Factors Influencing Satisfaction and Efficacy of Services at a Free-Standing Psychiatric Occupational Therapy Clinic

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KEY WORDS
• community mental health services
• consumer satisfaction
• job satisfaction
• occupational therapy
• program evaluation
• treatment outcome

As the number of therapists in mental health settings continues to decline, research is needed to explore the scope, satisfaction, and efficacy of services. In this study, we used Patton’s (1997) Utilization-Focused Program Evaluation to explore scope of services, therapist and client satisfaction, and perceived efficacy of services in a free-standing community-based mental health occupational therapy clinic. Surveys were administered to 36 clients and 9 therapists and followed up by qualitative interviews with 6 therapists. We identified characteristics unique to a free-standing psychiatric occupational therapy clinic, along with factors contributing to satisfaction and perceived efficacy of services. The importance of a supportive therapeutic environment and emphasis on the therapist–client relationship were cited as key factors influencing both satisfaction and effectiveness of service. Results are presented and compared with the existing literature.


Although the era of moral treatment and the work of pioneers such as Adolf Meyer and William Dunton gave occupational therapy its roots in mental health, the number of therapists choosing psychosocial practice continues to decline (Brown et al., 2006). Despite recent efforts to enhance the presence of occupational therapy in mental health, a review of the literature reveals that much of the academic writing in this area is published in journals outside of the United States. According to an American Occupational Therapy Association (AOTA) workforce group, U.S. occupational therapists have failed to keep pace with their international colleagues in serving mental health systems (Pitts et al., 2005). An estimated 1 in 4 American adults are diagnosed with some form of mental disorder each year (Kessler, Chiu, Demler, & Walters, 2005), yet fewer than 4% of therapists surveyed by AOTA reported their primary practice as mental health, and only 1.6% reported their primary work setting to be a community-based site (AOTA, 2006). Given the high percentage of people experiencing mental illness and the declining number of therapists entering psychosocial practice, efforts are needed to enhance evidence-based practice in this area. Research and education are imperative to effect systems change within and outside of the occupational therapy profession to increase the number of therapists and quality of provided services.

Occupational Therapy and Mental Health

Unfortunately, the occupational therapy profession has lagged behind other professions in keeping pace with mental health services. Practitioners in most states do not meet the criteria to be qualified mental health practitioners, and psychosocial fieldwork is no longer a requirement of the Accreditation Council for Occupational Therapy and Mental Health.
Therapy Education (ACOTE, 2008; Dallas, 2004). In 2006, in response to the AOTA Representative Assembly charge to examine barriers to and strategies for occupational therapists to attain qualified mental health practitioner status, an ad hoc work group addressed issues related to competencies, roles, reimbursement, and evidence-based practice in mental health occupational therapy (Brown et al., 2006). Recommendations from the committee emphasized the unique contribution of occupational therapy to mental health practice through its focus on the use of occupation to enhance daily function.

Occupational therapy services in psychiatric rehabilitation emphasize client-centered practice focused on personally meaningful occupational goals. Stemming from the moral treatment era, principles of client-centered therapy continue to underlie the foundation of occupational therapy (Law, 1998; Mosey, 1986; Taylor, 2008). Along with trends toward shorter hospital stays, emphasis has shifted in psychosocial practice toward skill building and community-based services. The literature has identified key areas of focus in mental health occupational therapy as including evaluation and intervention in areas of activities of daily living (ADLs), skills training, role development, socialization, and discharge planning. Yet despite the long history of occupational therapy in psychiatric practice, other mental health practitioners often misunderstand the role of occupational therapy in mental health, and role clarification and substantiation of the efficacy of service continues to be needed (Duffy & Nolan, 2005; Pottebaum & Svinarich, 2005).

Historically, occupational therapy has focused on the use of meaningful activity to foster health and well-being. With the emergence of the medical model, focus moved away from occupation toward more component-based practice (Kielhofner, 2004). In response to this movement, Perrin (2001) asserted the importance of reclaiming occupational therapy’s core values to foster a unique pattern of occupational involvement and meaning in clients’ lives. Unfortunately, professionals outside of occupational therapy do not always grasp the concept of occupation, and the use of modalities such as arts or crafts in occupational therapy practice is frequently misunderstood and often perceived as no different from recreational or activity therapy. A clear articulation of the role of occupational therapy in mental health along with the efficacy of using occupation-based modalities is imperative to the vitality of psychosocial practice.

