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A Guide for Occupational Therapist Working with Women with Postpartum Depression and Eating Disorders

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APPROVAL

This scholarly project, submitted by, Nathina Crabtree and Sara Gregoire in partial fulfillment of the requirement for the Degree of Master of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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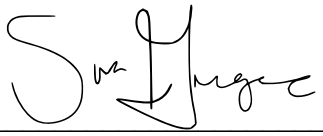

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ABSTRACT

An eating disorder (ED) is characterized by regular and constant disturbances in eating or an eating-related behavior that are associated with distress and impairments (Marcus, 2018). Schmidt et al., (2016), noted that the average duration of an ED illness is six years and young women make up the majority of people with anorexia nervosa (AN) and bulimia nervosa (BN). According to Knoph et al., (2013) the majority of women with AN and BN that were pregnant appeared to turn to adaptive changes in eating behaviors. The researchers in the article by Knoph et al., (2013) found that pregnancy is a risk window for the onset of binge-eating disorder (BED) in the vulnerable individuals. While lots of research and information exists on ED, little is available on EDs in women experiencing postpartum depression (PPD). Postpartum depression is a disabling but treatable mental disorder that represents one of the most common complications of childbearing (Stewart & Vigod, 2016). With the detrimental effects and challenges that are faced in everyday occupations by an individual experiencing PPD and an ED, it is not a surprise that occupational therapists (OT) have a unique role in their treatment.

Occupational therapy is based around therapeutic use of everyday life activities to enable individuals to participate in desired roles, habits, and routines throughout different environments and contexts. With the OT profession being based around this concept it shows that OTs are skilled and equipped to work with individuals that have been diagnosed with an ED and PPD. When gathering information on individuals diagnosed with an ED and PPD, the OT profession is the primary discipline that focuses its process

around the use of occupations to promote health, well-being, and participation in life (AOTA, 2014). As part of a multidisciplinary team, OT practitioners are able to provide a greater understanding of functional performance of an individual with an ED by identifying meaningful occupations and often unhealthy occupations, rituals, and values (Mack, 2019). This is also true when working with women experiencing PPD, but the literature on appropriate interventions and OT approaches is also limited within this population. Mack (2019), emphasized the importance of expertise of people who are part of multiple disciplines and their natural contributions to the well-being of the client. From this discovery, occupational therapists can play a unique role in the challenges faced in daily life occupations in those experiencing PPD and ED. With the limited research available for this specific population, it is crucial that a training or guide be developed. Implementing a program that provides education for OTs on the role they play through each step of the OT process, will increase quality of life and independence for individuals with PPD and ED.

The methodology of this scholarly project included a review of literature regarding occupational therapy's role in mental health specifically ED and PPD, determine current treatment options for these two populations, and to research more on women's relapse once they discharge treatment and re-enter the community. This research helped determine the components that would be significant to address when creating a guideline for occupational therapist working with this population. Following this, a continuing education program was created that contains eight different sessions that are developed over a two-day period following a set order guided by the occupational therapy process. Embedded in the eight sessions is a case study that will be used as a

learning tool to match the different areas of the occupational therapy process and guide participants through the program. The hope is that this program will addresses the gap between ED, PPD, and the crucial role OT plays to help these individuals return to their activities of daily living and increase their overall independence and quality of life.

Chapter I

Introduction

Throughout life there are diagnoses that individuals experience that have life changing challenges, and for women it can be facing an eating disorder (ED) or postpartum depression (PPD). An ED is characterized by regular and constant disturbances in eating or an eating-related behavior that are associated with distress and impairments (Marcus, 2018). While lots of research and information exists on ED, little is available on EDs in women experiencing PPD after pregnancy. Postpartum depression is a disabling but treatable mental disorder that represents one of the most common complications of childbearing (Stewart & Vigod, 2016). After conducting a literature review, it became evident that little is available on EDs in women experiencing PPD after pregnancy. It is no surprise that occupational therapists (OT) have a unique role in providing treatment to this population because of their training that is directly focused on occupational performance, including roles, habits, and routines. While occupational therapists may seem like the perfect match, OTs may not have received specific training that gives them appropriate information and confidence to intervene with these complicated, yet very important, co-occurring diagnosis.

In an effort to address the limited training related to the co-occurring diagnosis of ED and PPD, the authors developed a product that includes an in-service that provides treatment approaches, intervention strategies, and theories to guide the OT process in a

way that will benefit this population's specific needs. The goal of the product is to increase OTs knowledge and confidence in providing best care for their clients who are diagnosed with ED and PPD while addressing occupational performance.

The Model of Human Occupation (MOHO) was the guiding model used for the development of the product. The Model of Human Occupation is an appropriate theory utilized by occupational therapists that addresses a broad and integrative view of human occupations (Cole & Tufano, 2008). Within MOHO, humans are looked at from three components that are interrelated: volition, habituation, and performance capacity. Volition is the motivation to engage in an occupation, habituation is the process of organizing occupations into rituals or routines, and performance capacity refers to the physical and mental abilities needed for skilled occupational performance (Cole & Tufano, 2008). The MOHO also emphasizes the importance of understanding the physical and social environments in which the occupations are being performed. Understanding these components in a co-occurring disorder of PPD and ED in women is beneficial to guide OT practitioners to provide client-centered and meaningful interventions and treatment as a whole. In addition, because this population has a strong focus on habits, roles, and performance skills, the occupational therapy frame of reference (*OTPF-4*) will be implemented to guide the program objectives following the OT process; evaluation, intervention, and discharge planning (4th ed., AOTA, 2020).

The ensuing chapters will assist the reader navigate the evidence-based foundation and increase understanding of the product. Chapter II includes conclusions from an extensive literature review conducted to form and guide the in-service and product materials. This provides the reader with an understanding of the issues regarding

what is known and unknown, the gaps in literature, the theoretical framework surrounding the product, and the benefit of the project to the occupational therapy profession. Succeeding this is Chapter III, which describes the methodology used to form this guide. Chapter IV then includes the product developed based on completed research, a guide that will serve a purpose of providing OTs with the knowledge and resources to support and increase their confidence in providing care to their clients with the co-occurring diagnosis of ED and PPD. The summary of this project can be found in Chapter V, which includes the clinical strengths necessary for further improvements, potential further scholarly collaboration, and possible implementation information.

Chapter II

Literature Review

Throughout life there are diagnoses that individuals experience that have life changing challenges, and for women it can be facing an eating disorder (ED) and postpartum depression (PPD). An ED is characterized by regular and constant disturbances in eating or an eating-related behavior that are associated with distress and impairments (Marcus, 2018). While lots of research and information exists on ED, little is available on EDs in women experiencing PPD after pregnancy. Postpartum depression is a disabling but treatable mental disorder that represents one of the most common complications of childbearing (Stewart & Vigod, 2016). With the detrimental effects and challenges that are faced in everyday occupations by an individual experiencing PPD and an ED, it is not a surprise that occupational therapists (OT) have a unique role in their treatment. The problem is that OTs may not have received specific training that gives them appropriate information and confidence to intervene with these complicated, yet very important, diagnosis.

Eating Disorders

According to Marcus (2018), EDs are characterized by regular and consistent disturbances in eating or eating-related behaviors that are related to distress and impairments. There are many EDs that an individual could be diagnosed with and receive treatment and resources for. Binge eating, according to Marcus (2018), is taking in a

large amount of food with a sense of loss of control over the episode. The description of binge eating is also associated with binge-eating disorder (BED) and bulimia nervosa (BN). The binge episode that occurs with BN is associated with continual efforts to undo the effect of the large intake of food through self-induced vomiting, misuse of laxatives, diuretics or medication, severe dietary restriction, or excessive exercise (Marcus, 2018). According to Marcus (2018), anorexia nervosa (AN) is a disorder that is characterized as low body weight that is unacceptable and having inappropriate dietary restrictions that appear to be unrelated to obesity.

Schmidt et al., (2016) emphasized how EDs are highly distinctive psychiatric disorders and the peak age of onset for an ED is between ages 15 and 25, which is a developmentally sensitive time. Additionally, Schmidt et al., (2016), noted that the average duration of an ED illness is six years and young women make up the majority of people with AN and BN. Mortality rates for individuals with an ED is twice as high and nearly six times higher for people diagnosed with AN when compared to the general population (Schmidt et al., 2016). According to Knoph et al., (2013) the majority of women with AN and BN that were pregnant appeared to turn to adaptive changes in eating behaviors. The researchers in the article by Knoph et al., (2013) found that pregnancy is a risk window for the onset of BED in the vulnerable individuals.

Postpartum Depression

Stewart and Vigod (2016), explained how although PPD can be a disabling diagnosis following the birth of a child, with appropriate care it can be treated. Postpartum depression is in the DSM-5 and according to Stewart and Vigod (2016), PPD

can be described as “a major depressive episode with peripartum onset if onset of mood symptoms occurs during pregnancy or within 4 weeks following delivery” (p. 2177). In addition, Stewart and Vigod (2016) explain that even though a woman may begin to feel depression four weeks after delivery or if the signs do not meet the full criteria for a major depressive episode it can still cause harm and the woman may need to seek treatment.

The symptoms that are experienced by individuals diagnosed with PPD may include disturbance in sleep, anxiety, irritability, feeling overwhelmed, or being obsessed with the baby’s health and feeding (Stewart & Vigod, 2016). Postpartum depression can spontaneously be resolved within weeks after onset, but approximately 20% of women with PPD experience depression up to a year or more after the first year, and 13% experience depression up to two years after delivery (Stewart & Vigod, 2016). Approximately 40% of women with PPD, will experience a relapse either two weeks following delivery or on other occasions that are unrelated to pregnancy (Stewart & Vigod, 2016). According to Huang et al., (2020) the prevalence of PPD can vary from 3% to 19% in women who experience this disorder. Postpartum depression can have many consequences for the mother and her child such as experiencing difficulty carrying out maternal functions and complications in the maternal-infant interaction leading to infant attachment issues, relationship problems, poor social, emotional, and cognitive development (Huang et al., 2020; Stewart & Vigod, 2016). With PPD causing many difficulties with the mother and infant relationship, Huang et al., (2020) suggested that being able to treat and prevent PPD through effective measures is very significant not only for the mother's health but the infants as well.

Postpartum Depression and Eating Disorders

According to Mazzeo et al., (2006) there is relatively little that is known about the connection between pregnancy and a woman who is parenting that has a current or past history of an ED. Mazzeo et al., (2006) provided clinical data showing that 39.1%-66.7% of women with a lifetime ED diagnosis had reported they experience depression during pregnancy and 45%-70% had endorsed PPD. Data showed that when a woman is experiencing PPD, the risk of a relapse of an ED, specifically AN or BN increases significantly during periods of depression experienced before or after pregnancy (Knoph et al., 2013; Mazzeo el al., 2006). At the time of the study conducted by Mazzeo et al., (2006), there was no study that had been successfully completed to provide research on the connection between women who are diagnosed with PPD and experienced a pre-pregnancy ED. As of 2020, there is still limited research that could be found that examines this connection. However, it is necessary to understand in order to successfully treat and improve women's overall health and strengthen connections between these mothers and their children.

According to Rodgers, O'Flynn, Bourdeu, and Zimmerman (2018), months following childbirth women can begin to experience low self-esteem because of their negative views on their body image. With these negative views on themselves, Rodger et al., (2018) stated that women are at a higher risk for developing an ED. In the Western culture, there is a significant emphasis placed on appearance, causing many women to feel pressured to maintain a socially acceptable body weight and shape (Rodgers, O'Flynn, Bourdeu, & Zimmerman, 2018). This significant emphasis on body image can increase a woman's desire to overly invest in their appearance. According to Rodgers et

al., (2018) the high levels of distress and impairment that comes during the vulnerable time of pregnancy may contribute to EDs and disordered eating. As a result of the emphasis placed on body image and the vulnerability that many women experience during pregnancy, a number of negative physical and mental health symptoms can develop. One of the most prevalent of those symptoms is negative feelings about their bodies after pregnancy (Rodgers et al., 2018). The ED concerns a woman may face during the PPD time frame is directly related to the physical changes, social standards, psychological factors, and biological changes (Rodgers et al., 2018).

