Shared Concepts Guiding the Practice of a Community Occupational Therapy Program Serving Youth with Psychosocial Challenges

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Abstract

Background: Occupational therapy services to youth with trauma experiences and mental health challenges may follow unique practice concepts that deserve to be explored and illuminated. The study aimed to explore and identify shared concepts that have been guiding the occupational therapy practice of a community-based program serving the youth population.

Method: The qualitative study analyzed data from transcripts of one-on-one interviews with occupational therapists who serve youth clients in the community-based program. Using a grounded theory qualitative approach, the analysis aimed to highlight unique concepts that the occupational therapists employed in their day-to-day practice with youth who experience trauma and mental health challenges.

Results: Twenty-five interview transcripts were analyzed and four major themes emerged from the analysis: trauma lens, practicing attentive empathy, complex development mindset, and therapeutic unstructured structure.

Discussion: The interview data and emerged themes illuminated three interrelated concepts, which guide the occupational therapy practice of a community-based program serving youth with psychosocial challenges: the therapists' cultivation of intellectual humility, a sense of shared humanity with their clients, and the skillful accommodation of clients' personal and environmental contexts to promote engagement in occupation. Fidelity to these concepts during client-led occupational exploration supported youth expressions of positive identity, social connection, and valued occupational competencies, and is an approach worthy of further study.

Comments

Keywords

Cover Page Footnote

Credentials Display

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The emotional context in which youth find themselves today is one of rising mental health distress. A nationally representative survey of US adolescents and adults found that between 2005 and 2017, major depressive episodes among adolescents 12 to 17 years of age and young adults 18 to 25 years of age increased by 52% and 63%, respectively (Twenge et al., 2019). The Centers for Disease Control and Prevention (CDC) reports that between 2009 and 2019, high school students experiencing mental health symptoms that impeded participation in their daily activities increased by 40% (CDC, 2020). One contributing factor may be lifestyle changes, which result in fewer in-person experiences, contributing to the loss of social connection when youth are to be exploring self-identities (Richtel, 2022). Of the numerous risk factors under study, youth's unique place in the developmental lifespan, with its vulnerability to environmental stressors, is a common element.

Occupational therapists, with their core competencies in cognitive, physical, sensory, and social-emotional development, along with an organizing focus on client-led occupations, possess unique skills to engage youth who experience mental health challenges. Advocacy and promotion of occupational therapy to this underserved population, however, may require not only a clear description of the services and potential benefits to the client but also a coherent articulation of concepts that justify and defend the intention of practices employed with each person so that the qualified reasoning can be known (Wilding & Whiteford, 2008). Occupational therapists serving marginalized populations, such as youth who have experienced psychosocial trauma, often do not rely on structural models and theories to provide a rationale for their actions or perspectives (Creek & Cook, 2017). Although limited, existing evidence shows effectiveness in maintaining and improving occupational performance for youth at risk of or with serious mental illness (Cahill & Beisbier, 2020; Shea & Jackson, 2015; Shea & Siu, 2016).

The accelerating changes in today's society and occupational therapy's client-led and non-linear approaches to intervention, present diverse opportunities for occupational therapists to formulate new concepts grounded in the reality of practice (Stanley and Cheek, 2003). Guiding occupational therapy practices with sets of coherent, well-studied, theory-based concepts are considered to be essential for occupational therapists to address human complexities holistically and facilitate participation in everyday living (American Occupational Therapy Association [AOTA], 2023; Cole & Tufano, 2020). By integrating concepts from practice into descriptions of relationships, occupational therapists may contribute to theories that not only deepen understanding of the relationship between person, environment, and occupation but also can be richer and reflect the context in which participants are situated (Mills et al., 2006).

The Occupational Therapy Training Program – San Francisco (OTTP-SF), a community-based organization, serves youth in the San Francisco Bay Area community. The youth population served by OTTP-SF includes adolescents and young adults who experience psychosocial barriers, including criminal justice involvement, mental health challenges, housing insecurity, occupational deprivation, and economic disadvantages. The program serves children and youth 3 to 24 years of age at schools, in the community, and at juvenile detention facilities. Initially guided by Kielhofner's Model of Human Occupation (Kielhofner, 2008), a client-centered and occupation-based therapeutic approach, OTTP-SF interventions target the youth's daily occupations of education, social participation, play and leisure, and employment. Over the 20 years of serving the youth population, OTTP-SF has been expanding its service to include, besides occupational therapy, social service and psychological counseling and therapy. In addition, the intervention approach used by clinical professionals at OTTP-SF is often articulated as a combination of trauma-informed care (Beckett et al., 2017), strength-based (Rashid, 2015), harm-reduction (Des Jarlais,

2017), sensory processing (Dean et al., 2018), cognitive-behavioral (Macdonald et al., 2016), and others. However, these intervention approaches do not describe a cohesive set of concepts or theories used by occupational therapists to guide their daily practices, which would enhance the credibility of service rendered by occupational therapists at OTTP-SF and help to set the foundation for more robust outcome research studies that may validate OTTP-SF's services to the youth population. This qualitative study aims to discover and illuminate concepts used to guide the practices of the OTTP-SF.

Method

This is a grounded research study with the intention to explore and identify existing shared practice concepts that have been guiding the practice of occupational therapists serving youth who experience psychosocial traumas. The primary data collection was one-on-one semi-structured interviews with mental health professionals of a community-based organization serving youth who experience or have experienced trauma and/or mental illnesses. The grounded theory research method was first introduced by Glaser and Strauss in 1967 for generating theories through inductive analysis of qualitative data and has gone through decades of evolutions (Chun Tie et al., 2019). The constructivist grounded theory approach by Charmaz (2006) best fits our aim to discover and articulate practice concepts that may be guiding the occupational therapists serving their youth clients through a community-based organization. We approached this study by systematically and flexibly collecting and analyzing qualitative data to construct theories "grounded in the data" (Charmaz, 2006, p. 2). The study was approved by the internal review committee at the university where the principal investigator (PI) was employed.