Satisfaction and Burnout
As psychiatric service delivery has moved from institution-based settings to the community, role ambiguity has contributed to occupational stress for many mental health professionals (Basset & Lloyd, 2001). Emphasis is placed on meeting client needs in community contexts (Lyons, 1995), yet therapists are not always adequately prepared for community-based practice (Yau, 1995). A comprehensive literature review on stress experiences of mental health occupational therapists (Sweeney & Nichols, 1996) revealed risk factors for stress and burnout to include heavy workloads, role ambiguity, stressful environments, and the feeling of being undervalued. Yet Sweeney and Nichols (1996) concluded that therapists seem to have innate skills in adapting to such pressures.

Personal satisfaction may mediate factors of stress and burnout. Job satisfaction and perceived efficacy of services often relate to one another. Occupational therapists may be more likely to find intrinsic satisfaction when they sense that their role is clearly understood and their services have a positive impact. A study of the job satisfaction of Swedish mental health occupational therapists revealed relatively high levels of satisfaction; areas of “most satisfaction” included the work environment, support from others, communication and cooperation within the team, and managerial feedback (Eklund & Hallberg, 2000). In Australia, a study of factors influencing job satisfaction in various mental health settings identified the importance of autonomy, job diversity, and a sense of achievement in contributing to satisfaction (Moore, Cruickshank, & Haas, 2006). Note, however, that although the specific tasks of mental health occupational therapists have similarities internationally, the health care systems are vastly different; therefore, issues of reimbursement, access, and administrative roles are likely to differ.

An exploration of U.S. occupational therapists’ job satisfaction found that therapists working in mental health reported lower satisfaction than those working in other areas (Brollier, 1985). With the exception of Brollier’s article, within the United States, few published studies have compared the job satisfaction of occupational therapists working in mental health with that of therapists in other areas. Therapists who are dissatisfied or burned out may have diminished capacity to put full effort into their work and may be at greater risk for attrition. In addition to personal reasons, factors cited for leaving the profession of occupational therapy included high caseloads, bureaucracy, pay rate, and inconsistency of job expectations with level of training (Bailey, 1990). To maintain an occupational therapy presence in mental health, continued efforts are needed to establish congruence between academic preparation and practice expectations.

Perceived Efficacy of Services
A key element of mental health occupational therapy is the therapist–client relationship and the development of a therapeutic occupation-based milieu designed to create meaning

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in clients’ lives and foster goal attainment (Gahnstrom-Strandqvist, Josephsson, & Tham, 2004; Rosa & Hasselkus, 2005). In client-centered care, it is important to involve the client in goal planning and intervention. Examination of occupational therapy services should include evaluation of client satisfaction and perceived efficacy of services received.

According to research, a unique relationship exists between therapy outcomes and the level of satisfaction with therapy services. Eklund and Hansson (2001) found that occupational therapy services with the greatest outcomes tend to have the highest measures of client satisfaction. Similar findings have asserted that clients who are satisfied with services tend to rate outcomes as more important (McKinnon, 2000). In addition, clients with better health and higher levels of function report increased levels of satisfaction with services (Eklund & Hansson, 2001), indicating the importance of the match between client goals and provided services. Van der Haas and Horwood (2006) examined client-perceived efficacy of mental health occupational therapy through the use of a qualitative program evaluation survey. Although the study had a low response rate (18 completed surveys), Van der Haas and Horwood concluded that consumers valued occupational therapy interventions in the recovery process and that services led to improved occupational satisfaction. In the current state of declining numbers of therapists in mental health, continued emphasis on qualitative and quantitative methods to explore client and therapist satisfaction, along with therapeutic outcomes, is imperative to preserve occupational therapy’s presence in psychiatric rehabilitation. In this study, we sought to explore factors influencing satisfaction and perceived efficacy of services at a free-standing psychiatric occupational therapy clinic.

Method

We used a mixed design involving principles of Patton’s (1997) utilization-focused evaluation. This process involves an outline for systematic program evaluation designed around stakeholder needs. Patton’s (1997) method of program evaluation focuses on the utility of the evaluative process and its follow-up use; thus, procedures are both formative and summative, emphasizing the ongoing relationship between evaluators and representatives of the program.

Study Site

The study site for this study, Professional Rehabilitation Consultants (PRC), is unique in that it is a free-standing community-based psychiatric occupational therapy clinic located in the upper midwestern United States. PRC provides occupational therapy services to adults diagnosed with serious and persistent mental illness.

