assist individuals with finding the drive to explore occupations again (Kamalakannan & Chakraborty, 2020).

Hospital readmission rates

Costly and potentially preventable hospital readmissions for individuals diagnosed with serious mental illness (SMI) and substance abuse disorder have spiked in the United States (Li et al., 2019). Many factors contribute to readmission rates such as: unfinished treatment, poor patient care, poor services at the facility and unfinished discharge planning. To address problematic factors that lead to readmission rates, different strategies have been proposed that may reduce or prevent readmission- they are referred to as preventative measures. The methods for identifying preventative measures were created based on the transactions between the reason for initial discharge and the reason for readmission along with multiple other factors (Goldfield et al., 2008). In the study done by Goldfield et al. (2008) it was found that readmission could be prevented by: quality of care during initial hospital stay, sufficient discharge planning and sufficient post discharge planning. Identifying ways to prevent readmission rates would be beneficial to the hospital system as it would assist in decreasing the economic costs associated with readmission. A study done by Morris et al. (2018) collected data from an emergency department hospital in Texas. A 50 item readmission survey was used to collect demographic information as well as various clinical factors that influenced their thirty-day readmission period. The results found that a large number of individuals readmitted struggled with coordinating care

outside of the hospital. These cares were but were not limited to (1) filling prescription drugs and (2) drug and alcohol treatment etc. In another study done by Li et al. (2019), differential patterns were looked at by type of serious mental illness and substance disorder in a hospital setting. Two SMI measures were considered: number of re-hospitalization within thirty-day post discharge and number of re-hospitalizations within one year (Li et al., 2019). The SMI in the study were based on the ICD9/10 and consisted of 40% depressive, 29% psychotic, ad 23% bipolar disorders (Li et al., 2019). Li et al. (2019) found that individuals with psychotic and bipolar disorder risked a higher SMI re-hospitalization in the year post-discharge; as opposed to the thirty-day post discharge Li et al. (2019) found that regardless of the SMI, re-hospitalization of SMI was almost double the statistics of the one year-post discharge.

Barriers of tele-psychiatry

Communicating in a virtual environment decreases the ability to observe body language such non-verbal cues. Many providers rely heavily on the nuances as an observation tool which can negatively impact rapport between patients and staff when placed in a virtual environment (May et al., 2001). From a consumer standpoint, both users and non-users reported disliking the characteristics associated with social distancing with patients (Di Carlo et al., 2020). In a study done by May et al. (2001) psychiatrists were randomly assigned to evaluate their patients in-person, versus a virtual interface. The psychiatrists reported the lack of therapeutic alliance being a large risk factor for effective care as a barrier. In a clinical setting, patients with psychotic symptoms, acute crisis or those who are a danger to themselves, are monitored closely by staff. In a virtual setting, patients with the concerns listed prior are vulnerable candidates for TP (Cowan, McKean, Gentry, & Hilty, 2019). Individuals that are not eligible for TP services consist of those with auditory, visual, or cognitive impairments (Cowan et al., 2019*)*. With the

inclusion criteria being limited, it was highly encouraged to perform a history screening of factors such as past documented episodes and violent or self-injurious behavior prior to selecting patients for tele-psychiatry (TP) services (Abrams et al., 2017*).* Barriers such as poor audio/visual quality, weak internet connections, audio/video delay are technological factors to consider when transitioning to TP as they disrupt the therapeutic process. (Di Carlo et al., 2020). Tele mental health has not been a commonly used platform for health professionals other than psychiatrists. Glueckauf et al. (2018) found that in the United States no more than two-thirds of psychologist's implement telemedicine in their everyday practice. While some organizations had the infrastructure that supported the fast pace change, many did not. The culmination of the new technology and flow of work day required intense inter-professional collaboration (Dhaliwal et al., 2021). Due to literacy being a challenge from the provider standpoint, the risk of focusing on technology and not patient care was identified as another limitation (Dhaliwal et al., 2021). Given a longer turnover period for implementation, a training course could have been initiated to staff members (Dhaliwal et al., 2021).

Supports of tele psychiatry

From the client perspective, TP supports overall accessibility due to the reduction of travel costs, appointment and commuting time (Richardson et al., 2009). Due to the proximity, it was reported that some patients feel more comfortable in the virtual environment when discussing heavy topics as it is a feeling of "protection" (Di Carlo et al., 2020). From a cultural perspective, those receiving psychiatric care who are non-English speakers have the ability to receive assistance from an individual who speaks their native language (Simpson & Reid, 2014). In a review by Cowan et al. (2019), it was found that with TP it allows practitioners to work in a variety of settings along with a variety of various populations (Di Carlo et al., 2020). While "on

site" requirements for clients vary for each facility when housing patients, TP supports staff safety as the risk of being physically harmed is decreased due to the virtual context (Di Carlo et al., 2020). In addition to that, Hilty et al. (2018) found that when evaluating patient acceptance, accessibility and patient care outcomes TP was supported.