Participants

Clinicians, i.e., occupational therapists, social service professionals, counseling professionals, and nurse practitioners, of OTTP-SF were contacted via email by the PI to request their participation in the study. Those who responded to the PI and agreed to participate were contacted by the research assistant via email to obtain official signed consent and to schedule a virtual meeting for the interview. All participants were given consent documents to review and sign prior to the interview via email. The consent form contained comprehensive information regarding the purpose, procedures, risks, and benefits of the study. Participants signed the consent forms and returned them to the research assistant via email. Approximately 40 clinicians employed by OTTP-SF were potential study subjects to be invited to participate in the study. There were no specific criteria for inclusion except that participants must be OTTP-SF clinicians. There were no specific exclusion criteria.

Data Collection

Data collections were conducted during the COVID -19 pandemic when in-person contact was discouraged; therefore, we chose virtual one-on-one interviews as the data collection method. In addition, to meet the goal of efficiency, the interview method of in-depth conversation with participants allowed the gathering of rich data in a short time frame (Charmaz, 2006). To maximize data collection and subject participation, the program director authorized and encouraged all clinicians to participate in the study during their paid work hours. A semi-structured one-on-one interview protocol was used to guide the interview for each participant who was briefed by the research assistant about the study at the meeting prior to the interview. The interview protocol consisted of four major sections: (a) general work-related information about the participant, (b) description of the clients served by the participant, (c) specific clinical services provided by the participant, and (d) theoretical or conceptual models currently used by the participant (see Appendix). The research assistant, an occupational therapy doctoral student supervised by the PI, conducted all of the interviews. Participation in this research study was a part of the research

assistant's doctoral capstone experience and project. Each interview took approximately 60-min via Zoom, an online video conferencing application. Each interview was recorded using the Zoom recording application. Only audio of the interview was recorded, which was transcribed into text using the Zoom transcription application. The transcripts were de-identified, and the content was edited to assure accuracy by the research assistant before submission to the PI for data analysis.

Data Analysis

The qualitative data of one-on-one semi-structured interview transcripts were analyzed by the PI and the two co-authors. The research data were interview transcripts, both in electronic and hard copy formats. The data were first analyzed with initial open coding performed by the PI and the research assistant individually. The first fifteen transcripts were read through line by line to identify emerging themes, which were reviewed and discussed by the two coders to come to an agreement and then consolidate into fewer themes. These themes were presented to the research participants during a regular staff meeting to obtain feedback and further revise the themes for the next step of coding. No individual participant checking of the original interview transcript was performed because of time constraints. Using the revised themes, the PI, a volunteer serving as a clinical consultant to OTTP-SF, and a research associate who had no previous knowledge or involvement in the study, performed the subsequent coding of all occupational therapy practitioner interview transcripts to further identify repeated themes that might capture potential concepts consistently shared among the occupational therapists in serving their youth clients. The participation of the research associate served to ensure trustworthiness of the study. The themes and the supporting texts identified by each member were compared and discussed repeatedly to establish agreements. As each major theme and sub-theme emerged, both researchers discussed, refined, and clarified the objectives and clarity of the theme supported by significant text evidence. This process was repeated until both researchers reached an agreement that the final themes sufficiently represented the data with ample evidence.

To assure confidentiality and anonymity of the participants, the interview transcripts were analyzed collectively, and each participant is anonymously identified as a practitioner when their comments are quoted in this paper.

Results

Out of 40 potential participants, 31 OTTP-SF clinicians participated in this study interview. Twenty-five were occupational therapists, and six were social workers, marriage and family therapists, or nurse practitioner. All of the participants were licensed in the State of California in alignment with their profession. After the first reading of all transcripts to determine initial codes, we recognized substantive variations between the occupational therapists and other mental health providers in regard to their clinical reasoning and approaches in practice. We decided to focus only on exploring prevailing concepts that guide the occupational therapy practice for this initial reporting. Therefore, the original goal of analyzing transcripts from all of the participants was modified. Only the 25 transcripts from the interviews with occupational therapists were analyzed and reported for this paper.

Twenty preliminary themes were extracted from the initial reading and line-by-line open coding of the first 15 interview transcripts to identify common themes that emerged from each participant's response to every interview question in the transcript data. After the first coding focusing on the participants' narratives describing their clients, interventions, and decision-making process, the 20 themes were collapsed into five themes. During the subsequent coding that focused on the participants' thinking and decision-making process in serving their youth clients, four major themes emerged from the data

analysis: (a) trauma lens, (b) practicing attentive empathy, (c) complex development mindset, and (d) intentional unstructured structure (see Table 1). Although the topic of a conceptual practice model was specifically posed to the participants, the responses recorded in the transcripts were about intervention approaches, such as client-centered, strength-based, and trauma-informed. The content of the responses was merged into the final themes.