PRC was originally founded in 1989 by the owners of a board-and-care home in collaboration with a registered occupational therapist, a certified occupational therapy assistant and, soon after, a program administrator. The organization services people with serious and persistent mental illness, including schizophrenia, bipolar disorder, major depression, and various personality disorders. PRC offers a diverse array of services, including evaluation and intervention in areas of independent living skills, social skills, cognitive skills, sensory integration, skills training (i.e., ADLs, coping, stress management), relapse prevention, and crisis intervention education. A variety of occupation-based modalities are used, including crafts, ADLs, and education-based services. Because it is situated in a large metropolitan area, demand for services at PRC has grown considerably, and the organization now employs 1 certified occupational therapy assistant and 14 registered occupational therapists to serve >250 clients at a given time.

The therapists’ role at PRC is primarily case based and focuses on evaluation and intervention. Service delivery is individualized, and therapists have minimal administrative responsibilities (although therapists are responsible for documentation and cost accounting for time, billing is completed by an administrator and lead therapist). Most services are provided within the occupational therapy clinic; however, therapists do consult with external agencies and make visits to client homes.

Procedure

Researchers for this project (i.e., the authors of this article) were not employed by PRC. Approval was received through an institutional review board review at St. Catherine University; permission was also granted by the clinical site.

Consistent with Patton’s (1997) utilization-focused evaluation, collaboration with the site occurred throughout the study, including creation of the study design and tool development. Initial meetings included the program administrator and a lead therapist to identify the study’s goals and purposes. After a literature review and a series of meetings with representatives from the organization, we developed therapist and client surveys to reflect the identified areas of study. Surveys were reviewed by two independent faculty members familiar with survey design and were reviewed by representatives from the case site. We based survey questions on the study’s purposes: to explore the scope of services provided, service differences from other traditional psychiatric occupational therapy sites, client and therapist satisfaction with services, and client and therapist perceived efficacy of services. Both client and staff surveys included descriptive information, a series of Likert-based questions rated on a scale ranging from 5 (strongly agree) to 1 (strongly disagree),
and open-ended questions related to areas of greatest and least satisfaction, scope and perceived efficacy of services, and suggestions for change.

Data Analysis

Data were compiled using descriptive statistics and qualitative analysis of narrative information. Narrative data were coded to the specific question areas (i.e., scope of service, areas of satisfaction, and perceived efficacy), and triangulation occurred between two graduate student researchers (Kari Behrens and Jill Houtujec) and a faculty advisor (Kristine Haerl).

After compilation of surveys from 36 clients and 9 therapists, we summarized the data and presented them to the administration. Follow-up meetings occurred to identify questions for additional exploration. On the basis of the reflexivity of Patton’s (1997) model and the specific questions that arose from the staff surveys, we determined that follow-up interviews would be conducted with the clinic therapists. Interview guides were developed on the basis of Patton’s (2002) interview guide approach, and therapists from the organization were interviewed. All interviews were audiotaped, transcribed, and analyzed line by line through repeated readings and systematic thematic coding. Data were coded deductively for the research questions pertaining to satisfaction, scope of services, and perceived efficacy and inductively for emergent themes through use of axial and open coding (Strauss & Corbin, 1998). We derived concepts guiding inductive analysis from the literature, key words in the transcripts, and guiding research questions. The analysis followed procedures identified by Patton’s (1997, 2002) and Strauss and Corbin’s (1998) description of qualitative evaluation. Reliability of results was maximized through triangulation with two graduate student researchers (Ashley Rue and Rachel Ten Haken) and a faculty advisor (Kristine Haerl).

Results

Surveys

Client Survey. After individual and group presentations to eligible clients for the survey, anyone receiving services from PRC who did not have a guardian or conservator was able to participate. Fifty clients indicated interest and were given surveys along with a return envelope to preserve anonymity. Of the 50 surveys dispensed, 36 completed surveys (72%) were returned, providing a relatively high response rate. All client respondents were receiving services from PRC one to three times a week ranging from 6 months to >2 years, with most respondents (22; 61%) receiving services for 1 year or more. Clients ranged in age from 18 to 60, with the highest percentage (38.2%) falling in the 51–60 age range. There was a marked gender difference; 25 of the respondents were women and 9 were men; however, this ratio parallels the client population profile at the clinic.