Role of Occupational Therapy

The role of occupational therapists may change considerably from one IOP to another. Occupational therapists are licensed professionals whose goal is to address the needs of individuals to function in their full capacity and relative to the context, or environment, of the client for whom they are providing services. The Accreditation Council for Occupational Therapy Education (ACOTE, 2018) established standards for occupational therapists to possess in the profession such as:

1. Choosing theories that are appropriate for each client in everyday practice (B.4.0)

2. Articulating and implementing evidence-based evaluations and interventions (B.4.0)

3. Creating, planning and applying evidence-based interventions to address the physical, cognitive, functional cognitive, psychosocial, sensory, and other aspects addressing human performance in a variety of different contexts and environments (B.4.5)

4. Following and implementing the Occupational Therapy Practice Framework into practice (B.4.0)

5. Displaying active involvement in professional development, leadership, and advocacy (B.5.2)

6. Communicating and working interprofessionally with individuals who also provide services and programs to persons, groups and populations (B.4.25)

Using evidence-based information, occupational therapists look at the person as a whole from a holistic stand point. This is done by addressing factors such as individual skill level, environment and the supports that are put in place (Hoel et al., 2021). The information gathered from these factors allow the therapists to better understand the transaction between the person, their environment and the occupations that enable participation in their daily activities (Hoel et al., 2021). As occupation is at the forefront of the profession, occupational therapists use purposeful activities and the "just right challenge" when choosing occupations for their patients (Migilore, 2004). Through the use of identifying healthy habits, rituals and routines occupational therapists can assist individuals during these unpresented times (Champagne et al., 2011). With occupational therapy being a niche, they have the ability to scientifically view occupations and create strategies in their patient's best interest (Kamalakannan & Chakraborty, 2020). They can do this by:

1. Aiding in the process of identifying occupations that are high-low risk for infection transmission and assisting individual with how to prioritize based on social, economic or well-being purposes (Kamalakannan & Chakraborty, 2020).

2. Implementing scientific evidence to adhere to prevention control of COVID-19 while engaging in occupations (Kamalakannan & Chakraborty, 2020).

3. Occupational therapists can assist individuals with practical solutions to ensure social distancing, hand hygiene and use of personal protective equipment (PPE) use while implementing strategies such as adapting/modifying their environment so individuals can successfully engage in their desired occupations (Kamalakannan & Chakraborty, 2020).

4. Advocating for safe practices in contexts such as hospitals, care homes, rehabilitation centers and schools (Kamalakannan & Chakraborty, 2020).

5. Utilizing strategies such as remediation and adaptation when assisting patients who are struggling with their identified occupations (Kamalakannan & Chakraborty, 2020). This can be seen in the school setting as occupational therapists can use activity analysis to provide assistance to the staff involved to ensure safe and effective lessons (Kamalakannan & Chakraborty, 2020).

6. Displaying the ability to adhere to disease prevention requirements when completing occupations (Kamalakannan & Chakraborty, 2020). In reference to the school teacher in bullet four, this can be seen by the occupational therapist assisting the staff member on how to adhere to prevention guidelines while still engaging in his/her role of being a teacher to facilitate classroom success as well as secondary tasks such as recess (Kamalakannan & Chakraborty, 2020).

The nature of occupational therapy is that it supports individuals with all disabilities (Kamalakannan & Chakraborty, 2020). Occupational therapists are aware of the positive benefits mental gains when individuals are able to experience occupational balance that fosters belonging, connecting, and contributing (Hammell, 2020). Hammell (2020) also states that occupations that assist individuals with routine building, foster creativity or production, occupations that have been identified as leisure or important and occupations that focus on mind body connection are all strong contributors to satisfaction. When viewing the profession from a bio-psychosocial and global standpoint, it is being shown globally that individuals are experiencing a temporary from of disability due to the pandemic (Kamalakannan & Chakraborty, 2020). When providing occupation-based tele-health services to patients, practitioners can provide patients with the tools to assist with returning back to baseline functions. Occupational therapists can assist with adjusting individuals to their newly symptomatic responses to support

daily routines to support occupational engagement (Migilore, 2004). Anxiety and panic can be triggered by the common symptom of breathing difficulties which can establish avoidance tendencies (Migilore, 2004). As baseline function may be being able to complete tasks with no signs of breathlessness, tasks like walking up the stairs may be alarming when faced with difficulty breathing (Migilore, 2004). Occupational therapists can hone in on energy conservation techniques that support their day to day activities. When attempting to regain control of one's life when dealt with profound disruption Dr. Rachel Thibeault (2002) has identified five activities that have created from her work with those who have experienced a variety of traumatic events. Thiebeault (2002) identifies these activities as: "centering" which is also known as engagement in low effort, habit and repetitive occupations that facilitate calmness; "contemplation," which is also known as mindful practices or allowing one to enjoy nature; "creation" which is also known as the engagement in the act of creating new ideas; "connectedness" which is also known as occupations that allow individuals to feel essential and accepted and; "contribution," which is also known as the engagement in occupations that assist others.