Table 1

Theme Development Through the Progressive Coding Process

Themes from Initial Open Coding (reading line-by-line text content)	Themes from Second Level Coding (focusing on participants' narratives)	Themes from Final Coding (focusing on the participants' thinking and decisions on interventions)
• Environmental trauma • Mental health trauma • Trauma as underlying risk factors • Trauma-informed care	Trauma – unstable environment, mental health diagnoses, mental health intervention experiences, and stigma	Trauma Lens – dimensions of compound trauma, upholding agency, and cultivating insights
• Occupational therapy as people profession • Everyone is invited to participate • Everyone is expected to participate • Compassion • Safe space	Transparent empathy with unconditional regard – every client is welcome and their behaviors are accepted with open arms, OT interactions are safe and non-judgmental	Practicing attentive empathy, flexible behavioral acceptance, recognizing clients as experts, and promoting interdependence
• Explicit acknowledgement of client experience • Deliberate and intentional intervention • Power sharing intervention • Skill building focused • Self-awareness focused • Strength focused • Client-centered intervention	Client-centered interventions recognizing individual complexity: practitioners' therapeutic approaches are explicit, respectful, power sharing conscious, focusing on clients' needs, strengths building	Complex development mindset cultivating self-discovery, skill expansion, and language of occupation
• Flexible approach • Contextual approach • Unstructured approach	Intentional unstructured structure - Interventions are tailored to the clients' needs, which could be continuously evolving, appearing to be unstructured but with deliberate intentions	Intentional unstructured structure - employment of internal structure and continuous assessment, intention, and creativity
Conceptual practice models as stated by practitioners, client-centered, trauma – informed, strength-based and environmental consciousness	No consistent or substantive information from the narrative described theories or conceptual models guiding their practice	

Trauma Lens

The participants' multilayered responses to their clients set the tone of this study, which explored the beliefs and approaches guiding occupational therapy services to youth experiencing mental health, environmental, and systemic challenges. Throughout the narratives, the participants created a lens through which the youth's experiences and the participants' responsiveness to the youth became known. Fluent in the dimensions of trauma and its effects, the participants avoided compounding the youth's distress, upheld the youth's agency, and cultivated insights to promote the youth's expression of personal choices and preferences.

Dimensions of Compound Trauma

The participants expressed a constant awareness of youth clients having experienced or currently experiencing traumatic events or life elements, characterized as "an effect of the environment that they live in; they've experienced community or domestic violence or everyday struggles to meet their basic needs." Uniformly, they described environmental trauma as layered in structural inequalities and "injustice that can make someone at risk of not having the same opportunity as others to thrive." Linking inequalities with environments, the participants referenced client families excluded from "building family wealth and forced to live in communities where there's more violence the youth can be exposed to." One narrative referenced a youth client navigating "a lot of people doing drugs in the open and throwing stuff

at the student" while walking through their Tenderloin neighborhood to school. Another acknowledged generational traumas, including the mass incarceration of Black Americans as manifesting in the lives of youth who were "seen as criminal or as more suspicious" in the course of their routine everyday activities.

Throughout their narratives, the participants portrayed a deep distress that shaped the youth clients' behaviors, giving rise to "avoidance, aggression, self-harm, missing school, failing their classes or difficulty with relationships in general." While referencing mental health symptoms such as anxiety and depression as sources of distress, the participants framed these symptoms in the context of systemic inequalities and "the environment they (the clients) live in, access to resources, and the experiences they have definitely impacts on mental health." Institutional responses to trauma-related behaviors, including punitive school discipline and the intervention of law enforcement, were identified as compounding youth's trauma. In addition, the participants contemplated that mental health services that provide diagnoses may "dive more into the processing and interventions for their mental health," and by focusing on symptom reduction, risk compounding the youth's sense of stigma. "They have (low) self-esteem and feel shame (because) they're already labeled as bad kids or violent." One participant noted that an assessment typically "asks about (the youth's) trauma history; by telling the story, you're traumatizing them again." The participants universally affirmed their focus as occupational engagement rather than symptom reduction, and mindful of the trauma's scope, they took constant care not to compound the youth's distress. As one participant observed, "We deliver services through the lens that everyone we're serving has experienced trauma."

Upholding Agency

The participants consistently evidenced the belief that human beings have the ability, need, and right to experience personal agency in their lives, particularly those who have sustained trauma. "I would say that's probably one of the most important things that we work on is students having the skills to advocate for themselves and make their needs known." This participant described disruptive or avoidant behaviors as evidence of a need for agency, "having an overwhelming experience of symptoms, a panic attack, a wave of depression (or) a severe lack of motivation . . . shows they weren't able to share, I need a break or a coping skill." One practitioner described learning the "consent" aspect of engaging youth from her OTTP supervisor: "I remember that she talked about 'do you want a high five, hug or handshake?' I use it in the sense of the consent part: 'Is there anything that you would like to do?' I've ingrained that into my practice." The participant continued,

> I think my goal for all the students I work with is to give them more of a sense of agency over their lives, including with younger children, letting them be kids, letting them choose, and that empowers them to make decisions for themselves."

The participants upheld agency as a healing and complex skill that expanded over time, often beginning with binary choices early in the intervention process.

Cultivating Insights

The participants shared observant descriptions of clients who were initially unwilling or unable to make choices and described a continuum of decisions that clients might experience as daunting: "When you give (the youth) options, and they seem nervous to make a decision, even if it's two options, 'do you want the blueberry smoothie or the strawberry' and they are like: 'you pick.'" The participants consistently welcomed non-responses as opportunities to collaborate and cultivate insight with the youth: "I've noticed

that you have a really hard time making decisions. Do you think that's a goal you want to work on?" Continuing, the participant cast the client as an expert of self who benefitted from support to bring self-knowledge to light. "I think they typically know if they have a hard time making decisions or advocating for their needs, so . . . I flat out ask them depending on my relationship with the student." Already familiar with a range of possible causes for youth's reluctance to make decisions, the participants resourcefully guided collaborative inquiries. One participant identified possible examples of why youth might be reticent to make a choice:

> One being home life; if anytime they tried to make a decision it was squashed or they weren't ever given the opportunity to make a decision; another part of it (could be) social anxiety, and there's also depression, they just don't care (or) have that motivation.

An informed understanding guided the participants' approaches as they engaged youth to seek insights, always affirming the youth's agency to end or re-direct a discussion.