In the survey, clients were asked about their primary goal areas, satisfaction with services, and perceived efficacy of occupational therapy at PRC. The top three primary goal areas reported by clients included (1) socialization, (2) coping skills, and (3) stress management. Overall satisfaction was high, with a mean response rate in each category of 4.0 (on a 5-point Likert-type scale) or higher. Additional summative information from the client surveys is shown in Table 1. Of the Likert scale–based questions, those items receiving the highest ratings were overall satisfaction with occupational therapy, that occupational therapy has positively affected the client’s life and independence, and that services have increased clients’ social comfort level. The area with the lowest mean (although still high, at 4.0) rated whether other clients at the clinic increased the respondent’s personal satisfaction with services. We should note that although clients

<table>
<thead>
<tr>
<th>Question</th>
<th>Mean Response</th>
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<tbody>
<tr>
<td>Overall I am satisfied with occupational therapy services at PRC.</td>
<td>4.7</td>
</tr>
<tr>
<td>The activities contribute to my satisfaction.</td>
<td>4.6</td>
</tr>
<tr>
<td>The therapist contributes to my satisfaction.</td>
<td>4.6</td>
</tr>
<tr>
<td>Occupational therapy services at PRC have affected my life in a positive way.</td>
<td>4.6</td>
</tr>
<tr>
<td>Occupational therapy services at PRC have affected my independence in a positive way.</td>
<td>4.6</td>
</tr>
<tr>
<td>Occupational therapy services at PRC are meaningful and individualized.</td>
<td>4.6</td>
</tr>
<tr>
<td>Being at PRC has made me feel comfortable talking and being around others.</td>
<td>4.6</td>
</tr>
<tr>
<td>Occupational therapy services at PRC have affected my wellness in a positive way.</td>
<td>4.5</td>
</tr>
<tr>
<td>I am satisfied with occupational therapy services because I am able to make decisions and have a choice.</td>
<td>4.5</td>
</tr>
<tr>
<td>I understand why my therapist has me doing certain activities.</td>
<td>4.5</td>
</tr>
<tr>
<td>Working toward specific goals contributes to my satisfaction with occupational therapy.</td>
<td>4.4</td>
</tr>
<tr>
<td>I feel good about myself after attending occupational therapy at PRC.</td>
<td>4.4</td>
</tr>
<tr>
<td>I am satisfied with the environment of the clinic.</td>
<td>4.4</td>
</tr>
<tr>
<td>I feel that I am accomplishing my goals in occupational therapy at PRC.</td>
<td>4.3</td>
</tr>
<tr>
<td>I believe that I contribute to my success in therapy.</td>
<td>4.3</td>
</tr>
<tr>
<td>I feel that crafts are useful in my therapy.</td>
<td>4.3</td>
</tr>
<tr>
<td>Other clients who are in therapy help contribute to my satisfaction at PRC.</td>
<td>4.0</td>
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</table>

Note. N = 36. PRC = Professional Rehabilitation Consultants.
work in areas with other clients, services are individualized and not group oriented.

Analysis of the open-ended questions revealed that clients felt that the clinic was somewhat similar to other experiences at mental health occupational therapy sites but believed that they received more individualized treatment at PRC; that they were able to receive services for a longer period, which improved continuity and comfort levels; and that the increased therapy time allowed for greater opportunity to work on goals and complete projects. One client said that PRC was “more individual.” Another asserted that this was “the OT class [in which] I have been most successful.” Areas of highest satisfaction and perceived benefit were broad, with the most popular responses focused on the importance of the therapist–client relationship; individualized services; occupation-based crafts, skills training, and education; and opportunities for socialization. Comments often highlighted the importance of client-centered, individualized treatment. One client stated, “I think there are wonderful therapists here, and they do a good job; they are very patient with their clients.” Another client stated, “My therapist really knows what she is doing, and she really cares.” Another client emphasized the ability to receive services longer at PRC and indicated dissatisfaction with shorter-term mental health environments.

When asked about the effectiveness of services to positively affect quality of life, independence, socialization, and wellness, clients had a high mean response of 4.5 in the area of wellness and 4.6 in all other areas. Areas perceived as most beneficial paralleled those reported in areas of satisfaction with emphasis on the therapeutic relationship, occupational engagement, skills training, and opportunities for socialization. Finally, when asked for suggestions regarding improvement of services at PRC, only 4 of the clients responded, each with personal suggestions such as wanting to attend services daily or for longer periods of time.