Challenges Faced by Mothers with Eating Disorders

The transition to motherhood can be challenging for any woman, especially when there are the added changes to body weight and shape. Schmidt et al., (2016) stated that women who have an ED are more likely to not have children at all or only have a few children. Additionally, these women are the individuals who most commonly need fertility treatment to conceive compared to those without an ED. Schmidt et al., (2016) further discussed that women who have children and are experiencing an ED tend to have more difficulties when feeding and interacting with their children. Also, mothers who have a current or previous history of an ED tend to have unrealistic expectations about the amount of time it takes to lose excess weight from pregnancy, leading to a decreased self-esteem and an increase in the level of depression (Patel, Wheatcroft, Parl, & Stein, 2002).

Patel, Wheatcroft, Parl, and Stein (2002) discussed results from a case-controlled study that indicated that having a baby was a triggering life event that could lead to the

development of an ED for the first time. Patel et al., (2002), further found that women who have negative attitudes towards their bodies have decreased intentions to breastfeed. Women with higher concerns for their body weight and shape are less likely to want to breastfeed, associations have found this decreases fetal attachment during the pregnancy (Patel et al., 2002). Patel et al., (2002), stated that many studies have indicated that mothers with ED had more difficulty breastfeeding because they felt too embarrassed of their body to continue. Studies showed that mothers experiencing an ED were more likely to have negative comments towards their child during mealtimes, leading to increased conflict between the connection of the child and mother (Patel et al., 2002). In addition, mothers with ED were found to be more intrusive during mealtime and play, as demonstrated by disrupting what the child was doing which resulted in missing the child's cues (Patel et al., 2002). Lastly, it was found that children whose mother had a current or previous history of an ED weighed less than children whose mothers did not due to less conflict during mealtime (Patel et al., 2002).

In a smaller case study discussed by Patel et al., (2002), results indicated mothers with an ED experienced serious parenting difficulties including abandonment of their child (Patel et al., 2002). According to Patel et al., (2002) 35% of mothers said they had ignored their child because they were so preoccupied with vomiting or because they feared they lacked the skills to properly parent. The concept of "distorted parent-child relationships" was introduced by Shekter Woldson, as cited by Patel et al., (2002), as an inappropriate involvement of children in their parent's illness, for example, children cooking for their parents. Shekter Woldson explained that a majority of younger children whose mother had an ED felt responsible for their mother's symptoms, and older children

often took over the caretaking role within the relationship (Patel et al., 2002). In a larger case study by Franzen and Gerlinghoff (1997), as cited in Patel et al., (2002), it was indicated that mothers with an ED began to feel overwhelmed by the demands of parenting, causing them to feel unable to take over the responsibilities of their role as a parent (Patel et al., 2002). With consideration of the needs of the child and mother during this time, it's important to receive treatment to address the co-occurring disorder in order to participate in the new role as a mother.

Setting

According to Khawaja and Westermeyer (2010), a partial hospitalization program (PHP) is an outpatient program that is specifically designed for serious mental health diagnoses when there is a reasonable expectation for improvement of the patient's functional level needs to prevent relapse or admission to full inpatient hospitalization. When considering individuals who are diagnosed with a co-occurring disorder of PPD and ED, a PHP is a significant step because these individuals are returning home at night and taking care of their child. Throughout PHP the patients are trying to resolve their own crisis through understanding their triggers, and exploring different healthy coping strategies to engage in healthy behaviors (Khawaja & Westermeyer, 2010).

Occupational therapy plays a role throughout the PHP process by assessing and observing the dysfunctional behavior patterns and helping individuals explore those healthy coping strategies to safely and independently engage in meaningful occupations (Khawaja & Westermeyer, 2010). Additionally, PHPs are implemented to avoid inpatient hospitalization, and they have shown to be clinically effective for many patients who

have been diagnosed with a serious mental health disorder (Khawaja & Westermeyer, 2010). Individuals who partake in PHPs receive superior recovery-based care, leading to increased patient satisfaction when compared to inpatient hospitalization (Khawaja & Westermeyer, 2010). It should also be noted that PHP patients and their families had a greater satisfaction one year after discharge when compared to inpatient hospitalization discharge (Khawaja & Westermeyer, 2010). Occupational therapists working in a partial hospitalization follow a specific framework to guide their practice to make it meaningful and client-centered to their patients.

Occupational Therapy Practice Framework

According to Mack (2019), occupational therapy (OT) has a crucial role in evaluating and treating women diagnosed with ED and PPD, but the literature lacks solid information on appropriate evaluation methods and intervention strategies. As part of a multidisciplinary team, OT practitioners are able to provide a greater understanding of functional performance of an individual with an ED by identifying meaningful occupations and often unhealthy occupations, rituals, and values (Mack, 2019). This is also true when working with women experiencing PPD, but the literature on appropriate interventions and OT approaches is also limited within this population. Mack (2019), emphasized the importance of expertise of people who are part of multiple disciplines and their natural contributions to the well-being of the client. The recommendations for care of women who have been diagnosed with PPD include focusing on health and well-being, emotional well-being, psychosocial support, and coping strategies (Mack, 2019). In recent years, OT practitioners joined traditional disciplines when providing health services to recent mothers because of their training and knowledge on activities of daily

living, instrumental activities of daily living, role transitions, and work/home life balance (Mack, 2019).

Occupational therapy is based around therapeutic use of everyday life activities to enable individuals to participate in desired roles, habits, and routines throughout different environments and contexts. With the OT profession being based around this, OTs have the knowledge and skills to work with individuals that have been diagnosed with an ED and PPD. When gathering information on individuals diagnosed with an ED and PPD, the OT profession is the primary discipline that focuses its process around the use of occupations to promote health, well-being, and participation in life (American Occupational Therapy Association [AOTA], 2020). The OT process begins with the OT analyzing occupational performance through understanding the interaction among an individual's client factors, performance skills, performance patterns, environment and context, and the activity demands of the occupation being performed (AOTA, 2020). By understanding how these aspects influence each other, OTs are able to evaluate how each aspect contributes to occupational performance concerns and implement interventions that support occupational performance and overall independence. It is important to note that the *OTPF-4* describes the OT process as a linear process but acknowledges that it does not occur in a sequenced, step by step order (4th ed., AOTA, 2020). Instead the OT process is a dynamic and fluid process, allowing OTs and clients to keep their focus on the identified outcomes with continuous reflection to change the overall plan and to acknowledge new developments and insights throughout the process (AOTA, 2020). When working with women diagnosed with an ED and PPD, the *OTPF-4* is the perfect guide for this population because of the strong focus on habits, routines, roles, and

performance skills which are all changing when becoming a new mother (4th ed., AOTA, 2020).

Evaluation

The evaluation process is a significant part of the OT process because it is the beginning of building rapport with clients, implementing the intentional relationship model for a successful utilization of therapeutic use of self, applying a holistic approach to therapy and understanding the client's goals. Palmadottir (2006), explained the importance of building rapport between the client and the therapist was to create a genuine treatment process that can be carried out through a successful therapeutic relationship. Active collaboration between the client and therapist is essential for having an effective OT process, the therapist needs to obtain a level of trust from the client, and the client and therapist need to share a sense of meaning for the therapist to coach the client to rebuild his or her self through occupation (Palmadottir, 2006). When working with clients who have psychiatric diagnoses such as ED and PPD, the component of trust is essential. Taylor, Lee, Kielhofner, and Katkar (2009), emphasizes the importance of OTs interaction with clients and their efforts to optimize their interactions with clients. The entire OT process is built on the interactions between the client and the OT, in order to have successful interactions it is imperative that OTs have the skills to use therapeutic use of self to encourage a successful outcome.

The intentional relationship model (IRM) is a foundational model for OT practitioners to utilize because it conceptualizes the therapeutic use of self within the OT profession, which is significant to understand when working with individuals diagnosed

with ED and PPD (Ritter & Yazdani, 2018). The IRM highlights the need for OTs to increase their awareness of how they contribute to the client-therapist relationship, how they can monitor and change their communication with clients throughout the OT process by implementing different therapeutic modes (Ritter & Yazdani, 2018). By understanding the IRM concepts, when working with individuals diagnosed with ED and PPD, it can increase the OT process outcomes and increase intentional use of therapeutic use of self throughout. The term therapeutic use of self can be looked at as the therapist using his or her personality, perceptions, and judgements to obtain a better outcome during the OT process (Taylor, Lee, Kielhofner, & Katkar, 2009). The concepts from the IRM and using therapeutic use of self is especially important for OTs during the evaluation and while carrying out assessments, in order to get accurate results to guide the rest of the OT process.

There is a limited amount of research on OT assessments that can be utilized when working with the ED and PPD population to gather information relevant to their diagnosis. A main OT assessment that would be beneficial to utilize with the ED and PPD population is the Occupational Self-Assessment (OSA). The OSA measures aspects that come from the Model of Human Occupation (MOHO), occupational competence and occupational identity (Tan, Lim, Xie, Li, & Lee, 2020). This assessment is significant with the ED and PPD population due to it being client-centered by examining the client's perception of their occupational competence and occupational identity and establishing what their priorities entail (Tan, Lim, Xie, Li, & Lee, 2020). According to Rogers and Holm (2016), some OT assessments that have been used in the mental health setting have been identified as the Kohlman Evaluation of Living Skills (KELS), the Milwaukee

Evaluation of Daily Living Skills (MEDLS), and the Performance of Self-Care Skills (PASS). The KELS is an assessment that measures performance with both instrumental activities of daily living (IADL) and basic activities of daily living (ADL) to live independently in the community (Robertson, 1993). This assessment is important for women diagnosed with ED and PPD because it will assess their IADLs and ADLs that are significant and necessary to independently perform their habits, roles, and routines.

The MEDLS is a practical behavioral assessment that is to be used with the mental health population through direct observation assessing individuals perform basic communication, personal health care, hygiene, dressing, eating, medication management, money management, safety in community and home, time awareness, and use of telephone and transportation (Askew, 1990). This assessment would benefit the ED and PPD population because it would allow the OTs to observe the individual's occupational performance and interpret their level of independence to engage in the community and home setting safely. Lastly, the PASS is an assessment that measures an individual's capacity for community living through analyzing their independence, safety, and adequacy through observing the individual performing different tasks (Chisholm, Toto, Raina, Holm, & Rogers, 2014). This assessment is appropriate for evaluating the ED and PPD population because it looks at problems limiting occupational performance, specifically the ability to be motivated to plan and carry out roles, routines, habits, and daily life tasks (Chisholm, Toto, Raina, Holm, & Rogers, 2014). Although there are assessments that have been found to evaluate individuals with a mental illness, there is limited research on evaluating the co-occurring diagnosis of ED and PPD.

According to Rogers and Holm (2016), when selecting an appropriate assessment, it needs to focus on the client's values, beliefs, skills, body functions, and identifying life patterns that can support or hinder their occupational participation. This can additionally be accomplished through observation or interview focusing on functions that are related to daily living that the client needs to do, wants to do, or is expected to do. Initially evaluation information can be gathered through self-report while interviewing clients on their capacities and habits to further identify limitations, impairments, and strengths (Rogers & Holm, 2016). Additionally, it is helpful to observe clients performing tasks in order to accurately examine their abilities and skills, and compare it to their self-report about their limitations and strengths. Multiple assessment methods are helpful to gain a full understanding of the patient's functional abilities, since each method provides different but related information (Roger & Holm, 2016). A solid comprehensive understanding is beneficial when writing goals and developing interventions that are holistic, occupation-based, and meaningful to the client.