Practicing Attentive Empathy

Mindful of trauma's presence in so many lives, the participants expressed genuine caring for what their clients were going through while never assuming to know a client's unique story. Focused on discovery, the participants displayed a perceptive attentiveness to their clients' emotional and motivational states, which subtly guided the intervention process. This attentive empathy appeared to form the base of trust developed between the participants and their clients. The participants demonstrated attentive empathy through flexible acceptance of their clients' behaviors, recognizing clients as experts of their own experiences, and promoting clients' healthy interdependence in the therapeutic relationship and community.

Flexible Behavioral Acceptance

The participants conveyed a belief that client behaviors revealed valuable information for fostering engagement in occupation and described flexibility as a key intervention approach. Consequently, the participants engaged youth presenting with a range of behaviors beyond what might typically be addressed in other service settings. An example was non-participation, which was considered an active choice made by the youth and viewed by the participants as valuable data. Flexible acceptance, in this case, provided a safe environment free from demands for youth who were not ready to engage in activities but were willing to observe and consider. As one participant explained:

> I'm meeting with them and not having expectations for them. Being non-judgmental and meeting them where they're at . . . if they are blowing us off from this session . . . if they're not following through on their end . . . they aren't going to have negative consequences from us . . . it'll be like unconditional positive regard.

While gathering information, the participants also monitored their own emotional tone and affect to engage the youth. "I tend to meet somebody's energy where they're at. If they're really quiet, I'll make myself small, talk quietly, reading the situation." Informed by their youth clients' behaviors, the participants aimed to engage the youth in occupation rather than to extinguish "negative" behaviors. By offering flexibility and attentiveness, the participants gained valuable information for devising interventions in-the-moment and offered a first step into a collaborative relationship.

Recognizing Clients as Experts

The participants demonstrated their ongoing commitment to upholding the youth's agency by acknowledging and respecting clients as experts of their own lives:

> We're not experts in this client's life . . . the client knows what's best for themselves and what they need; this is a collaboration where we as occupational therapists assist them . . . that's why I use the word facilitate, because they're the ones doing the actions . . . with the goals.

Supporting clients as experts often began with the youth learning to regulate their own emotions in the context of activities, particularly social participation. The participants described engaging youth who were "having problems just de-escalating from being super, super angry" or having "this high level of anxiety."

Casting the youth as an expert of emotional self, the participants described a therapeutic approach titled the "High Five" in regulating emotions. This sequenced approach consisted of witnessing the student's experience, verbalizing student strengths, identifying student needs, supporting a coping strategy, and summarizing the emotional episode. Serving as witness, the participant first narrates what they observe: "'You're screaming, that shows me you're mad' . . . seeing their experience, and then letting them correct me if I'm wrong." The client's strengths and needs are then explored and identified with the participant offering a possible remedy to meet the student's need: "Wow, you learned that so fast and took a deep breath and counted five things in the environment to help you feel grounded before you made your choice of where you wanted to sit in that environment." The participant concludes by reviewing the steps aloud and the actions taken by the youth to self-calm and redirect, "which supports the client to feel a sense of agency and their growing sense of self-awareness of what they've worked on." With the High Five approach, the participant observed that youth often experienced a de-escalation of volatile behavior and affirmed their emotional agency.

Promoting Interdependence

Throughout the narratives, the participants evidenced their conviction that connectedness to others provides crucial support for clients' self-directed choices. Individual independence was not an occupational therapy goal, as "striving for total independence can bring about self-defeating feelings of inadequacy, guilt, and disappointment." Instead, the participants cultivated interdependence as they partnered with clients in their journey of building personal agency. During interventions, the participants not only supported the youth's agency but asked the question, "where in their lives can we build up support?" One participant illustrated the process: "let's go and build a relationship with your coach," by "providing that initial introduction so they can start building it." Initially, interdependence was cultivated in the collaborative therapeutic relationship. This often began with the participant simply sharing emotional space with the youth and providing witness to their experiences without judgement. One participant described supporting a youth client who was experiencing emotional outbursts:

> If you're wanting someone to be able to pause and not respond reactively to everything in their environment, you have to be able to sit with your feelings, and it can be really uncomfortable. It's important to allow that to happen and to be there with them.

The participants reported fostering co-regulation with their clients in the therapeutic relationship to build "the soft skills that can lead them to have healthy relationships, and that can potentially help build actual

support systems around them." Although the path was characterized as non-linear, one goal shared by the youth and participants was to apply interdependence skills to community navigation.

> Building the skill of interdependence means one knows how and where to ask for help, how to approach others, and who to go to for each specific need. It means building sustainable relationships with others, whether that's peers, providers, or agencies, that can provide support in the long run.

Complex Development Mindset

The participants conveyed a shared belief that occupational performance arises from the interaction between clients' subjective perceptions, their demonstrated skills, and the external environment. They also recognized personal interests as powerful motivators that enable youth to focus attention and feeling on occupations they select for themselves. Supporting youth to follow their interests, the participants employed continuous sensitive assessments and flexible scaffolding to build the youth's self-concept and competencies during occupational exploration. The participants shared the common aims of engaging youth in self-discovery, expanding on their existing performance skill ranges, and cultivating language as a pathway into engagement.

Self-Discovery

Acknowledging self-understanding as a key element of growth and change, the participants engaged youth to discover their positive selves through interest exploration and reflection. Noting that clients "had limited opportunities to develop their self-identity . . . explore their interests," the participants initially supported youth to discover unique personal qualities and skills through interest, values, and skill assessments, often in the form of activities or games. Mindful of the youth's comfort, the participants arranged initial meetings in familiar settings such as school, home, or local cafes: "I would start meeting them at school, and from there we would build rapport and then make the decision to go out in the community." Through co-occupation and reflection with the youth in familiar environments, the participants identified contexts that facilitated the youth's participation and supported them to identify strengths, "definitely keeping it as a non-judgmental space, where we are asking open-ended questions, doing reflections, focusing on their strengths, and empowering them through their own feelings."