**Therapist Survey.** Information about study participation was presented to the therapists by student researchers and clinic administrators. Surveys were made available to all therapists with self-addressed, stamped return envelopes to preserve anonymity. Twelve therapists met the inclusion criterion (must have worked at PRC a minimum of 6 months). Of the 12 therapists who qualified to participate in the survey, 9 (75%) returned completed surveys. Of the therapists who responded, 6 had worked at PRC for ≤3 years. We requested no information regarding whether they were registered occupational therapists or certified occupational therapy assistants because the 1 certified occupational therapy assistant would have been identifiable.

All respondents either had a 3-month full-time Level II fieldwork in mental health or had previously worked in another mental health occupational therapy setting. When asked to compare similarities to and differences from other settings, a major theme, similar to client survey results, was the ability to treat clients for a longer duration and provide follow-through on therapeutic goals. Four additional differences identified included (1) working in a unique therapy setting that employed only occupational therapists, (2) working in a well-established organization that understands occupational therapy, (3) having flexibility to use personal strengths to provide individualized client therapy, and (4) having a greater opportunity to develop rapport and improve follow-through on goal attainment. Survey responses indicated that therapists felt that it was more difficult to work on goals in acute care settings because of the severity of the clients’ acute illnesses, the short lengths of stay, and the lack of follow-through given the restrictions of hospital-based settings. In addition, the opportunity to work with clients in the community was cited as important in helping clients remain free from hospitalization and facilitate skills training external to an institutional setting.

Therapists also discussed the unique nature of the facility, in which only occupational therapists work with clients. Therapists felt that the organization understood the nature of occupational therapy better than traditional settings and that the occupational therapy role was clearly defined not only for other professionals at the site, but also for clients. One therapist stated, “Clients come to clinic to focus exclusively on OT [occupational therapy] goals.” Another indicated that everyone respects the skills of other therapists and that no hierarchical structure exists that might otherwise interfere with the productivity of the work environment.

The survey questions regarding scope of practice paralleled client responses in listing skills training, ADLs, and education-based services. In addition to ADL and instrumental ADL training, crafts were identified as an important modality when working with clients on personal goals. The site of occupational therapy services was most often reported to be the clinic (38.9% of the time); services were delivered in the community and home 20% of the time. Survey responses regarding staff satisfaction indicated that therapists felt that working at a free-standing community-based occupational therapy setting provided increased flexibility and autonomy and greater ability to provide client-centered individualized services. Interestingly, although working only with occupational therapists was viewed as a benefit, therapists also perceived it to be a drawback because interdisciplinary collaboration was minimized.

Therapists also indicated that although high understanding of the scope of therapy services exists within the organization, professionals external to the organization do not always fully understand the available services. Areas of

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high satisfaction at PRC included working with a cohesive group of therapists, positive staff support and teamwork, positive work atmosphere, high level of staff expertise, perceived efficacy of services, ability to follow through on client care and goal attainment, and supportive management. Several therapists commented on the personal reward of witnessing clients’ changed lives and improved quality of life. Potential areas for continued improved satisfaction included higher pay and benefits, decreased administrative (documentation) requirements, and increased mileage reimbursement. Interestingly, areas of highest satisfaction were intrinsic job factors (actual job duties and environment), and areas for potential improvement were largely extrinsic (rewards and work benefits).

When surveyed about perceived efficacy of services, therapists indicated that the longer length of service provision offered greater opportunity for therapy follow through. A general theme of improved quality of life and greater opportunity for goal attainment emerged with the open-ended questions. One therapist stated,

“We set forth expectations for making progress toward goals and hold our clients accountable; most clients love attending [occupational therapy,] which is motivation and determination for them to continue to make progress. Seeing your client make progress, no matter how small, is always rewarding and makes you feel you are making a difference.”

Another therapist stated, “We teach [clients] independent coping strategies to decrease hospitalizations and increase management of their mental health.” Other therapists mentioned that the safe therapeutic individualized environment enhances feelings of self-worth, empowerment, and accomplishment.

Areas of highest mean responses in the Likert-based questions indicated that the work environment was enhanced because PRC employed solely occupational therapists, the therapy environment was client centered, and clients received high-quality services at PRC. The item with the lowest mean response rate (3.67) concerned whether therapists were completely satisfied with provided services. Although it was difficult to identify the reason for the lower response, open-ended comments related to therapists’ desire to further broaden and enhance client involvement in goal setting and attainment. Likert-scale responses from therapist surveys are summarized in Table 2.