Intervention

After completion of evaluation and selected assessment methods, the next step in the OT process is implementation of interventions. When working with individuals who have been diagnosed with PPD and ED, psychosocial intervention approaches are shown to be beneficial (Costa & Melnik, 2016). The psychosocial intervention approach is beneficial to this population because it addresses both the psychological and social factors involved in onset and maintenance of these disorders (Costa & Melnik, 2016). The cognitive behavioral therapy (CBT) approach is a specific psychosocial intervention strategy that can be used with this population. The CBT approach is a multimodal that

includes counseling, psychoeducation, self-awareness, behavioral, and cognitive strategies. These strategies can be used in one on one sessions with the client, as well as group sessions with the family (Costa & Melnik, 2016). Along with CBT, the interpersonal therapy (IPT) model is another psychosocial intervention approach that has been found to be useful for working with clients who are experiencing both EDs and PPD (Costa & Melnik, 2016).

The IPT model of treatment was originally developed for treating individuals with depression before it was used with the ED population (Grilo, 2017). Studies have shown the efficacy of the use of the IPT in treatment of ED (Rieger et al., 2010). Interpersonal therapy is an intervention approach with a focus on interrelatedness of interpersonal problems and psychological symptoms (Rieger et al., 2010). Rather than focusing directly on the behaviors of the ED, this approach centers around four main domains: interpersonal deficits, role conflicts, role transitions, and grief or loss (Grilo, 2017). Additionally, IPT has demonstrated effectiveness in treatment of individuals with antepartum and postpartum depression (Klier, Muzik, Rosenblum, & Lenz, 2001).

Klier, Muzik, Rosenblum, and Lenz (2001), selected the use of IPT in a study with individuals with PPD due to its focus on specific problem areas relevant to pregnancy and the birth of a child. With the new role and challenges of being a mother with PPD, this approach is a suitable option. Interpersonal therapy interventions help clients manage roles and more effectively express their feelings, improve interpersonal skills and relationships, and enhance psychosocial functioning (Grilo, 2017). Interpersonal therapy incorporates a variety of specific strategies, such as communication analysis, clarification analysis, behavior change, and role play (Klier et al., 2001). As

evidenced above, the use of IPT is a viable selection for addressing the symptoms, role transitions, and interpersonal effects individuals with ED and PPD face. Interperssonal therapy intervention approaches with this population can be in various settings, including PHP and can be done in an individual or group format. Once interventions are successfully completed and goals have been achieved, the next step of the OT process is discharging and transitioning.

Discharge

One of the main goals of treatment and discharge planning is to prevent relapse. To help to prevent relapse, it is important that the OT, the client, and their family collaborate closely as a team to gain a better understanding of the relapse potential and best practices to prevent relapse (Berends et al., 2018). With collaboration, the team is able to analyze the triggers and early warning signs of relapse (Berends et al., 2018). Berends et al., (2018) described these triggers and early warning signs in four stages: stage one the client is stable and within functional limits, stage two mild relapse, client shows signs of eating disorder behavior, stage three moderate relapse, client acts on their thoughts, stage four full relapse, client's thoughts dominate behavior. Additionally, Berends et al., (2018), demonstrated this relapse prevention process to be summarized as the individual relapse prevention plan (RPP). The RPP is based on the clients' and family members' experiences with previous relapses, as well as any concerns about future relapses and risks gained during treatment (Berends et al., 2018). The RPP is done at the final stage of treatment, prior to discharge and referral to other programs or disciplines (Berends et al., 2018). The study by Berends et al, (2018), indicated that the RPP gave participants a better understanding of their personal experiences with an ED and the

course of previous relapse and helped them make implicit knowledge explicit prior to entering the discharge phase.

In the event that an ED is severe enough and inpatient hospitalization occurs, discharge will only occur when clients are medically stable, have had enough nutrients, and have shown to be able to accomplish a meal outside of hospitalization so that he or she can benefit from outpatient or day patient services (Hay et al., 2014). For people with severe and enduring EDs, a more flexible, client-centered approach may be appropriate (Hay et al., 2014). Given the associations among mothers with EDs, relationship quality, and child and family outcomes, it is important to incorporate family-based prevention strategies and home interventions (Sadeh-Sharvit, Sacks, Runfola, Bulik, & Lock, 2019). This is valuable in incorporating interventions that address the new difficulties that may be present for a new family (Sadeh-Sharvit et al., 2019). These interventions include psycho-education, family support as they adjust and improve communication skills, emotion regulation skills, skill building, eating habits, and problem solving in caring for the child (Sadeh-Sharvit et al., 2019).

Problem Description

Due to the stigmas surrounding eating disorders and the very limited research regarding clinical based and appropriate care for mothers with PPD and an ED, healthcare professionals may not be aware of the presence of an ED. According to Marcus (2018), there is little that is known about women who are pregnant or parenting that have current or past eating disorders. Given there are adverse maternal and infant outcomes associated with ED, early identification is key to providing best care.

Occupational therapists have the knowledge, training, and skills necessary to appropriately evaluate and treat women who have co-occurring PPD and an ED; however, they may lack the confidence to implement them with this specific population.

The Model of Human Occupation (MOHO) is an appropriate theory utilized by occupational therapists that addresses a broad and integrative view of human occupations (Cole & Tufano, 2008). Within MOHO, humans are looked at from three components that are interrelated: volition, habituation, and performance capacity. Volition is the motivation to engage in an occupation, habituation is the process of organizing occupations into rituals or routines, and performance capacity refers to the physical and mental abilities needed for skilled occupational performance (Cole & Tufano, 2008). The MOHO also emphasizes the importance of understanding the physical and social environments in which the occupations are being performed, which is significant to understand for this population so they can successfully perform their habits, roles, and routines. Understanding these components in a co-occurring disorder of PPD and EDs in women is a good choice to guide OT practitioners to provide client-centered and meaningful interventions and treatment as a whole.

Using MOHO as a guide, a program was developed to address the lack of confidence that is faced by OT practitioners when working with the PPD and ED population. The unique role in which they can play in interventions that outline the meaningful occupations of an individual with a co-occurring disorder, PPD and ED. Occupational therapists will have increased confidence in their ability to provide interventions that promote quality of life and independence in desired occupations for a population that unfortunately has very limited research associated with it.

In addition to MOHO, the adult learning theory, andragogy will be used as the guide for the OT practitioner training on the OT process to use with individuals experiencing PPD and ED. Andragogy is "the art and science of teaching adults" (Bastable, Gramet, Jacobs, & Sopczyk, 2020). When using this theory, education is more learner centered rather than teacher centered, whereas, the power is exchanged between the educator and learner (Bastable et al., 2020). Lastly, this type of learning has been beneficial in providing patient education and for continuing education of employees (Bastable et. al., 2020).

Summary

Many challenges can be faced after pregnancy causing life altering characteristics, specifically the co-occurring diagnosis PPD and ED. In addition, there is a limited knowledge of healthcare professionals on providing appropriate care. Occupational therapists can play a unique role in the challenges faced in daily life occupations in those experiencing PPD and ED. With the limited research available for this specific population, it is crucial that a training or guide be developed. Implementing a program that provides education for OTs on the role they play through each step of the OT process, will increase quality of life and independence for individuals with PPD and ED. It is anticipated that with successful creation and implementation of this program, OTs will be better equipped with the knowledge to confidently evaluate and treat women who experience PPD and an ED simultaneously.

Chapter III

Methodology

This scholarly project began with exploring different topics that both occupational therapy students found to be an interest. Both authors are interested in furthering their knowledge in occupational therapy's role in mental health and impacts on occupational performance. One author had a strong interest in eating disorders and the other in postpartum depression. A mini review of the current literature was conducted to determine what information was currently available in both areas. Literature indicated there was actually a connection between the two, and looking further into both as co-occurring was an option. Additionally, once a population was established students reviewed previous scholarly projects on the University of North Dakota (UND) Scholarly Commons relating to their topics of interest. A more thorough literature review was then completed indicating that there was a lack of information relating to the role occupational therapists have when treating an individual diagnosed with an ED and PPD.

After determining the focus of research and the goal of the scholarly project, the authors conducted a literature review of occupational therapy's role in mental health, determine current treatment options, and to research discharge treatment and re-enter into the community to decrease relapse. The students used research databases such as PubMed, CINAL, Google Scholar, Elsevier ScienceDirect, ClinicalKey, Taylor &

Francis Online Journal, American Occupational Therapy Association, American Journal of Occupational Therapy, and Occupational Therapy Practice Framework. Due to the limited findings, the students began developing a continuing education program for occupational therapists working with this population to help fill the limited research gap. The goal of the scholarly project is to create educational sessions for occupational therapists in order for them to provide client-centered and meaningful care to these individuals while feeling confident and safe.

After careful consideration of a variety of theories to guide the project, the Model of Human Occupation was selected by the authors to guide the creation of the continuing education sessions. This model is the best fit for this project's focus and goals due to the nature of both diagnoses an individual is examined from three components, volition, habituation, and performance capacity. This model also takes into consideration the physical and social environments of the individual in which the occupation is being performed.

Once all the information was reviewed and analyzed by the authors, they began creating their scholarly project while incorporating information discovered in the literature review. The product guided by the learning theory andragogy contains eight different sessions that are developed over a two-day period following a set order guided by the occupational therapy process. Embedded in the eight sessions is a case study that will be used as a learning tool to match the different areas of the occupational therapy process and guide participants through the program. The final product of the continuing education course for occupational therapists working with individuals diagnosed with an eating disorder and postpartum depression can be found in Chapter IV of this project.

Chapter IV

Product Overview

Chapter IV consists of an overview of a guide for occupational therapists working with PPD and ED population titled *A Guide for Occupational Therapists Working with Women with Postpartum Depression (PPD) and Eating Disorders (ED).* This entire guide can be found in appendix A and B, consisting of a manual for the facilitator(s) including PowerPoint slides, discussion questions, pretest and posttest, and satisfaction survey that will be printed and handed out for the participants who attend the continuing education course.

The purpose of this product is to assist OTs who work with women diagnosed with PPD and an ED to build confidence and expertise when providing OT services that are meaningful and client-centered. This product addresses this goal by creating the continuing education based on the *OTPF-4* which guides the OT profession in a while (4th ed., AOTA, 2020). The product has eight sessions: *Introduction, Understanding the Diagnosis & Interviewing, Evaluation-Getting to Know the Client, Evaluation-Assessment & Goal Writing, Frames of References, Theories, & Occupation-Based Models, Intervention Planning, Discharge Planning, and Follow-Up & Review.*

The eight sessions are outlined in the table of contents. The product begins with an introduction to the course with prerequisite information, a description of the course, and a pretest to determine the participants knowledge on the topics of the course. There

are objectives that are presented for the overall course and then learning objectives specific to each session. After the learning objectives for each session, the PowerPoint slides are presented with discussion questions and a case study to address different learning and teaching styles. At the end of each session, there is a learning objective checkpoint to assess the participants knowledge on the sessions objectives. The final session will include a posttest and a satisfaction survey to help improve the overall course.

The product is guided by the Model of Human Occupation (MOHO), as it looks at humans from three components that are interrelated: volition, habituation, and performance capacity. Volition focused on the motivation to engage in an occupation, habituation the process of organizing occupations into rituals or routines, and performance capacity refers to the physical and mental abilities needed for skilled occupational performance (Cole & Tufano, 2008). The MOHO looks at these three components while understanding the physical and social environments in which the occupations are being performed, which is significant for the PPD and ED population to examine their roles, routines, and work/home life balance (Mack, 2019).

In addition to MOHO, the adult learning theory andragogy was utilized to create this product due to its emphasis on education being more learner centered rather than teacher centered and the power is exchanged between the educator and learner (Bastable et al., 2020). With the creation of the product, there were limitation, strengths, future developments, and recommendations for this course that can be found in Chapter five.

Chapter V

Summary

The purpose of this product is to assist occupational therapists who work with women with PPD and EDs build the confidence and expertise in providing occupational therapy services. The information was gathered through a review of the literature obtained through databases and other educational materials. The goal of the product is to expand knowledge and fill in the gaps in providing treatment approaches and best practice to occupational therapists to implement when working with the PPD and ED population. This guide provides occupational therapists with interview techniques, evaluation assessments, goal writing methods, frames of references, theories, occupational models, intervention approaches, and discharge planning recommendations that can all be embedded throughout the occupational therapy process. Included in this product is a facilitator guide, PowerPoint lectures, and participant handouts. The facilitator guide includes every step of the course, descriptions of lectures, recommended lecture material, and how to provide the resources. The participants will all be given handouts of the lecture slides, discussion questions, case study applications, and surveys.