As collaborative rapport grew, the participants accompanied clients into new environments of their own choosing. "There's a lot of options for us to try things and check out resources all over the city with our students, getting to know where their interests lie allows them to just kind of become themselves." The site to explore with the youth client "depends on the interest and level of engagement: if they're into food, we can go out to eat; if they're into rolling and jumping, we can go to the park, or if they're into animals, we can go to the zoo." Afterwards, the participant invited their young client "to help me plan, where do we want to go next?" Further, the participants noted the often interconnecting nature of interests, such as a cultural center visit inspiring a youth's interest in art and cooking activities, and exploring the role of a chef. Even in confined settings, such as the juvenile justice center, the participants promoted leisure exploration "it was challenging, but it also allowed me to be creative." The participant developed a special Jeopardy game to foster exploration and overcame environmental restrictions to do "simple meal prep activities, just making sure that we count how many utensils we bring back out, we somehow made it work." Youth often "feel better about themselves when they are engaging in something that they love to do." Consequently, the participants upheld the concept that exploratory activities "have a purpose . . . having the youth self-identify and develop that positive concept, 'this is me.'"

Expanding Skills

The participants universally described interest exploration as an opportunity for youth to develop competencies by expanding their existing skills into higher-level skills "out in the community, building skills by meeting in a coffee shop or being exposed to social situations." Illustrating the activity demands faced by the youth, one participant observed, "they want to be part of an art program, but first we have to get there, and after we get there, we have to be comfortable being with people and communicating our needs." The participants consistently referenced the skill of regulating emotions and navigating social interactions as a priority for the many youths who "felt anxious to be with other people."

The participants fostered competencies through flexible scaffolding and modeling to create a bridge between the youth's existing skills and their next skill level. One participant, navigating a botanical garden with a youth experiencing anxiety, supported them to manage the social demands of the visit, explaining "I was able to grade based on where she was, to give her that just right challenge." Upholding the youth's agency as they checked in at the garden entrance, the participant offered a choice of scaffolding or modeling: "do you want to give them the address, or do you want me to support by showing you what it looks like to be talking to the person on the front (desk)," and later engaged the youth to reflect on their choices. Another participant described the expansion process: "she has so many amazing skills (to) advocate for herself, ask questions. I can help to direct those skills in a way that (also) helps her regulate her impulsivity."

Having established trust with their clients, the participants also used proximity support to foster skill development during community experiences. One participant explained, "it's the combination of environment and personal support" that enabled those with social anxiety to build skills: "Having those small interactions of ordering their drink, having an OT by your side that can say 'this is a strength that you can talk to that person.'" Another participant reflected on serving as a trusted presence "while they were with me, having the opportunity to explore and become confident in what they're doing, (they) feel that emotional security and understanding of themselves."

Language of Occupation

Facilitating the youth's complex development involved constant communication by the participants, who were very deliberative in their use of language to support occupational engagement. They observed that many youth's daily lives were dominated by self-loathing messages that posed barriers to participation: "They are constantly reminded of, 'I suck at everything.'" The participants universally asked, "How can we reframe those messages?" They began by offering genuine appreciation of coping and self-care skills demonstrated by the youth during activities, whether or not an activity was completed successfully: "Facilitating growth mindset language, instead of saying 'good job,' describe what they are doing, 'I can see you are tired, taking a break, getting what you need.'" This language affirmed the youth's agency to get their needs met and agency to defer some needs in order to accomplish a task: "(The activity) sucks because it's boring, but you are pushing yourself to do this, even though it's hard." Similarly, the participants affirmed the significance of performance skills demonstrated by the youth. One participant illustrated their feedback after a youth ordered coffee in public for the first time: "This is a strength, that you can talk to a complete stranger. You told me you're really scared of talking to people, but somehow you did this." Another participant explained that narrating and framing the youth's experience reinforced the youth's perception of a skilled, positive self.

Acknowledging that clients often "use behavior to express (themselves) out loud" because they lack words, the participants modeled and coached the youth's acquisition of assertive language to express

needs and preferences during interactions with others. In one setting, a participant modeled "common language" to defuse tense encounters between children during play: "'I need my space, can you move away,' using their words as opposed to hitting," thus enabling youth to negotiate with language that mitigated conflicts, conveyed intent and enhanced participation. The participants also cultivated explorations of assertive language among older youth who often encountered heated peer interactions or unconscious or overt biases of adults. One participant engaged a group of young clients to explore scenarios depicting verbal agression from adults or peers, inviting each student to suggest a resolution for each scenario. The participant's stated goal was not behavior change. "I can't really put myself in their shoes," but for clients "to realize other options instead of fighting." The participant created a safe space for youth to collaborate and share their expertise in verbally addressing situations that presented perceived or real threats to their safety and integrity. These collaborations extended beyond the classroom into an emerging interdependence among peers. Throughout the narratives, the participants engaged youth to build new vocabulary for describing their unique skills and traits, often co-facilitating celebratory events in which the youth showcased their discoveries in the presence of supportive witnesses.

Intentional Unstructured Structure

Well-versed in the interactive nature of person, occupation, and environment and attentive to their clients' emotional states, the participants demonstrated professional agility in identifying variables that inhibited or supported occupational participation. This was exemplified by the way the participants constantly tailored interventions to meet clients' unique needs across environments. Concurrently, the participants demonstrated their own interconnected abilities to facilitate the youth's growth and change.