Psychological and Emotional Health

Emotional stress on society has been prevalent since the start of the pandemic. Lower quality of life due to isolation and restrictions on daily activities has reduced pleasure impacting individuals psychological well-being (Lannigan & Tyminski, 2021). Beyond the individuals who have been diagnosed with COVID-19, society has struggled with trauma, grief, financial and personal stress while balancing ongoing work and caregiving demands (Lannigan & Tyminski, 2021). Individuals who resided in high-risk areas such as community housing that did not have a

COVID-19 diagnosis were at high risk for social isolation, depression, anxiety and occupational engagement that is confined to their personal rooms (Lannigan & Tyminski, 2021). This does not include those were already diagnosed with SMI. In 2020, a 12% increase in substance use, lack of sleep, disordered eating, and chronic disorders were caused by the stress and trauma of the pandemic (Panchal et al., 2020). The psychological factors listed affect the ability for individuals to engage in programs such as intensive outpatient. Occupational therapist are well equipped to target COVID-19 emotional limitations by encouraging engagement in all settings (Lannigan & Tyminski, 2021). Throughout the pandemic individuals have has to change their occupational choices, habits and roles which has sparked numerous emotions (Lannigan & Tyminski, 2021). Despite the setting, the role of occupational therapy is to address the health concerns related to occupational deprivation and engagement (Lannigan & Tyminski, 2021).

Neurocognitive Effects

Occupational science and therapy have the ability to focus on specific populations who have limitations that impede on participation in meaningful occupations (Kamalakannan & Chakraborty, 2020). With occupational engagement being hindered due to various reasons discussed throughout the literature review the additional neurocognitive effects that can occur after COVID-19 are imperative to discuss. The ability to complete instrumental activities of daily living (IADL) has been disrupted due to cognitive fatigue, limited concentration, memory deficits and low activity threshold (National Institute for Health & Care Excellence [NICE], (2020). Neurocognitive symptoms that have been correlated with COVID-19 include: acute and chronic delirium, attention and memory deficits along with learning impairments in both children and adults (Valenzano, 2020). "Brain Fog" has been a common symptom in individuals recovering from COVID-19 despite the level of severity (NICE, 2020). Occupational therapists

can implement screening tools into practice such as the Miranda and colleagues, (2018) Confusion Assessment Method that screens for subtle neurocognitive changes (Schweickert et al., 2009). This can be introduced when on-boarding then reassessed if the patient tests positive for COVID-19. Occupational therapists can utilize holistic interventions such as sleep hygiene routines, frequent reorientation, aids to assist with modifying their environment and daily routine schedules (Schweickert et al., 2009).

Self-Care for Staff

The fear of the unknown sparked fear in occupational therapy staff as factors such as social distancing, anxiety and social dynamic shifted (Robinson et al., 2021). Globally, health care workers have high rate of illness absence, burnout and stress when compared to other professions (Lee et al., 2012). Mental health professionals have reported increased levels of stress and burnout due to an increase in work demands, lack of resources and increased demands at an administrative level (Rossler, 2012). Today the finical benefits have taken priority over medical values in the health care system (Rossler, 2012). Challenges specific to the mental health field range from stigma of the profession, emotionally demanding relationships with patients, difficult relationships with the inter-professional team to individualized threats from patients (Rossler, 2012). Healthcare professionals providing sub-optimal care to patients has been linked to stress, increased healthcare costs, obesity, low retention rates etcetera (Ruotsalainen, Serra, Marine, & Verbeek, 2008). Robinson et al. (2021) compiled interventions to promote self-care strategies to benefit overall emotional health. The interventions consisted of: weekly newsletters that contained various resources such podcasts, exercise activities, quarantine recipes, inspiring words of affirmation, encouragement during team huddles to seek assistance and ask questions and staff members were provided with updates regarding CDC and facility changes (Robinson et

al., 2021). Overall factors that contribute to overall job satisfaction consist of: a variation of tasks, being valued and supported by the organization as a whole, and being informed about the organizations next steps (Rossler, 2012).