The strengths of this product include the clearly organized information that is created for each session, guided by evidenced-based literature and the occupational therapy process, variation of learning styles are considered throughout, and subjective measurements to determine the effectiveness of the course content to provide continuous improvement of the product. A limitation of the product includes it being designed

specifically for partial hospitalization setting, so adjustments would need to be made for implementation in another setting. Another limitation includes the funding source for the product has not been identified which could make implementing this course difficult from a financial point of view. An additional limitation of the product is it has not yet been implemented leading to the utility of it being unknown. In order for these limitations to be addressed, it is recommended that this continuing education course be trialed to determine further strengths and areas of improvement. A final recommendation includes continuing further research between the ED and PPD population and how OT can continue to make an impact to increase success after discharge. Another recommendation includes making this continuing education course available online to increase the availability to OTs in different areas. This product can be implemented through distribution to facilities and occupational therapists that work with the ED and PPD population. The product is intended to be distributed by OTs working with individuals diagnosed with ED and PPD so they can teach and implement the guide appropriately.

It is anticipated that through implementation of services using the occupational therapy process, specifically considering the ED and PPD population, will increase OTs understanding and overall treatment outcomes. The product addresses the gap between ED, PPD, and the crucial role OT plays in helping these individuals return to their desired occupations and increase their overall independence and quality of life. If this course is implemented the benefits have the potential to create long lasting effects for both the occupational therapist and the client.

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Full Product

Guidelines for Occupational Therapist Working with Women with Postpartum Depression (PPD) and Eating Disorders (ED)

Continuing Education Course for Occupational Therapy Practitioners

Facilitators guide

Nathina Crabtree, MOTS, Sara Gregoire, MOTS & Nicole Harris, EdD, OTR/L

University of North Dakota Occupational Therapy Department

TABLE OF CONTENTS

Introduction to A Guide for Occupational Therapist Working with Women with Postpartum Depression and Eating Disorder: Continuing Education Course

Welcome to the introduction of the continuing education course geared towards treating women who have a co-occurring diagnosis of postpartum depression (PPD) and an eating disorder (ED). Information throughout this course is based on concepts from the Occupational Therapy Process and the Model of Human Occupation (MOHO) created by Gary Kielhofner.

This is a continuing education course that has been developed to enhance occupational therapist's knowledge on how to implement the occupational therapy process specifically for women diagnosed with postpartum depression and an eating disorder. This course is two days long, including eight sessions that last an hour each. The sessions will take you through the entire occupation therapy process. The eight sessions include: introduction, interview and understanding the diagnosis, evaluation and getting to know your client, evaluation assessments to be used and goal writing, frames of reference, theories, and occupational models, intervention approaches, discharge planning, and lastly a follow up and review. Additionally, a case study will be implemented throughout the sessions to guide your learning and apply your clinical reasoning skills.

Prerequisites:

The following are required for an individual to participate in this continuing education course:

1. Must be a practicing occupational therapist or an occupational therapist assistant.
2. Must be working in a setting where individuals diagnosed with an eating disorder or postpartum depression receive treatment.

Overarching Learning Objectives

Overarching Learning Objectives
By the end of this course, participants will demonstrate interpersonal skills through utilizing professional interviewing skills to understand ED and PPD and how it impacts an individual's quality of life and occupational performance.
By the end of this course, participants will demonstrate the necessary skills for completing the evaluation process for an individual diagnosed with the co-occurring disorder of ED and PPD through a case study activity.
By the end of this course, participants will demonstrate knowledge on different models and frame of references to utilize when designing interventions for individuals diagnosed with ED and PPD.
By the end of this course, participants will understand the discharge process and recommendations for individuals diagnosed with ED and PPD to increase their overall quality of life after treatment.

Facilitator Tip:

**Please print slides out for participants to follow along. It may also be beneficial to have the surveys printed for the participants as well. **

Session Objectives

Session 1 Learning Objectives
By the end of this session, participants will understand the expectations for this course.
By the end of this session, participants will demonstrate an understanding of the need for this course.

Session 2 Learning Objectives
By the end of this session, participants will demonstrate understanding the PPD and ED diagnoses and indicators.
By the end of the session, participants will discuss and implement client interviewing techniques to obtain information on the client's volition, habituation, and performance capacities.
By the end of this session, participants will discuss roles as an occupational therapist working with this population.

Session 3 Learning Objectives
By the end of this session, participants will demonstrate an understanding of aspects to incorporate throughout the evaluation process to get to know their client with co-occurring diagnosis of ED and PPD.
By the end of this session, participants will implement interpersonal skills such as therapeutic use of self to enhance rapport building with the ED and PPD population.
By the end of the session, participants will understand how to implement a holistic approach through objective and subjective observation through a case study activity.

Session 4 Learning Objectives
By the end of the session, participants will demonstrate skills to assess occupations of individuals diagnosed with co-occurring diagnosis of ED and PPD.
By the end of this session, participants will demonstrate the ability to assess performance skills, performance patterns, and client factors of individuals diagnosed with ED and PPD.
By end of the session, participants will demonstrate the ability to choose and apply appropriate assessments to enhance goal writing of the ED and PPD population.
By end of the session, participants will demonstrate the ability to write goals for individuals diagnosed with ED and PPD.

Session 5 Learning Objectives
By the end of this session, participants will understand the different frames of references, theories, and occupation based models that are appropriate for the ED and PPD population.
By the end of the session, participants will demonstrate the ability to choose the most suitable frame of reference, theory, or occupation based model to implement in intervention planning for individuals diagnosed with ED and PPD.

Session 6 Learning Objectives
By the end of the session, participants will demonstrate the ability to identify interventions that support occupations, activity-based, and occupation-based interventions for ED and PPD population.
By the end of the session, participants will demonstrate the ability to plan interventions through a case study based on ED and PPD.

Session 7 Learning Objectives
By the end of this session, participants will demonstrate the ability to complete appropriate discharge planning recommendations and referrals for women diagnosed with PPD and ED.
By the end of this session, participants will demonstrate the ability to evaluate patients' goals for discharge for women diagnosed with PPD and ED.
By the end of the session, participants will understand and perform their role in discharge planning for women diagnosed with PPD and ED.

Session 8 Learning Objectives
By the end of this session, participants will have an increased confidence in their abilities to provide occupational therapy services to women with PPD and an ED.
By the end of this session, participants will have an increased knowledge in providing care for women with PPD and an ED following the occupational therapy process.

SESSION 1: INTRODUCTION

Session 1 Learning Objectives
By the end of this session, participants will understand the expectations for this course.
By the end of this session, participants will demonstrate an understanding of the need for this course.

Overview & Introduction:

- Welcome the participants and thank them for participating in the continuing education course *Guidelines for Occupational Therapist working with Women with Postpartum Depression and Eating Disorder:* A Continuing Education Course.
- Provide materials and educational course manuals.
- Facilitator(s) will introduce themselves and give brief overview and relevant information.
- Identify goal of course: "The goal of this course is to expand knowledge and fill in the gaps in providing treatment approaches and best practice to occupational therapists working with women with postpartum depression and eating disorders. In addition, we hope that you walk away from this course with increased knowledge and confidence in your ability to provide occupational therapy services to this population."

Warm up activity:

1. Have participants introduce themselves and answer the following questions to get to know one another.

- How many years have you been practicing?
- What is something you would like to take back to your facility in working with this population to enhance working with this population?

Pretest Survey Use [*Session 1 Pretest Survey],* see (Appendix A).

Lecture

This PowerPoint is an overview of course expectations and guidelines. Use [*Session 1 PowerPoint*] facilitator copy, see (Appendix A).

Session Summary:

Facilitator(s) will guide the participants through the session summary. This is a good time to wrap up any final thoughts of the session and come to a final conclusion or conclusions on any questions or group discussions.

Learning Objective Checkpoint

At the end of each session, review the learning objectives and ask if there are any that were not met and answer questions to emphasis clarification and overall knowledge on session.

SESSION 2: UNDERSTANDING THE DIAGNOSIS & INTERVIEW

Session 2 Learning Objectives
By the end of this session, participants will demonstrate understanding the PPD and ED diagnosis and indicators.
By the end of the session, participants will discuss and implement client interviewing techniques to obtain information on the client's volition, habituation, and performance capacities.
By the end of this session, participants will discuss roles as an occupational therapist working with this population.

Overview:

1. This session will consist of examining the two diagnoses covered throughout this course, ED and PPD, and how they impact an individual's volition, habituation, performance capacities and overall quality of life through interviewing skills.
2. The facilitator(s) will provide an overview of the diagnoses in a PowerPoint, engage in large group discussions about interviewing techniques that would be beneficial for ED and PPD population and determine what OTs role is, and complete a case study activity to incorporate information learned throughout the session.

Lecture:

This PowerPoint will outline the diagnosis and criteria for PPD and EDs. Use [*Session 2 PowerPoint*] facilitator copy, see (Appendix A).

Case Study Application: Use [*Session 2: Case Study Part 1*], see (Appendix B).

Large Group Discussion: Use [*Session 2 Discussion Questions]*, see (Appendix A).

Session Summary:

Facilitator(s) will guide the participants through the session summary. This is a good time to wrap up any final thoughts of the session and come to a final conclusion or conclusions on any questions or group discussions.

Learning Objective Checkpoint

At the end of each session, review the learning objectives and ask if there are any that were not met and answer questions to emphasis clarification and overall knowledge on session.

SESSION 3: EVALUATION- GETTING TO KNOW YOUR CLIENT

Session 3 Learning Objectives
By the end of this session, participants will demonstrate an understanding of aspects to incorporate throughout the evaluation process to get to know their client with co-occurring diagnosis of ED and PPD.
By the end of this session, participants will implement interpersonal skills such as therapeutic use of self to enhance rapport building with the ED and PPD population.
By the end of the session, participants will understand how to implement a holistic approach through objective and subjective observation through a case study activity.

Overview:

- This session will consist of building therapeutic use of self, interpersonal skills, and rapport building to implement into the evaluation aspect of the OT process.
- The facilitator(s) will provide an overview of the evaluation process in a PowerPoint, engage in large group discussions about evaluation techniques that would be beneficial for the ED and PPD population and complete a case study activity to incorporate information learned throughout the session.

Lecture

This PowerPoint outlines the important aspects of getting to know your client and building therapeutic relationships with trust and the intentional relationship model. Use [*Session 3 PowerPoint*] facilitator copy, see (Appendix A).

Case Study Application: Use [*Session 3: Case Study Part 2*], see (Appendix B)

Small Group Discussion: Use [*Session 3 Discussion Questions]***,** see (Appendix A).

Session Summary:

Facilitator(s) will guide the participants through the session summary. This is a good time to wrap up any final thoughts of the session and come to a final conclusion or conclusions on any questions or group discussions.

Learning Objective Checkpoint

At the end of each session, review the learning objectives and ask if there are any that were not met and answer questions to emphasis clarification and overall knowledge on session.

SESSION 4: EVALUATION-ASSESSMENTS & GOAL WRITING

Session 4 Learning Objectives
By the end of the session, participants will demonstrate skills to assess occupations of individuals diagnosed with co-occurring diagnosis of ED and PPD.
By the end of this session, participants will demonstrate the ability to assess performance skills, performance patterns, and client factors of individuals diagnosed with ED and PPD.
By end of the session, participants will demonstrate the ability to choose and apply appropriate assessments to enhance goal writing of the ED and PPD population.
By end of the session, participants will demonstrate the ability to write goals for individuals diagnosed with ED and PPD.