Internal Structure and Continuous Assessment

According to the participants, each intervention had a planned structure based on the therapeutic goal and the youth's goal for that session. For example, "a youth wants to go roller skating but has strong responses to certain sensory stimuli." Focusing on the ability to tolerate different environments, the participant structured each intervention session to acclimate the client to the skate park environment gradually and facilitate successful occupational exploration. At the same time, the participant observed, "I think constantly about what I'm assessing, every intervention." The planned structure could be altered based on the participant's assessment of client needs, activity analysis, and changes guided by clinical reasoning in the moment. As the participant explained:

> You're taking in information about what's happening and how the youth is responding to it, and what other factors are happening. Roller skating seems linear and direct, but there are so many other little things that are happening in that process, looking at their engagement as we continue to work together.

At any moment, a planned intervention might be changed. "We are basically running on (the youth's) schedules. Depending on their mood, you have to be flexible and possibly change an intervention on the spot."

The use of continuous assessment, especially task analysis of their clients' occupational performance in context and in real-time, was echoed by many of the participants. Expanding and building on the youth clients' strengths in context required the participants to adjust the structure of the intervention, the format, activity demands, and/or expectations in the moment to enable participation at the youth's level of readiness, or the 'just right' challenge. One participant explained, "I was supporting a student to come to school, they're nervous about taking public transportation, 'Well, do you want to go

get coffee first?' It's more beneficial at that time." This adjustment enabled the youth to perform a preferred occupation, getting coffee, before transitioning to the intended intervention, taking public transportation to school, and subsequently building a routine that supported school attendance.

Intention

Despite the seemingly effortless flexibility and frequent adjustments in client interventions, every response from the participant to the client carried a clear therapeutic intention that the participant articulated. Being intentional in decision-making during the intervention session was highlighted by a participant who explained:

> You should have a clinical reason why you chose to do whatever you're doing. Like when we'll play games with clients, you should be thinking about what skills could this client learn? How can my response help them to grow in that way? How can I model something? Every step of it is intentional.

Another intention woven throughout the unstructured structure and acknowledged by the participants was supporting the youth's growing sense of agency: "A lot less structure out in the community and in the individual sessions, very intentional to support the youth to have agency and to be the expert and in charge of their experience and of the session." The participants sustained the recurring theme throughout the interviews that "an important and necessary component of recovery from traumatic experiences is to support the young person to explore having a say. Just seemingly simple choices that the person gets to make." Simple choices grew into more deliberative, consequential decisions over time and were described as part of an ongoing therapeutic strategy "for the young person to develop their agency, assertive communication." Underlying the flexibility of each intervention was also the participant's constant regard for the youth's sense of safety: "Where they feel that they have a preference or a need that's going to be heard, reflected back to them, and honored. All intentional therapeutic, still an occupational therapist is in charge of the session."

Creativity

The participants universally described the benefit of being creative in their intervention sessions with the youth clients:

> I think outside the system, it depends on the kid or the population, but I think that there's often a certain sense of freedom. And there's no right or wrong way to do this, no end product that it has to look like.

Being resourceful with ample alternatives, the participants could shift in the moment to engage the student:

> We listen to whatever scenario that is happening in their lives. So we have a check-in time, and then they share, and things will come up and we'll switch our activity to cater more toward what they're going through at the moment.

These studied yet adaptive interventions cultivated the youth's growth and development through occupational experiences of self-discovery, growing competency, agency, and interdependence.

Discussion

This study was an effort to discover shared practice concepts that have been guiding the occupational therapy practice of a community-based organization serving youth and young adults who experience psychosocial and environmental challenges. The qualitative study of analyzing interview data collected from 25 occupational therapists of a community-based program serving this youth population illuminated prevalent themes. The data also showed a lack of clear articulation of a cohesive theory or conceptual model that may be guiding the participants serving their youth clients, which has been reflected in the literature (Creek & Cook, 2017; Wimpenny et al., 2010).

A trio of concepts united the identified themes in this study and provided insight into the participants' thinking and decision-making as they collaborate with their youth clients. First, a commitment to intellectual humility informed all of the themes and oriented the participants toward the discovery of the youth's subjective experience of self and occupation, as well as strengths. Through intellectual humility, the participants regulated their personal responses to incoming information and cultivated client-centeredness. Second, the participants' intellectual humility contributed to a decreased sense of self-importance and an emerging sense of shared humanity with their youth clients. Their faithful consideration of trauma's effect on the youth and their constant respect for the youth's choices not only supported the youth's agency but their own sense of humanity. Third, the participants skilfully observed and accommodated the youth's personal and environmental contexts to promote the youth's occupational growth and access to meaningful occupation (see Figure 1).