**Interviews**

We developed interview guides (Patton, 2002) after analysis of the surveys and follow-up meetings with PRC administration. Five areas identified for further exploration included (1) the therapist–client relationship, (2) therapists’ satisfaction with their jobs and provided services, (3) the dynamic of teamwork within and external to the organization, (4) therapists’ perceptions regarding the efficacy and scope of services provided, and (5) areas of suggested improvement and future direction.

To increase the likelihood of direct feedback from the same therapists who completed the surveys, we conducted interviews within 1 year of survey completion (ranging from 6 to 8 months); all interviews were conducted within a 6-week time frame. At the time, there was little turnover from the original group of surveyed therapists; 2 left and 2 were hired. Any therapist who had worked at PRC for ≥6 months was eligible to participate. Of the 12 eligible therapists at the time of the study, 6 (50%) chose to participate in the interviews. Of these 6 therapists, 3 had worked at PRC for >4 years and the remaining 3 for <3 years. In addition to data pertaining to satisfaction, efficacy, and scope of services, five major themes resulted: (1) client centeredness, (2) role of the primary therapist, (3) culture and community, (4) intertherapist relationships, and (5) growth and expansion.

**Client Centeredness**. Therapists perceived the focus on client-centered care as a key element in their personal satisfaction and in the effectiveness of services. One therapist described client centeredness as “best practice.” Another therapist asserted the importance of client involvement in goal planning and stated that “a goal that [clients] are not invested in is not a goal.” Therapists described the process from the beginning of evaluation throughout therapy as involving the clients. In describing the nature of client-centered care, one of the therapists stated, “The client has so

<table>
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<tr>
<th>Table 2. Therapist Survey Results on Likert Scale–Based Questions</th>
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<tbody>
<tr>
<td>Question</td>
</tr>
<tr>
<td>The therapy services at PRC are client centered.</td>
</tr>
<tr>
<td>Patients receive a high quality of occupational therapy services at PRC.</td>
</tr>
<tr>
<td>PRC’s environment is enhanced because of the team atmosphere of having all occupational therapists.</td>
</tr>
<tr>
<td>The quality of care at PRC has an impact on decreasing the incidence of rehospitalization of clients after therapy.</td>
</tr>
<tr>
<td>Clients at PRC have an increased quality of life because of our services.</td>
</tr>
<tr>
<td>I have a high level of job satisfaction at PRC.</td>
</tr>
<tr>
<td>Services at PRC positively affect the clients’ independence level in the community.</td>
</tr>
<tr>
<td>Clients at PRC have an increased sense of wellness because of our services.</td>
</tr>
<tr>
<td>Compared with other psychosocial occupational therapy settings, clients have more social interactions with each other at PRC.</td>
</tr>
<tr>
<td>Clients have strong input into the nature of services provided at PRC.</td>
</tr>
<tr>
<td>I am completely satisfied with services provided by PRC.</td>
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</tbody>
</table>

**Note.** N = 9. PRC = Professional Rehabilitation Consultants.
much input into what happens. . . We’re writing goals with them. . . We actually write it together, and that doesn’t happen at other sites I’ve seen.” In describing the dynamics of instances in which a client and therapist may not agree on the goal or direction of therapy, therapists described a collaborative process of trying to find common ground in goal formation and intervention planning. Most therapists brought up the importance of involving the clients and seeking their perspective to encourage motivation and investment in the therapeutic process.

Role of the Primary Therapist. In conjunction with questions related to the therapist role and scope of services, an area seen as integral to the client-centered approach at PRC was the role of the primary therapist. Each therapist has his or her own caseload, and the collaborative therapist–client relationship is viewed as key to facilitating a therapeutic environment for goal attainment. Therapists perceived the one-to-one interaction with clients as beneficial in building morale and self-esteem. In addition, given that the services at PRC are the only community-based services some clients receive, a unique role that therapists described was that of a case coordinator. Although the term case manager was not used in the interviews, multiple therapists described serving as a case coordinator both within and outside of the organization. In addition, therapists described the clinic as differing from other psychiatric occupational therapy settings in the scope and length of services provided. The increased length of services was perceived as beneficial in developing rapport, collaborating with the client, and fostering goal attainment.