Overview:

- This session will consist of examining the areas to assess with individuals diagnosed with ED and PPD, choosing and implementing appropriate assessments, and helpful tips to utilize when goal writing.
- The facilitator(s) will provide an overview of the areas to assess, appropriate assessments and goal writing tips in a PowerPoint, engage in small group discussions to brainstorm assessments that would be beneficial and specific concepts to incorporate in goal writing for ED and PPD population, and complete a case study activity to incorporate information learned throughout the session.

Lecture:

This PowerPoint outlines the important aspects of the evaluation/assessment process and goal writing. Use [*Session 4 PowerPoint*] facilitator copy, see (Appendix A).

Case Study Application: Use [*Session 4: Case Study Part 3*], see (Appendix B).

Small Group Discussion: Use [*Session 4 Discussion Questions*], see (Appendix A).

Session Summary:

Facilitator(s) will guide the participants through the session summary. This is a good time to wrap up any final thoughts of the session and come to a final conclusion or conclusions on any questions or group discussions.

Learning Objective Checkpoint

At the end of each session, review the learning objectives and ask if there are any that were not met and answer questions to emphasis clarification and overall knowledge on session.

SESSION 5: FRAMES OF REFERENCE, THEORIES, & OCCUPATIONAL MODELS

Session 5 Learning Objectives
By the end of this session, participants will understand the different frames of references, theories, and occupation based models that are appropriate for the ED and PPD population.
By the end of the session, participants will demonstrate the ability to choose the most suitable frame of reference, theory, or occupation based model to implement in intervention planning for individuals diagnosed with ED and PPD.

Overview:

- This session will consist of understanding a variety of frames of reference, theories, and occupational models to guide interventions for the PPD and ED population.
- The facilitator(s) will provide an overview of the frames of references, theories, and occupational models in a PowerPoint, engage in large group discussions to guide interventions that would be beneficial for the ED and PPD population and complete a case study activity to incorporate information learned throughout the session.

Lecture

This PowerPoint outlines the FOR, theories, and models to guide interventions that would be beneficial to the PPD and ED population. Use [*Session 5 PowerPoint*] facilitator copy, see (Appendix A).

Case Study Application: Use [*Session 5: Case Study Part 2*], see (Appendix B)

Small Group Discussion: Use [*Session 5 Discussion Questions*], see (Appendix A)

Session Summary:

Facilitator(s) will guide the participants through the session summary. This is a good time to wrap up any final thoughts of the session and come to a final conclusion or conclusions on any questions or group discussions.

Learning Objective Checkpoint

At the end of each session, review the learning objectives and ask if there are any that were not met and answer questions to emphasis clarification and overall knowledge on session.

SESSION 6: INTERVENTION PLANNING

Session 6 Learning Objectives
By the end of the session, participants will demonstrate the ability to identify interventions that support occupations, activity-based, and occupation-based interventions for ED and PPD population.
By the end of the session, participants will demonstrate the ability to plan interventions through a case study based on ED and PPD.

Overview:

- This session will consist of examining the different interventions that can be implemented with an individual diagnosed with ED and PPD such as interventions to support occupations, activity-based, and occupation-based interventions.
- The facilitator(s) will provide an overview of the different interventions that can be implemented to help reach a client's goal in a PowerPoint, engage in small group discussions to determine interventions that would be beneficial and goal-directed for ED and PPD population, and complete a case study activity to incorporate information learned throughout the session.

Lecture

This PowerPoint outlines the important aspects of the evaluation/assessment process and goal writing. Use [*Session 6 PowerPoint*] facilitator copy, see (Appendix A).

Case Study Application: Use [*Session 6: Case Study Part 5*], see (Appendix B).

Small Group Discussion: Use [*Session 6 Discussion Questions*]**,** see (Appendix A).

Session Summary:

Facilitator(s) will guide the participants through the session summary. This is a good time to wrap up any final thoughts of the session and come to a final conclusion or conclusions on any questions or group discussions.

Learning Objective Checkpoint

At the end of each session, review the learning objectives and ask if there are any that were not met and answer questions to emphasis clarification and overall knowledge on session.

SESSION 7: DISCHARGE PLANNING

Session 7 Learning Objectives
By the end of this session, participants will demonstrate the ability to complete appropriate discharge planning recommendations and referrals with women diagnosed with PPD and ED.
By the end of this session, participants will demonstrate the ability to evaluate patients' goals for discharge with women diagnosed with PPD and ED.
By the end of the session, participants will understand and perform their role in discharge planning with women diagnosed with PPD and ED.

Overview:

- This session will consist of examining if the individual's goals are met or not met to determine further recommendations and referrals that would benefit women diagnosed with PPD and ED during discharge planning.
- The facilitator(s) will provide an overview of the areas to assess, appropriate assessments and help goal writing tips in a PowerPoint, engage in small group discussions to determine interventions that would be beneficial and specific concepts to incorporate to make the interventions meaningful and goal-directed for ED and PPD population, and complete a case study activity to incorporate information learned throughout the session.

Lecture

This PowerPoint outlines the important aspects of the evaluation/assessment process and goal writing. Use [*Session 7 PowerPoint*] facilitator copy, see (Appendix A).

Case Study Application: Use [*Session 7: Case Study Part 6*], see (Appendix B)

Small Group Discussion: Use [*Session 7 Discussion Questions],* see (Appendix A).

Session Summary:

Facilitator(s) will guide the participants through the session summary. This is a good time to wrap up any final thoughts of the session and come to a final conclusion or conclusions on any questions or group discussions.

Learning Objective Checkpoint

At the end of each session, review the learning objectives and ask if there are any that were not met and answer questions to emphasis clarification and overall knowledge on session.

SESSION 8: FOLLOW-UP & REVIEW

Session 8 Learning Objectives
By the end of this session, participants will have an increased confidence in their abilities to provide occupational therapy services to women with PPD and an ED.
By the end of this session, participants will have an increased knowledge in providing care for women with PPD and an ED following the occupational therapy process.

Final Overview:

- This session will consist of wrapping up and reflecting on the OT process.
- The facilitator(s) will provide a wrap up of the areas addressed throughout the course and help in answering any further questions in a PowerPoint. In addition, the participants will complete a posttest and satisfaction survey.

Final wrap up activity:

Have the participants answer the following questions.

- What was one thing you learned throughout this course that you will be using in your future practice with this population?
- How will you take what you learned and implement it into your future practice? What would this look like?

Lecture

This PowerPoint outlines and wraps up the entire course. Use [*Session 8 PowerPoint*] facilitator copy, see (Appendix A).

Posttest Survey Use *[Session 8 Posttest Survey],* see (Appendix A).

Satisfaction Survey Use *[Session 8 Satisfaction Survey],* see (Appendix A).

Learning Objective

Appendix A

SESSION 1 HANDOUTS:

Pretest Survey

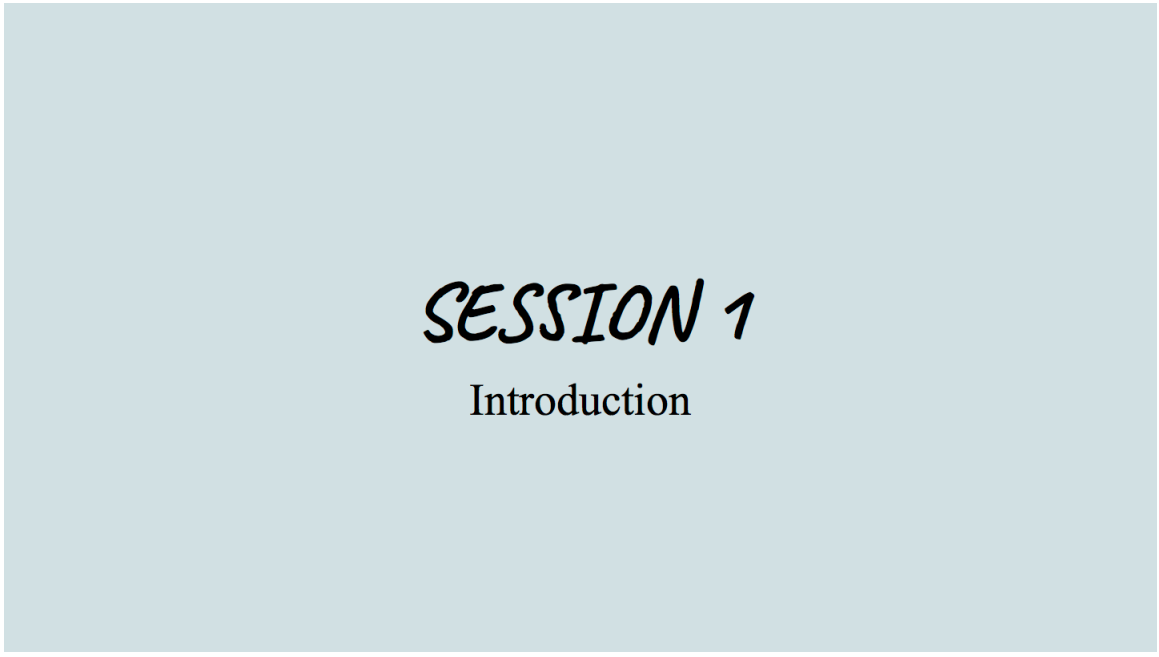
On a scale from 1 - 10 (1 being the least likely to be able to and 10 being the most likely to be able to) how well do you feel you are able to do these?	**1-10**
1. The ability to demonstrate an understanding of the occupational therapy role when working with individuals diagnosed with PPD and ED.	
2. The ability to implement interpersonal skills such as therapeutic use of self and a holistic approach to occupational therapy progress and treatment.	
3. The ability to assess performance skills, performance patterns, and client factors of individuals diagnosed with PPD and ED.	
4. The ability to choose and apply appropriate assessments to evaluate individuals diagnosed with PPD and ED.	
5. The ability to write appropriate and client centered goals for individuals diagnosed with PPD and ED.	
6. The ability to demonstrate an understanding of the different frames of references, theories, and occupation based models for individuals diagnosed with PPD and ED.	
7. The ability to identify interventions that support occupations, activities, and occupation based interventions for individuals diagnosed with PPD and ED.	
8. The ability to complete appropriate discharge planning recommendations and referrals for individuals diagnosed with PPD and ED.	
9. Overall confidence and knowledge in your abilities to provide occupational therapy services to individuals with PPD and ED.	

PowerPoint Slides

A Guide for Occupational Therapist Working with Women with Postpartum Depression (PPD) and Eating Disorders (ED)

Continuing Education Course for Occupational Therapy Practitioners

Nathina Crabtree, MOTS, Sara Gregoire, MOTS
University of North Dakota Occupational Therapy Department



Session 1 Learning Objectives:

By the end of this session, participants will understand the expectations for this course.

By the end of this session, participants will demonstrate an understanding of the need for this course.

Overview

- Welcome!!
- Provide materials
- Prerequisite materials
- Introductions
- Identify course goal

Warm Up Activity

Answer questions:

1. How many years have you been practicing?
2. How many years have you been working with women diagnosed with postpartum depression or an eating disorder?
3. What is something you would like to take back to your facility in working with this population?

Pre Test Survey (15 minutes)

Who?

Who is this course geared towards?