Figure 1
Shared Practice Concepts - Intellectual Humility, Shared Humanity, and Personal and Environmental Contexts
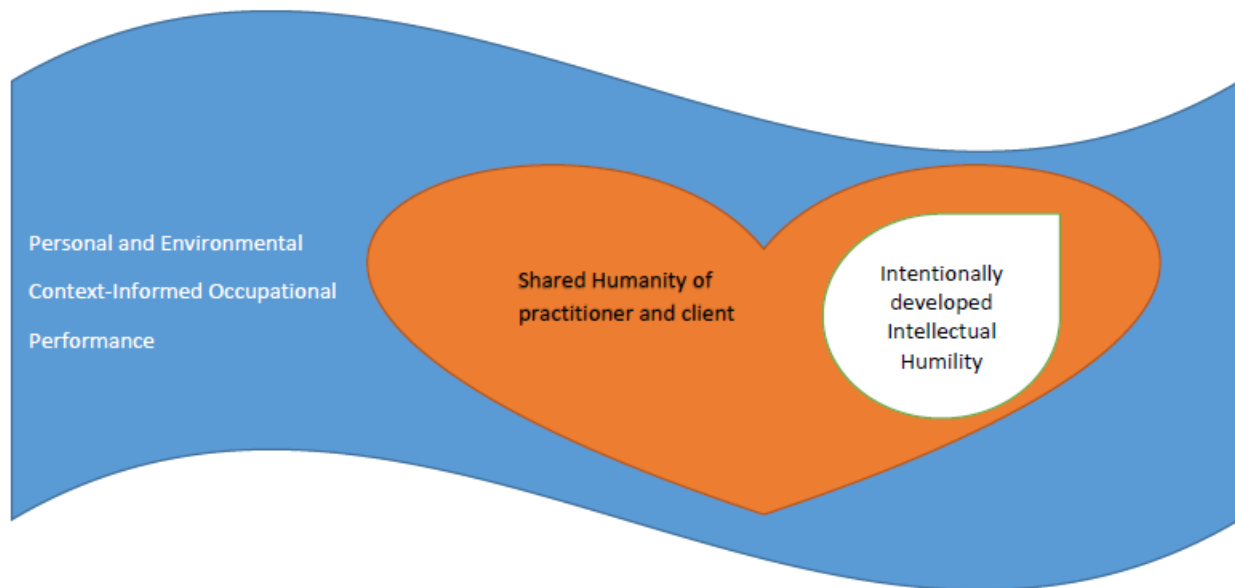
Note. Intellectual humility = recognizing clients as expert, upholding agency, emotional intelligence; shared humanity = flexible behavior acceptance, promoting interdependence, cultivating insights, scaffolding development; personal and environmental context = occupational performance, self-discovery, skill expansion, occupational language, intention, creativity, internal structure, and continued assessments.

Intellectual Humility

Intellectual humility manifested as a personal attribute cultivated by the participants as well as a therapeutic intention to regard their clients as experts and follow their clients' lead in every intervention. Intellectual humility is a "character virtue that allows individuals to recognize their own potential fallibility when forming and revising attitudes" (Zmigrod et al., 2019, p. 200). The intellectual humility employed by the participants is also a cognitive process that requires them to be reflective thinking and intellectually curious, engaged, and open-minded (Krumrei-Mancuso et al., 2020). This combination of outlook and skill supported the participants to exercise attentive empathy by recognizing their own limitations, biases, and experiential gaps, therefore, enabling them to maintain an open mind and continuously discover relevant information about their clients' experiences (Johnson, 2019). The emergence of intellectual humility as a core concept also highlighted the participants' emotional intelligence to manage their own emotions while sharing emotional space with their clients. Emotional intelligence (EI) was first introduced by Salovey and Mayer (1990) and later popularized by Goleman (1996) and includes both empathy and emotional regulation among its aspects. The participants fostered their clients' own emotional intelligence through occupation and reflection, which promoted insight and coping skills, a mediating factor to their trauma experiences resulting in post-traumatic growth of positive self-perceptions and experiences (Kwan & Kwok, 2021; Thomas et al., 2020). The participants' intellectual humility supported their clients' meaningful occupational performance, participation, and engagement, the foundational tenets of occupational therapy (AOTA, 2020).

Shared Humanity

Occupational therapy is a humanistic profession secured in the client-centered practices emphasizing unconditional positive regard and collaborative partnership as essential components in supporting a client's growth and change. The participants in this study demonstrated commitment to humanistic practices, showing positive regard for their clients, including those who expressed being defensive, frightened, or disengaged. The narratives illuminated an empathy that is authentic, intentional, and required the participants' intellectual humility, self-discipline, and continuous development to hone that ability (Johnson, 2019).

Humanity is a related concept defined as "compassionate, sympathetic, or generous behavior or disposition: the quality or state of being humane" (https://www.merriam-webster.com/dictionary/humanity). Humanity, in this definition, is both a disposition and a behavior of kindness and respect toward all human beings (Slim, 2019). The participants in this study unequivocally expressed a sense of humanity that sustained their commitment and therapeutic approaches. Included in this concept, they referenced an understanding that in many aspects of human life, the power of inhumanity is often overwhelming (Slim, 2019). Humanity is complicated and a culmination of numerous factors, such as history, culture, anatomy, physiology, beliefs, experiences, etc. (Johna & Rahman, 2011). Patterns of systemic discrimination and dominance faced by youth often directly challenge their humanity. Acknowledging that race, age, and other factors often determine how others, particularly those in power, respond to youth's words, the opportunities for youth to acquire assertive communication skills is one of the ways to advocate their own humanity.

Occupational therapists understand that human occupations are influenced by the intersectionality of the various elements of the occupational therapy domains (AOTA, 2020); however, the occupational therapy assessment and intervention process is often institution-based and focused on specific aspects of the Domain, such as physical, mental, and/or developmental deficits (Joubert, 2020). The trauma and

barriers the clients experience are invisible to human eyes, yet, they have damaged and may continue to damage the youth's humanity (Joubert, 2020). These negative elements are not easily mitigated or alleviated, and the youth often express them through troubled behaviors, which are targets for interventions by many service providers. The negative identifications and labeling of these troubled behaviors often further dehumanize the youth (Martinez, 2014). In their description of their clients and their services to them, the participants unequivocally articulated a deep sense of humanity. The practice of attentive empathy, persistent support, and unconditional acceptance regarding the youth express not only the participants' humanity but also brings out the best of humanity in the youth.