Culture and Community. Another theme that seemed to contribute to perceived efficacy of services and satisfaction for therapists and clients was the sense of community developed at PRC. The community atmosphere was described as fostering a positive, supportive working environment among therapists and between therapists and clients. One therapist described the atmosphere: “PRC is kind of a minicommunity, and so it gives people a taste of the world out there without giving them too much at once . . . the just-right challenge.” Another therapist identified the culture of PRC as being a place for “people to practice being part of a group and being part of a society.” Additional comments described how PRC creates a culture of comfort in which clients feel welcome, can be themselves, and do not feel judged. Therapists described such a culture as integral to effective services and fostering personal satisfaction for both clients and therapists.

Intertherapist Relationships. Therapists described the working relationships at PRC as positive and respectful. Although a diversity of therapeutic approaches was described, therapists felt that they respected one another and had autonomy in their approach, yet could seek one another for assistance when needed. One therapist stated, “We’re all on the same playing level, and we work well as a team.” Therapists described feeling as though they were in a supportive environment and did not have to justify occupational therapy services to other professionals within the organization. One therapist stated, “We do what we do, and we do it well. We’re not having to justify [occupational therapy].” Therapists also identified an understanding of one another’s strengths and the ability to assign and work with clients on the basis of individual strengths to facilitate positive outcomes. This diversity in therapeutic approach was described as a means to individualize care plans and make goal attainment feasible for the client. Within this area of discussion, amid the high level of satisfaction identified, 4 of 6 therapists reported desiring more time for team meetings and case discussions at the clinic. Given the high caseload and number of clients served, such meetings occurred informally or as needed. Management has continued to work with therapists to consider options in this area.

Growth and Expansion. A final theme emerged related to growth and expansion. In the past 19 years, PRC has grown from 2 therapists to 15, and the client caseload now exceeds 250. Despite community requests for an additional site, given current resources, management decided that to maintain high-quality services, it was best to remain at a single site at that time. Therapists discussed the increased demands for services and described the process in terms of “growing pains,” yet did acknowledge that management was trying to address both space and workforce needs. By the time the study was completed, management had addressed both areas.

Additional data related to the key research questions reflected both similarities to and differences from other mental health occupational therapy sites. In addition to the role of primary therapist and case coordinator, therapists felt that their role and function entailed modeling, teaching, motivating, setting limits, and engaging in therapeutic use of self. Areas of perceived efficacy focused largely on the clinic’s unique nature. The length of service, consistent follow-through, and close case coordination were perceived as integral to client success. One therapist stated, “I think the biggest strength here is that we keep people out of the hospital.”

Another therapist described the high level of client satisfaction through a statement conveyed from one client to a new client, “This is a great place to be, and you can be whomever you want and nobody judges you.” One therapist stated, “This is a program that really supports people who don’t have a whole lot of support outside of here.” Therapists indicated that there was positive staff interaction and mutual support. The feeling of making a positive difference enhanced personal job satisfaction and perceived efficacy of service. Therapists also reported a high level of skill in working with

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a diverse client group with challenging diagnoses and behaviors. Although therapists felt that the clinic generally handled difficult behaviors well, some felt that a behavioral policy should be enacted (by the time program evaluation was completed, the clinic had already written such a policy). Suggested areas for improvement included consideration of regular team meetings, consideration of means for growth and expansion, and implementation of a behavioral policy. The clinic has already addressed the latter two and plans to consider the pros and cons of regularly scheduled case meetings. Given the diversity of schedules and high client numbers, there are concerns that too many team meetings would detract from direct care.

Discussion

This study emphasized the unique nature of a free-standing psychiatric occupational therapy clinic. Similar to the literature, therapists assumed roles related to providing supportive, client-centered therapy in a safe setting (Gahnstrom-Strandqvist et al., 2004). Additional roles involved that of motivator, supervisor, and teacher. Although the literature has indicated frequent role confusion in mental health occupational therapy practice (Duffy & Nolan, 2005; Sweeney & Nichols, 1996), in this study, therapists felt that their role was more clearly defined given that the clinic employs only occupational therapists. Therapists also felt a high level of support from one another and from management; such support was viewed as contributing to personal job satisfaction.