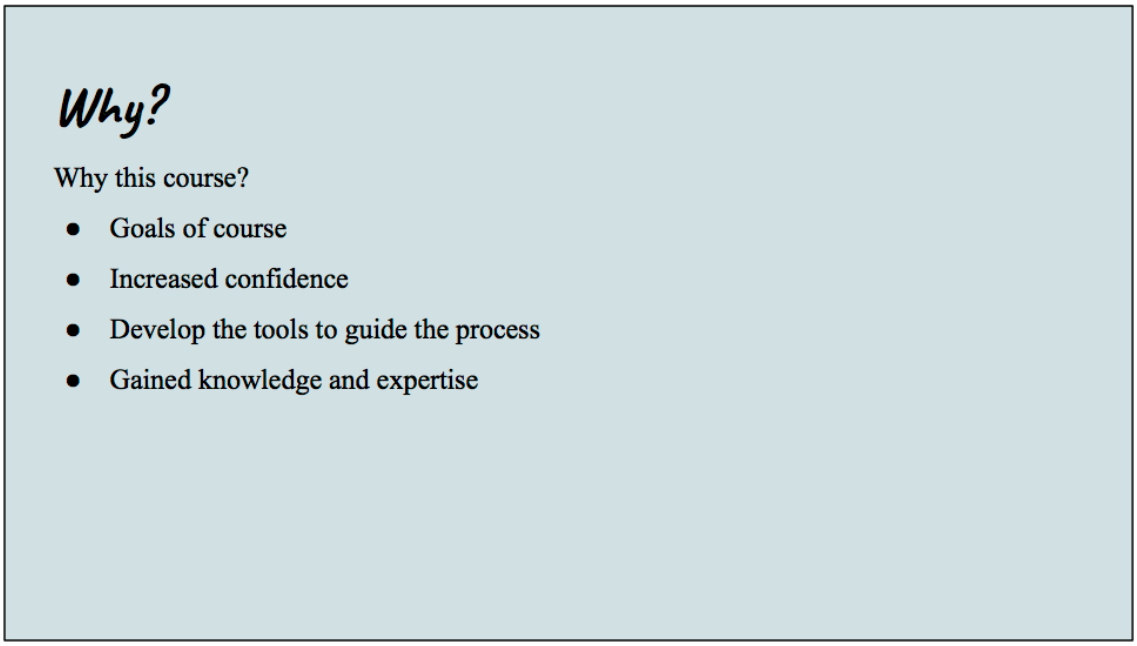
You, occupational therapists working with women with postpartum depression, an eating disorder, or both. Occupational therapists striving to learn more about this specific population or have an interest in this area of treatment.

What?

What is it?

- A continuing education course.
- To expand knowledge and fill in the gaps.
- Two days long, including eight sessions that last an hour each.
- Following the occupation therapy process.
- Case study application

This is a continuing education course that has been developed to expand knowledge and fill in the gaps in providing treatment approaches and best practice to occupational therapists working with women with PPD and EDs. This course is two days long, including eight sessions that last an hour each. The sessions will take you through the entire occupation therapy process. The eight sessions include: introduction, interview and understanding the diagnosis, evaluation and getting to know your client, evaluation assessments to be used and goal writing, frames of reference, theories, and occupational models, intervention approaches, discharge planning, and lastly a follow up and review. Additionally, a case study will be implemented throughout the sessions to guide your gained knowledge and clinical reasoning.



Why this course?

The goal for this course is that you will leave with an increased confidence in your ability to treat women with postpartum depression and eating disorders. That you will have all of the tools to bring you through the entire occupational therapy process from interview to discharge planning. We hope that you walk away feeling you have gained the knowledge and expertise to better your clinical reasoning and ability to women with PPD and EDs.

How?

How will this course be done?

- Eight sessions.
- Each session has: lecture, case study application, and wrap up.
- It is expected that you are present for all eight sessions to receive all continuing education credits.
- Come prepared and ready to learn.
- Attention is necessary.
- Ask questions and collaborate.

How will this course be done?

This course will be completed in eight sessions. The sessions will include different parts of the occupational therapy process and will have case study application in each one. Each session will start with a lecture, then move onto the case study application, and finally a wrap up. Each session will lead into the next one, which is why it is expected that you are present for all eight sessions to receive all continuing education credits. We ask that you come to courses prepared and ready to learn. Our sessions will be fast paced and your attention is necessary. We ask that you ask questions and collaborate with other occupational therapists in this course when appropriate.

Theories

- The Model of Human Occupation [MOHO] (Cole & Tufano, 2008)
- The Occupational Therapy Practice Framework [OTPF] (AOTA, 2020)

The Model of Human Occupation (MOHO) was the guiding model used for the development of this program. Using the MOHO is an appropriate theory utilized by occupational therapists that addresses a broad and integrative view of human occupations (Cole & Tufano, 2008). Within MOHO, humans are looked at from three components that are interrelated: volition, habituation, and performance capacity. Volition is the motivation to engage in an occupation, habituation is the process of organizing occupations into rituals or routines, and performance capacity refers to the physical and mental abilities needed for skilled occupational performance (Cole & Tufano, 2008). The MOHO also emphasizes the importance of understanding the physical and social environments in which the occupations are being performed. Understanding these components in a co-occurring disorder of PPD and EDs in women is beneficial in guiding OT practitioners to provide client-centered and meaningful interventions and treatment as a whole. In addition, because this population has a strong focus on habits, roles, and performance skills, the occupational therapy frame of reference (OTPF) will be implemented to guide the program objectives following the OT process; evaluation, intervention, and discharge planning.

Session Summary

- Who, what, why, and how
- Theories

Learning Objective Checkpoint!

By the end of this session, participants will understand the expectations for this course.

By the end of this session, participants will demonstrate an understanding of the need for this course.

Questions?

References

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy, 74*(Suppl. 2), S1– S48. http://dx.doi.org/0.5014/ajot.2020.74S2001

Bastable, S.B., Gramet, P., Sopczyk, D.L., Jacobs, K., & Braungart, M.M. (2020). *Health professional as educator: Principles of teaching and learning.* Sudbury, MA: Jones and Bartlett Learning.

Cole, M. B. & Tufano, R. (2008). *Applied theories in occupational therapy: A practical approach*. Thorofare, NJ.: Slack.

SESSION 2 HANDOUTS:

Large Group Discussion Questions

SESSION 2: Discussion Questions

Answer the following questions in a large group discussion.

1. How would the co-occurring diagnoses of ED and PPD impact a client's volition, habituation, and performance capacities to engage in daily occupations?

2. What interviewing techniques/skills would you want to incorporate to gather accurate and meaningful information from a client diagnosed with ED and PPD?

3. What is OTs main role in the interviewing process?

4. What specific questions should an OT ask?

PowerPoint Slides

SESSION 2

Understanding the Diagnosis & Interview

Session 2 Learning Objectives

By the end of this session, participants will demonstrate understanding the PPD and an ED diagnosis and indicators.

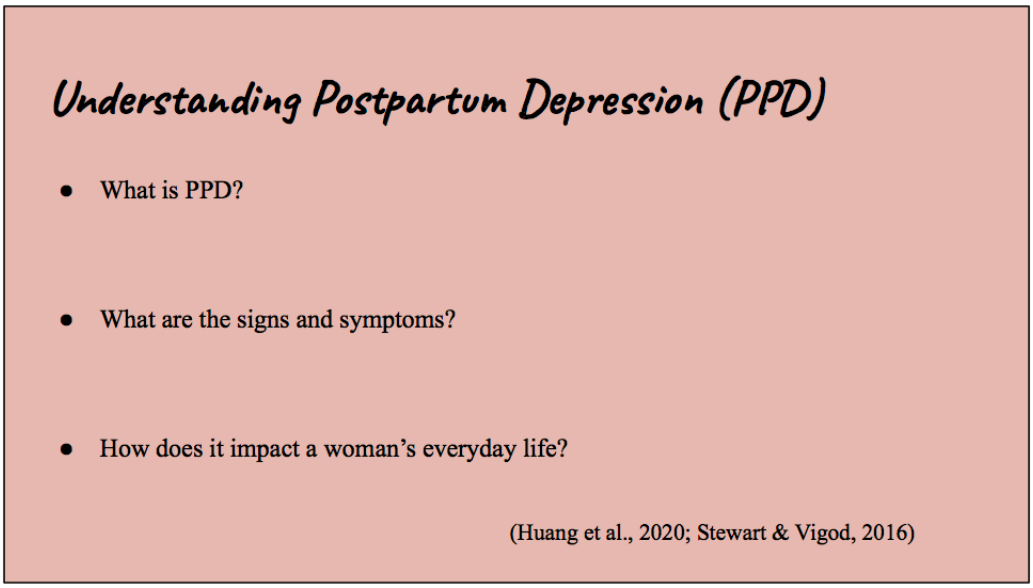
By the end of the session, participants will discuss and implement client interviewing techniques to obtain information on the clients volition, habituation, and performance capacities.

By the end of this session, participants will discuss roles as an occupational therapist working with this population.

Overview

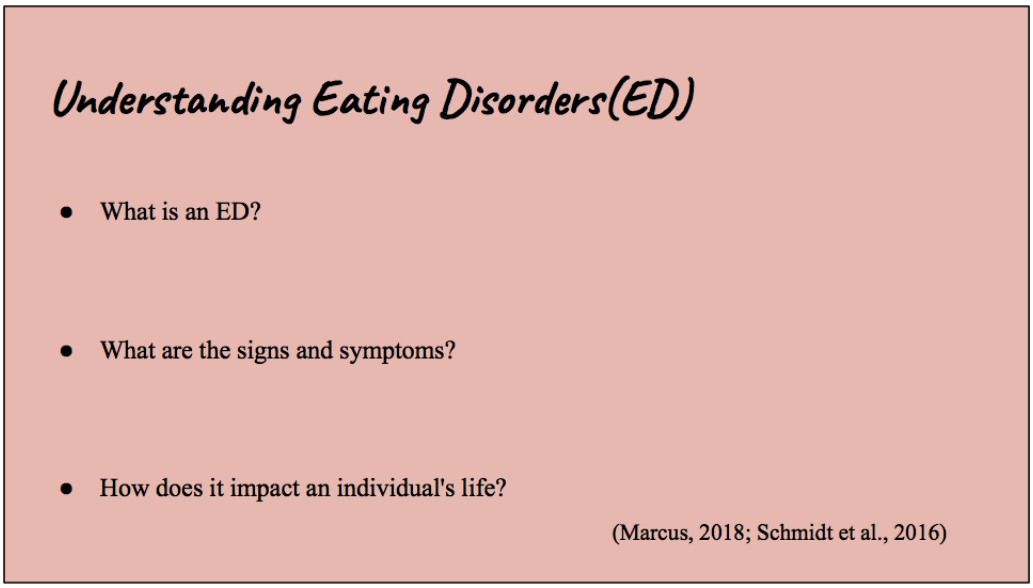
- Understanding Diagnoses
- Interviewing Techniques/Skills
- Occupational Therapists Role

Large Group Discussion (5-10 Minutes)



1. PPD-
    a. Can be characterised as a disabling diagnosis that follows childbirth. It is included in the DSM-5 defined as "a major depressive episode with peripartum onset if onset of mood symptoms occurs during pregnancy or within 4 weeks following delivery" (Steward and Vigod, 2016, p. 2177).
2. Symptoms-
    a. Disturbance of sleep, anxiety, irritability, feeling overwhelmed, or becoming obsessed with the babies health and feeding (Stewart & Vigod, 2016). Can spontaneously be resolved within weeks after onset, but approx. 20% of women will experience depression up to a year, and 13% experience depression up to 2 years (Stewart & Vigod, 2016).
3. Impact on Life-

a. Women can experience difficulty carrying out maternal functions and create complications in the maternal-infant relationship leading to infant attachment issues (Huang et al., 2020). Can impact the woman's ability to engage in all activities of daily living and impacting her ability to carry out her habits, roles, and routines.



1. ED-
    a. Can be characterized as a regular and consistent disturbance in eating or eating-related behaviors that are related to distress and/or impairments (Marcus, 2018). There are many that an individual can be diagnosed with such as, binge-eating disorder (BED), bulimia nervosa (BN), and anorexia nervosa (AN).
        i. BED that occurs with BN can be associated with a continuous effort to undo the effect of a large intake of food through self-induced vomiting, misuse of laxative, diuretics or medication, severe dietary restrictions, and excessive exercise (Marcus, 2018).
        ii. AN can be described as a disorder where an individual experiences low body weight that is unacceptable and is having inappropriate dietary restrictions that appear to

i. unrelated to obesity (Marcus, 2018).

2. Signs/Symptoms-
    a. Binge eating or unhealthy weight control behaviors such as vomiting, fasting, using laxatives or diuretics to lose weight (Marcus, 2018). Individuals might show problematic eating related behaviors such as anxiety around food and eating, loss of control eating, compensatory behaviors to avoid weight gain, and shape concerns (Marcus, 2018).
3. Impact on Life-
    a. Women with any ED are more likely to stay childless, have fewer children, and need fertility treatment to conceive than those without an ED and they experience difficulty feeding their children and interacting with them (Schmidt et al., 2016). Eating disorders can also impact all ADLs and IADLs and individuals abilities to carry out in their roles, habits, and daily routines.