Personal and Environmental Contexts

Personal and environmental contexts exert overarching and underlying influences on occupation (AOTA, 2020). Environmental contexts have both physical and social aspects and may even project certain attitudes that affect a client's comfort level. By supporting clients to engage in environments they need or want to navigate, the participants situate interventions in context-rich daily life settings that place organic demands on process and social interaction skills. Further, the practice of fostering social interaction skills in the widening spheres of home, school, and community enables clients to connect with other caring adults and organizations, promoting healthy interdependence. The emphasis on supportive relationships and services is an important environmental component and reflects the view of client as extending to persons and organizations of concern, articulated in the model of Person, Environment, and Occupation (Law et al., 1996).

Placing interventions in daily life contexts, the participants enable clients to meet organic environmental demands by providing proximity support, scaffolding, modeling, and other therapeutic strategies. Scaffolding social interaction skills in daily life environments mirrors the social model of supporting the clients in their contexts (Minkkinen, 2013). Venturing with clients into variable-rich environments allows the occupational therapist to facilitate just right challenges to foster the client's growing competencies, aligning with the well-researched learning model of zone of proximal development by Lev Vygotsky, the scaffolding of skill development by a more experienced person while the learner is performing the activities in real-life contexts (Margolis, 2020; Silalahi, 2019). Clients are strategically positioned for successful occupational experiences, or even moments, to ensure they are ready to develop the next skills needed in their daily occupations.

The participants also attended to their clients' personal contexts during interventions and continually assessed the influence of personal context on the youth's occupational performances. This reflects an understanding that the youth needed to engage comfortably in their own unique contexts to participate successfully (Shea et al., 2019). Attentiveness to clients' trauma experiences and the systemic inequalities often underlying them reflects the participants' focus on interrelated conditions in and around clients that influence their occupational development. This aligns with the Ecology of Human Performance (Dunn et al., 1997), which places the interaction among persons and their contexts as a central element in occupational performance. Attention to context exemplifies the belief that occupational justice is interwoven throughout all contexts and that inclusive participation in everyday occupations is a right for all persons, affirming the shared humanity of the occupational therapists and their clients.

Sustaining Humility, Humanity and Context-Informed Practices

The emphasis on intellectual humility, shared humanity, and a client's personal and environmental contexts is the foundational practice concept revealed by the participants in this study. The occupational therapists employing these concepts must be provided the tools and space to develop and maintain an

attentive empathetic self, which requires substantive and continuous support from the organization for which they work. A workplace with humanistic management and culture is important for occupational therapists who are expected to serve their clients with extra-compassionate care (Simpson et al., 2020). Unequivocally, the participants described OTTP-SF as cognizant of the demands being paced on them in serving their youth clients and expressed appreciation for the flexibility in the organization without micromanagement of their time, clinical interventions, or resources: "Being able to engage our youth . . . out in the community . . . meet them where they are, rather than putting limitations on what we can provide. I appreciate how many options we have through OTTP." This flexibility and support reinforced the culture of empathy woven throughout OTTP, which was exemplified by the management team to the participants and then imparted to their clients. The participants found support through clinical consultative meetings with their supervisors and colleagues where there is "lots of space for support and reflection and problem solving." The participants expressed appreciation for a safe environment in OTTP-SF to replenish from the personal and professional demands they experienced in the course of serving their clients. This culture of support allowed the participants to exercise their own self-empathy, "when I have extended compassion to myself, then I can extend compassion to other people."

Limitations and Future Study

The shared practice concepts identified from this study are derived from the data collected from occupational therapists of one community-based organization. Therefore, the concepts may not be generalized for other practices. To continue the grounded theory research, future studies could include follow-up interviews with the participants based on the themes and the concepts identified in this study to further explore their implications and applications to occupational therapy practice. More importantly, future studies should include exploring youth clients' experiences working with the occupational therapists to further explore and validate the concepts deduced from this study. The study would also benefit from additional co-researchers not affiliated with OTTP-SF for data analysis to better safeguard study trustworthiness.

Conclusion

An inductive analysis of the interview transcript data in this study yielded coherent themes that were translated to coherent concepts that have been guiding the practice of the community occupational therapists serving youth with psychosocial challenges. There was overwhelming evidence of occupational therapists intentionally developing their intellectual humility and shared humanity with the youth clients. In this shared space, the occupational therpists attended to the youth clients' personal and environmental contexts to guide therapeutic interventions and scaffold the youth's development of occupational skills and inclusive occupational participation. This foundational concept of intellectual humility, shared humanity, and the emphasis on clients' personal and environmental contexts as they influence occupational performance and interventions may ultimately serve as an initial step of a potential path toward the development of a coherent and evidence-based conceptual practice model that would further underscore humanity in occupational therapy practices.

Implications for Occupational Therapy Practice

The concepts of intellectual humility, shared humanity, and a therapeutic focus on personal and environmental contexts are not foreign to occupational therapy practices. These concepts may be more fully integrated into other programs serving youth, to ensure interventions that consistently regard clients as experts of their own lives and use their unique profile of contexts to promote social and occupational development. Collecting data from youth programs not affiliated with this community-based organization,

including services in suburban and rural areas, may contribute new dimensions to the potential development and application of these concepts. Finally, concepts identified from this study may be further explored to identify how intellectual humility, shared humanity, and attention to the influence of personal and environmental contexts on engagement may benefit clients regardless of age or area of disability.

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Appendix

Participant Interview Protocol

1. General information of the interviewee
   - Job title
   - Brief description of job responsibility
   - Target youth population served – general demographic
   - Type of services provided

2. How at-risk youth are defined
   - Demographic information
   - Characteristics
   - Risk factors

3. Specific service description
   - Name of the project/program/service intervention
   - Context/location/environment of intervention
   - Target behavior/outcome/objectives
   - Method of delivery
   - Actual outcome/outcome measurement

4. Theoretical or Conceptual models
   - Theoretical concepts guiding practice
   - Personal preferences
   - Naming the theoretical or conceptual model