With respect to the scope of services provided, although the general description of services was similar to that found in the literature, therapists felt that the ability to see clients for a longer duration contributed to job satisfaction, client satisfaction, and efficacy of services. Therapists also described the importance of continuity of care in establishing client-centered practice. Maitra and Erway (2006) identified client-centered practice as integral to community service delivery, and AOTA (1998) identified the importance of client-centered care in service provision. Maitra and Erway (2006) emphasized the success of client-centered practice as depending on the collaboration of therapists and clients in the decision-making process. Throughout this study, therapists asserted the importance of involving clients in the entire therapeutic process. The therapist–client relationship was viewed as collaborative and integral to outcomes and efficacy of service.

Therapists at PRC reported high job satisfaction, a finding that conflicts with Broderick’s (1985) research, which cited lower satisfaction of mental health occupational therapists but is similar to international study findings (Eklund & Hallberg, 2000; Gahnstrom-Strandqvist et al., 2004; Moore et al., 2006). Interestingly, the role of the therapist at PRC removes the burden of billing to external agencies. This role may be more similar to that of international colleagues working in systems with universal health care. Therapists in this study also cited intrinsic job factors as contributing to personal satisfaction: a positive working environment, supportive atmosphere, flexibility and autonomy, and perceived efficacy of services. Areas for continued improvement related primarily to extrinsic factors such as pay and benefits. The literature has suggested that intrinsic factors are greater predictors of rehabilitation professionals’ career satisfaction (Randolph, 2005).

This study’s final area of emphasis was perceived efficacy of services. Both staff and clients reported high levels not only of satisfaction with but also of the benefits of occupational therapy services related to improved independence and overall wellness. The primary contributor to client satisfaction and perceived efficacy of service appeared to be PRC’s unique culture and the therapist–client relationship. The existing literature has suggested that clients tend to have increased satisfaction when supported by their therapists (Young, 2001). In addition, clients value therapists who demonstrate interest in their views and can clearly communicate strategies to help clients meet their goals (McKinnon, 2000). Both therapists and clients who participated in the study spoke to the importance of collaboration throughout the therapeutic process in achieving personal meaning and goal attainment.

In conjunction with Patton’s (1997) utilization-focused review design, we identified initial stakeholders, and collaboration occurred throughout the project both among ourselves and the organization’s administration. To establish the quality and utility of an evaluation, Guba and Lincoln (1989) emphasized the importance of collaboration in establishing an action plan after programmatic evaluation. During the course of evaluation, PRC was responsive to the identified needs for a client behavioral policy and the implementation of an organizational plan to meet the growing demands for service. Such responsiveness exemplifies the utility of programmatic evaluation in research design. Additional follow-up discussions have been identified to further explore internal communication strategies (i.e., team meetings) and to continue to market the unique factors contributing to the effectiveness of this free-standing psychiatric occupational therapy clinic.

Strengths and Limitations of the Study

Strengths of the study include the comprehensive programmatic evaluation design incorporating input from both clients and therapists. A 50% response rate in the interviews
and a 72% (client) and 75% (therapist) response rate on the surveys was viewed as positive and may reflect the high levels of support within the organization. In addition, to enhance the reliability and validity of the results, we conducted both internal and external reviews of the instruments and used triangulation of data collection and analysis.

Limitations included the nature of case-based study in generalizing results to other sites. In addition, few, if any, other sites in the United States operate a free-standing psychiatric occupational therapy clinic. Although this study and information about PRC may serve to generate interest in expanding similar services elsewhere, the utility of the results may be limited to comparisons with existing research. Moreover, there are limitations in incorporating Likert-based scales into survey design. Although Likert-type scales are among the most widely used scale-based measures (Polit & Beck, 2004), disagreements exist regarding the optimal number of scaled points; the scale’s wording also may limit its measurement of the phenomenon studied (Hasson & Arnetz, 2005). We made efforts in this study to include additional qualitative data in both the surveys and interviews to further expand on the questions studied.

Future Research

Given the unique nature of the site, we hope that additional similar models will expand to meet a growing need in mental health services. Follow-up research should explore satisfaction and efficacy of services in a variety of mental health service delivery models. Identification of funding streams and perceptions of occupational therapy external to the profession is warranted. The findings suggested a high level of satisfaction and perceived efficacy of services in a community-based model, which is congruent with suggestions for continued expansion of mental health services in the community. According to researchers, the need for research continues in occupational therapy mental health service models, scope of practice, and efficacy of services (Duffy & Nolan, 2005; Haglund, Eklbladh, Thorell, & Hallberg, 2000; Lloyd, Basset, & King, 2002; Lloyd & King, 2004). We hope that this research will increase interest in innovative models for psychiatric service delivery. ▲

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References