Useful Interviewing Techniques

1. Focus on functions related to:
    a. What client NEEDS to do
    b. What client WANTS to do
    c. What client is EXPECTED to do
2. Ask client about:
    a. Capacities
    b. Habits
    c. Impairments/Challenges
    d. Strengths/Interests

Case Study Activity (10 Minutes)

Large Group Discussion (5-10 Minutes)

Session Summary

- PPD diagnosis, signs, and symptoms
- ED diagnosis, signs, and symptoms
- Interview techniques

Learning Objective Checkpoint!

By the end of this session, participants will demonstrate understanding of the PPD and an ED diagnosis and indicators.

By the end of the session, participants will discuss and implement client interviewing techniques to obtain information on the clients volition, habituation, and performance capacities.

By the end of this session, participants will discuss roles as an occupational therapist working with this population.

Questions?

References

Huang, R., Yang, D., Lei, B., Yan, C., Tian, Y., Huang, X., & Lei, J. (2020). The short-and long-term effectiveness of mother–infant psychotherapy on postpartum depression: A systematic review and meta-analysis. *Journal of Affective Disorders*, *260*, 670–679. doi: 10.1016/j.jad.2019.09.056

Marcus, M. D. (2018). Obesity and eating disorders: Articles from the international journal of eating disorders 2017–2018. *International Journal of Eating Disorders*, *51*(11), 1296–1299. doi: 10.1002/eat.22974

Schmidt, U., Adan, R., Böhm, I., Campbell, I. C., Dingemans, A., Ehrlich, S., … Zipfel, S. (2016). Eating disorders: The big issue. *The Lancet Psychiatry*, *3*(4), 313–315. doi: 10.1016/s2215-0366(16)00081-x

Stewart, D. & Vigod, S. (2016). Postpartum depression. *The New England Journal of Medicine, 375(22),* 2177–2186. doi: 10.1056/NEJMcp1607649

SESSION 3 HANDOUTS:

Large Group Discussion Questions

SESSION 3: Discussion Questions

Answer the following questions in a large group discussion.

1. When working with populations with psychosocial difficulties what is the most important part to building a therapeutic relationship?

2. What does therapeutic use of self-look like?

3. How will the Intentional Relationship Model (IRM) be implemented and beneficial when getting to know your client?

4. How will building rapport, using therapeutic use of self the IRM help gather information on the client's volition, habituation, and performance capacities?

PowerPoint Slides

SESSION 3

Evaluation: Getting to Know Your Client

Session 3 Learning Objectives

By the end of this session, participants will demonstrate an understanding of aspects to incorporate throughout the evaluation process to get to know their client with co-occuring diagnosis of ED and PPD.

By the end of this session, participants will implement interpersonal skills such as therapeutic use of self to enhance rapport building with the ED and PPD population.

By the end of the session, participants will understand how to implement a holistic approach through objective and subjective observation through a case study activity.

Overview

- Building Rapport
- Intentional relationship model
- Therapeutic use of self

Small Group Discussion (5-10 Minutes)

Building Rapport

- Establishing trust and building rapport
- Implementing the intentional relationship model (IRM)
- Holistic approach
- Trust is essential for individuals with psychiatric diagnosis
- With us of therapeutic use of self

(Palmadottir, 2006, Taylor, Lee, Kielhofner, & Katkar, 2009)

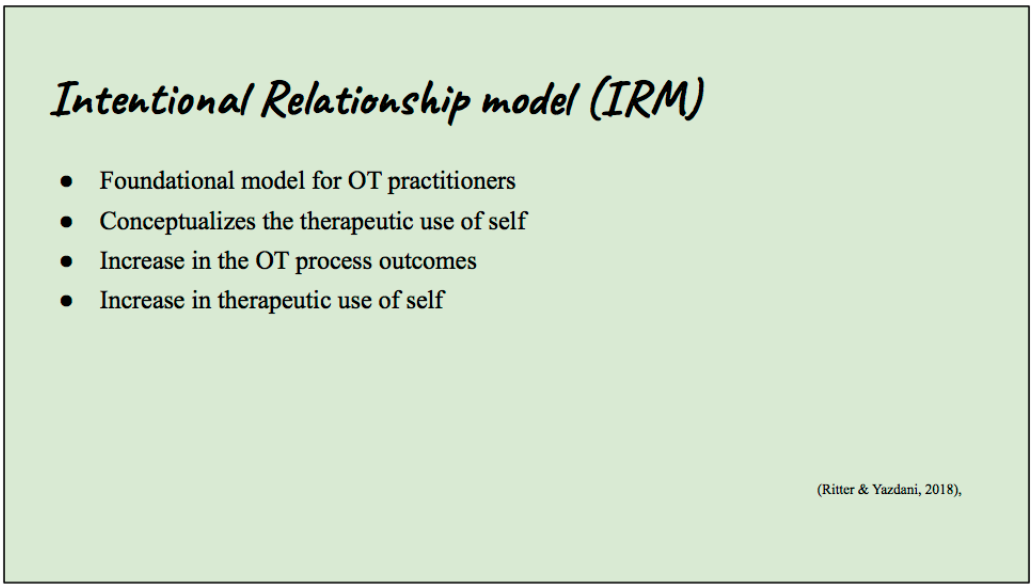
The evaluation process is a significant part of the OT process because it is the beginning of building rapport with clients, implementing the intentional relationship model for a successful utilization of therapeutic use of self, applying a holistic approach to therapy and understanding the clients goals.

When working with clients who have psychiatric diagnoses such as ED and PPD, the component of trust is essential.

Palmadottir (2006), explained the importance of building rapport between the client and the therapist was to create a genuine treatment process that can be carried out through a successful therapeutic relationship. Active collaboration between the client and therapist is essential for having an effective OT process, the therapist needs to obtain a level of trust from the client, and the client and therapist need to share a sense of meaning for the therapist to coach the client to rebuild his or her self through occupation (Palmadottir, 2006).

Taylor, Lee, Kielhofner, and Katkar (2009), emphasizes the importance of OTs interaction with clients and their efforts to optimize their interactions with clients.

The entire OT process is built on the interactions between the client and the OT, in order to have successful interactions it is imperative that OTs have the skills to use therapeutic use of self to encourage a successful outcome.



The intentional relationship model (IRM) is a foundational model for OT practitioners to utilize because it conceptualizes the therapeutic use of self within the OT profession, which is significant to understand when working with individuals diagnosed with ED and PPD (Ritter & Yazdani, 2018).

By understanding the IRM concepts, when working with individuals diagnosed with ED and PPD, it can increase the OT process outcomes and increase intentional use of therapeutic use of self throughout.

IRM & Therapeutic Use of Self

- Personality, perceptions and judgements
- Helps guide OT process
- Increases assessment and client outcomes

(Taylor, Lee, Kielhofner, & Katkar, 2009)

The term therapeutic use of self can be looked at as the therapist using his or her personality, perceptions, and judgements to obtain a better outcome during the OT process (Taylor, Lee, Kielhofner, & Katkar, 2009).

The concepts from the IRM and using therapeutic use of self is especially important for OTs during the evaluation and while carrying out assessments, in order to get accurate results to guide the rest of the OT process.

Case Study Activity (10 Minutes)

Small Group Discussion (5-10 Minutes)

Session Summary

- Building rapport
- Therapeutic use of self
- Intentional Relationship Model

Learning Objectives Checkpoint!

By the end of this session, participants will demonstrate an understanding of aspects to incorporate throughout the evaluation process to get to know their client with co-occuring diagnosis of ED and PPD.

By the end of this session, participants will implement interpersonal skills such as therapeutic use of self to enhance rapport building with the ED and PPD population.

By the end of the session, participants will understand how to implement a holistic approach through objective and subjective observation through a case study activity.

Questions?

References

Palmadottir, G. (2006). Client-therapist relationships: Experiences of occupational therapy clients in rehabilitation. *British Journal of Occupational Therapy*, 69(9), 394–401. https://doi.org/10.1177/030802260606900902

Ritter, V. & Yazdani, F. (2018). Psychometric properties of an instrument derived from the intentional relationship model: The self-efficacy for recognizing clients' interpersonal characteristics (N-SERIC). *The Open Journal of Occupational Therapy*, 6(2). https://doi.org/10.15453/2168-6408.1423

Taylor, R. R., Lee, S. W., Kielhofner, G., & Ketkar, M. (2009). Therapeutic use of self: A nationwide survey of practitioners' attitudes and experiences. *American Journal of Occupational Therapy*, 63, 198–207

SESSION 4 HANDOUTS:

Small Group Discussion Questions

SESSION 4: Discussion Questions

Answer the following questions in a small group discussion.

1. What are the main areas from the OTPF you would want to assess with an individual diagnosed with PPD and ED?

2. What are current OT assessments that are most appropriate to utilize with the PPD and ED population?

3. Are there other assessments that would be beneficial to implement to gather information about the client's volition, habituation, and performance capacities?

4. How would you write a meaningful goal for an individual with these co-occurring diagnoses?

PowerPoint Slides

SESSION 4

Evaluation: Specific Assessments & Goal Writing

Session 4 Learning Objectives

By the end of the session, participants will demonstrate the skills necessary to assess occupations of individuals diagnosed with co-occuring diagnosis of ED and PPD.

By the end of this session, participants will demonstrate the ability to assess performance skills, performance patterns, and client factors of individuals diagnosed with ED and PPD.

By end of the session, participants will demonstrate the ability to choose and apply appropriate assessments to enhance goal writing of the ED and PPD population.

By end of the session, participants will demonstrate the ability to write goals for individuals diagnosed with ED and PPD.

Overview

- Areas to assess for ED and PPD population
- Choosing and applying assessments
- Goal Writing Tips for ED and PPD individuals

Small Group Discussion (5-10 Minutes)

What Areas to Assess?

- Occupations (ADLs & IADLs)
- Performance Skills
- Performance Patterns
- Client Factors

(AOTA, 2020)

1. Performance Skills (AOTA, 2020) :
    a. This looks at an individual's motor skills, process skills, and social interaction skills that are observable and goal-directed actions.
    b. An occupational therapist examines these skills by watching an individual actual perform a task in order to understand the client's ability to perform.
2. Performance Patterns (AOTA, 2020):
    a. Incorporates examining an individual's habits, routines, roles, and rituals that are used to incorporate in occupations and that can support or hinder their overall occupational performance.
    b. These specific patterns help establish an individual's lifestyle and provide them with a sense of occupational balance by understanding their context and cultural norms.
3. Client Factors (AOTA, 2020) :
    a. Entails examining a person's values, beliefs, spirituality, body functions, and body structures.
    b. These are specific capacities, characteristics, or beliefs that come from within a person, group, or population that can impact an individual's performance in occupations.
4. Occupations (AOTA, 2020) :
    a. This look at a person's activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep,

    a. education, work, play, leisure, and social participation.
    b. Are the central to an individual's health, identity, and sense of competence and have a sense of meaning to the person.