Chapter III

METHODOLOGY

The purpose of this product was to ultimately reduce psychiatric readmissions by enhancing tele-health services to those diagnosed with SMI. To do this, an intervention guide has been created for occupational therapists working with the identified population. To better understand the need at the caliber necessary, an in-depth literature review was conducted to collect relevant information regarding this topic. Using the University of North Dakota School of Medicine and Health Sciences Library the author was able to further expand the topic based on the relevant findings. The databases included Psycinfo, PubMed, CINAHL and Google Scholar. Words such as: "intensive mental health", "occupational therapy", "tele-health", "mental health", "intensive outpatient programs", "mental health services through tele-medicine" and "occupational engagement" were used to find literature that supported the purpose of the scholarly project. With the information collected from the several articles gathered, a narrative summary was written to summarize the purpose, methodology, results and implications to further research to help build the anticipated product.

The interventions included in the guide have been supported by Thibeault's (2002) international work with individuals who have experienced trauma and want to work towards rebuilding a meaningful life, similar to those enrolled in IOP's. The work of Thibeault (2002) was chosen as she was able to outline five activities that support the engagement in healthy occupations. The formation of activities included in the intervention guide were rooted from her five activities of centering, contemplation, creation, connectedness and contribution.

Along with Thibeault (2002), The Ecology of Human Performance [EHP] (Dunn, 2017) was the overarching model used to guide this product. EHP addresses occupational performance

by looking at the relationship between the person, context, and task (Dunn, 2017). In EHP, the "context" and "environment" align as they both are used to assist the therapist with understating the client holistically. Turpin and Iwama (2011) states that context consists of the individual's temporal, physical, social and cultural environments. The impact that context has when providing virtual care has influence on the way care is delivered. Through rapport building, the OT will be able to gather an informal occupational profile to better understand the persons contexts to provide appropriate supports (i.e., activity modification).

In this product, the person has been identified as the recipients of OT services, the context is the virtual platform and the task has been identified as the activities within the guide to promote occupational engagement. The model of EHP has five intervention strategies that were used to organize potential deficits that are targeted in the IOP. These strategies include: establish/restore, alter, create, prevent and adapt/modify (Dunn, 2017). The deficits in the following areas include: executive function (e.g., planning, problem-solving, impulse control, initiation-termination etcetera). Other deficits include social communication, and self-esteem. The driving factor of treatment used will be through the modality of therapeutic activity which is a commonly used establish/restore intervention approach by EHP. The intervention approaches of EHP (Dunn, 2017) align with the goal of the product as it will aid in improving the individuals performance range. Performance range is described as a reflection of the combined supports, performance and barriers (Dunn, 2017). As occupational engagement is context dependent, the activities that have been structured in a way that truly only require an enclosed space and minimal supplies.

Chapter IV
PRODUCT

The purpose of the product, titled an Occupational Therapy Practitioner's Intervention Guide to Increasing Occupational Engagement in the Virtual Setting with Individuals Diagnosed with Serious Mental Illness was to enhance tele-health services to those diagnosed with SMI. To do this, it was essential to provide participants with the ability to engage in occupation-based therapeutic activities over the virtual context. The program was designed to be implemented virtually, but can be used in-person. The intervention guide consists of seven sessions for those enrolled in an intensive outpatient program. Each group session follows a specific formatting pattern intended to last no more than forty-five minutes carried out by the occupational therapist. The activities inside the intervention guide have been based on the work of Thiebeault (2002). Thiebeault's (2002) work consists of individuals who have been victims of trauma, violence or torture who are seeking the rebirth of a meaningful life.

With the identified population being those with SMI during COVID-19, Thiebeault's research was very insightful as the pandemic has been a catalyst to new system onset for things such as healthcare delivery systems (Hamanda & Fan, 2020). Thiebeault's (2002) five activities that have a significant contribution on reframing a meaningful life when faced with disruption include (1) centering, contemplation, creation, connectedness, and contribution. To better understand, "centering" equates to engagement in low effort, habit and repetitive occupations that facilitate calmness; "contemplation," equates to mindful practices or allowing one to enjoy nature; "creation" equates to engagement in the act of creating new ideas; "connectedness" equates to occupations that allow individuals to feel essential and accepted and; "contribution," equates to the engagement in occupations that assist others. The interventions in the guide

resemble at least each activity (e.g., the activity labeled "weekly planner" was created to facilitate a habit into everyday practice to ultimately decrease stress and promote self-esteem).

Each session was formatted in a way to support activity implementation done by the therapist (i.e., bullet points and short sentences). The sessions begin with a brief description, objectives, the EHP (Dunn, 2017) approach, materials needed, introduction, the therapeutic activity, discussion and concludes with a summary. The introduction and summary of each session remain the same throughout the whole guide as it provides a soft script for the therapist to follow. The description, objectives, EHP intervention approach, materials needed, therapeutic activity and discussion change for each session allowing for a variety of conversations and skills for the therapist to observe.

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