Beneficial Assessments

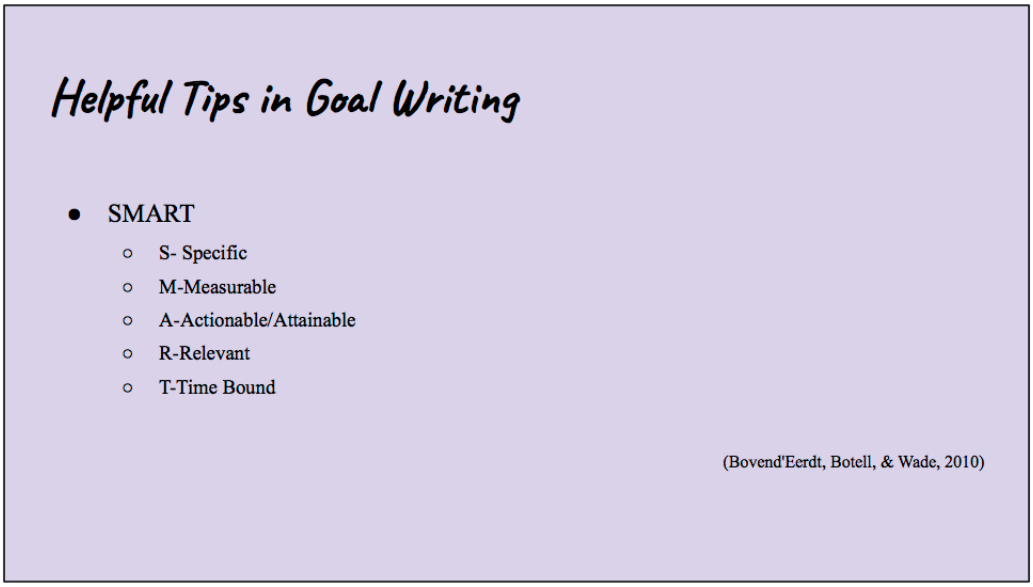
- Occupational Self-Assessment (OSA)
- Kohlman Evaluation of Living Skills (KELS)
- Milwaukee Evaluation of Daily Living Skills (MEDLS)
- Performance of Self-Care Skills (PASS)

(Askew, 1990; Robertson, 1993; Roger, 2014; Lim, Xie, Li, & Lee, 2020)

1. OSA
    a. The OSA measures aspects that come from the Model of Human Occupation (MOHO), occupational competence and occupational identity (Tan, Lim, Xie, Li, & Lee, 2020). This assessment is significant with the ED and PPD population due to it being client-centered by examining the client's perception of their occupational competence and occupational identity and establishing what their priorities entail (Tan, Lim, Xie, Li, & Lee, 2020).
2. KELS-
    a. An assessment that measures performance to live independently within the community by examining both instrumental activities of daily living (IADLS) and basic activities of daily living (ADLS) (Robertson, 1993).
    b. This assessment is important for ED and PPD population because it assess their IADLS and ADLS that are crucial and necessary to independently perform their habits, roles, and routines.
3. MEDLS-
    a. An assessment that is a practical behavioral assessment that is used with mental health populations that is a direct observation assessing individuals performing basic communication, personal health care, hygiene, dressing, eating, medication management,

a. money management, safety in community and home, time awareness, and use of telephone and transportation (Askew, 1990).
b. This is beneficial for ED and PPD population due to allowing OTs to observe the individuals occupational performance and interpret their level of independence to engage within their community and home safely.

2. PASS-
   a. Is an assessment that measures an individual's capacity for community living through analyzing their independence, safety, and adequacy through observing the individual performing different tasks (Chisholm, Toto, Raina, Holm, & Rogers, 2014)
   b. This assessment benefits the ED and PPD population because it looks at problems limiting occupational performance, specifically the ability to have motivation to plan and carry out roles, routines, habits, and daily life tasks (Chisholm, Toto, Raina, Holm, & Rogers, 2014).



S- Ask questions (who, what, when, where, and why?). Customize the goal for the patient's concerns/needs. Avoid vague description.

M- How will you measure their progress? How will you know when you achieved their goal? Recommended to use validated and objective measures.

A- Is the goal you are writing reasonable and achievable? Set realistic goals based on the individual's physical, cognitive, social, and environmental barriers.

R- Why is achieving this goal important? Is this goal meaningful to the client? Try to avoid goals that are specific to standardized test items. Establish goals in partnership with the patient and their caregiver. FOCUS ON FUNCTION

T- When will this goal be achieved? What is the timeframe for this goal to be achieved?Set a deadline and avoid saying "by discharge."

Case Study Activity (10 Minutes)

Small Group Discussion (5-10 Minutes)

Learning Objective Checkpoint!

By the end of the session, participants will demonstrate the skills necessary to assess occupations of individuals diagnosed with co-occuring diagnosis of ED and PPD.

By the end of this session, participants will demonstrate the ability to assess performance skills, performance patterns, and client factors of individuals diagnosed with ED and PPD.

By end of the session, participants will demonstrate the ability to choose and apply appropriate assessments to enhance goal writing of the ED and PPD population.

By end of the session, participants will demonstrate the ability to write goals for individuals diagnosed with ED and PPD.

Questions?

References

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy, 74*(Suppl. 2), 1-87. https://doi.org/10.5014/ajot.2020.74S2001

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Rogers, J. C. & Holm, M. B. (2016). Functional assessment in mental health: lessons from occupational therapy. *Dialogues in Clinical Neuroscience*, 18(2), 145–154.

SESSION 5 HANDOUTS

Small Group Discussion Questions

SESSION 5: Discussion Questions

Answer the following questions in a large group discussion.

1. What kinds of things do you consider when choosing a frame of reference, model, or theory?

2. What are some frames of reference, models, and theories to be used with the PPD and ED population?

3. What would advantages be with using MOHO to guide your interventions? Are there any disadvantages?

4. How can you implement those into interventions? Give examples.

PowerPoint Slides

SESSION 5

Frames of References, Theories, Occupational Models

Session 5 Learning Objectives

By the end of this session, participants will understand the different frames of references, theories, and occupation based models that are appropriate for the ED and PPD population.

By the end of the session, participants will demonstrate the ability to choose the most suitable frame of reference, theory, or occupation based model to implement in intervention planning for individuals diagnosed with ED and PPD.

Overview

- Psychosocial
- Cognitive Behavioral Therapy (CBT)
- Interpersonal Therapy Model (IPT)

Small Group Discussion (5-10 Minutes)

Psychosocial Frame of Reference

- Appropriate for individuals with PPD and ED
- Beneficial to the treatment approach
- Addressing both the psychological and social factors

(Costa & Melnik, 2016)

After completion of evaluation and selected assessment methods, the next step in the OT process is implementation of interventions. When working with individuals who have been diagnosed with PPD and ED, psychosocial intervention approaches are shown to be beneficial (Costa & Melnik, 2016). The psychosocial intervention approach is beneficial to this population because it addresses both the psychological and social factors involved in onset and maintenance of these disorders (Costa & Melnik, 2016)

CBT Theory

- Multimodal approach
- Counseling, psychoeducation, self awareness, behavioral, and cognitive strategies
- One-on-one
- Group sessions
- Family sessions

(Costa & Melnik, 2016)

The cognitive behavioral therapy (CBT) approach is a specific psychosocial intervention strategy that can be used with this population. The CBT approach is multimodal that includes counseling, psychoeducation, self-awareness, behavioral, and cognitive strategies. These strategies can be used in one on one sessions with the client, as well as group sessions with the family (Costa & Melnik, 2016).

IPT Model

- Originally developed for treating individuals with depression
- Focus on interrelatedness of interpersonal problems and psychological symptoms
- Four domains: interpersonal deficits, role transitions, and grief or loss
- Beneficial for individuals with ED and PPD

(Grilo, 2017, Rieger et al., 2010, Klier, Muzik, Rosenblum, & Lenz, 2001).

Along with CBT, the interpersonal therapy (IPT) model is another psychosocial intervention approach that has been found to be useful for working with clients who are experiencing both EDs and PPD.

The IPT model of treatment was originally developed for treating individuals with depression before it was used with the ED population (Grilo, 2017). Studies show the efficacy of the use of the IPT in treatment of ED (Rieger et al., 2010). In addition, IPT is an intervention approach with a focus on interrelatedness of interpersonal problems and psychological symptoms (Rieger et al., 2010). Rather than focusing directly on the behaviors of the ED, this approach centers around four main domains: interpersonal deficits, role conflicts, role transitions, and grief or loss (Grilo, 2017). Additionally, IPT has demonstrated effectiveness in treatment of individuals with antepartum and postpartum depression (Klier, Muzik, Rosenblum, & Lenz, 2001).

IPT Model

- Previous studies
- Model is relevant to the new roles and challenges faced of being a mother
- Help manage roles
- Express feelings
- Improve interpersonal skills and relationships

(Grilo, 2017, Rieger et al., 2010, Klier, Muzik, Rosenblum, & Lenz, 2001).

Klier, Muzik, Rosenblum, and Lenz (2001), selected the use of IPT in a study with individuals with PPD due to its focus on specific problem areas relevant to pregnancy and the birth of a child. With the new role and challenges of being a mother with PPD, this approach is a suitable option. Interpersonal therapy interventions help clients manage roles and more effectively express their feelings, improve interpersonal skills and relationships, and enhance psychosocial functioning (Grilo, 2017). Interpersonal therapy incorporates a variety of specific strategies, such as communication analysis, clarification analysis, behavior change, and role play (Klier et al., 2001)

Case Study Activity (10 Minutes)

Small Group Discussion (5-10 Minutes)

Session Summary

- Psychosocial frame of reference
- CBT
- IPT

Questions?

Learning Objective Checkpoint!

By the end of this session, participants will understand the different frames of references, theories, and occupation based models that are appropriate for the ED and PPD population.

By the end of the session, participants will demonstrate the ability to choose the most suitable frame of reference, theory, or occupation based model to implement in intervention planning for individuals diagnosed with ED and PPD.

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SESSION 6 HANDOUTS

Small Group Discussion Questions

SESSION 6: Discussion Questions

Answer the following questions in a small group discussion.

1. What interventions that support occupations would be significant with ED and PPD diagnosis?

2. What are activity-based interventions do you think would be beneficial before implementing an occupation-based intervention?

3. What occupation-based interventions would you implement for a mother diagnosed with ED and PPD?

4. How could you make all interventions meaningful and related to the occupation-based model MOHO?

PowerPoint Slides

SESSION 6

Intervention Planning

Session 6 Learning Objectives

By the end of the session, participants will demonstrate the ability to identify interventions that support occupations, activity-based, and occupation based interventions for ED and PPD population.

By the end of the session, participants will demonstrate the ability to plan interventions through a case study based on ED and PPD.

Overview

- Interventions that support occupation
- Activity Interventions
- Occupation Based Interventions

Small Group Discussion (5-10 Minutes)

Interventions to Support Occupations

- PAMS & Mechanical Modalities
- Orthotics & Prosthetics
- Assistive Technology
- Wheeled Mobility
- Self-Regulation

(AOTA, 2020)

What is it?

- Either methods or tasks that prepare the individuals for the occupational performance that are incorporated throughout treatment session in preparation for or concurrently with occupations and activities or provided as a home-based engagement in order to support the individual's daily occupational performance (AOTA, 2020).

Activity- Based Interventions

- Client selects clothing and manipulates clothing fasteners in advance of dressing
- Practices safe ways to get into and out of bathtub
- Prepares food list and practices using cooking appliances

(AOTA, 2020)

Definition:

- These are components of occupations that are objective and separate from the client's engagement and their context. Activities as interventions are selected and designed to support developing performance skills and patterns that enhance the individual's overall occupational performance and engagement (AOTA, 2020).

Occupation-Based Interventions

- Completes morning dressing and hygiene using adaptive devices
- Purchases groceries and prepares a meal
- Visits a friend using public transportation independently

Definition:

- These are broad and specific daily life events that are personalized and meaningful to the client (AOTA, 2020).

Overall:

- Either using occupations or activities as the selected interventions for specific clients that are designed to meet therapeutic goals and address the underlying needs of the client's mind, body, and spirit. To use either of these therapeutically, the OT needs to consider activity demands and client factors in relation to the clients therapeutic goals and their contexts (AOTA, 2020).

Case Study Activity (10 Minutes)

Small Group Discussion (5-10 Minutes)

Session Summary

- Interventions that support occupation
- Activity Interventions
- Occupation Based Interventions

Questions?

Session 6 Learning Objective Checkpoint

By the end of the session, participants will demonstrate the ability to identify interventions that support occupations, activity-based, and occupation based interventions for ED and PPD population.

By the end of the session, participants will demonstrate the ability to plan interventions through a case study based on ED and PPD.

References

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.).

American Journal of Occupational Therapy, 74(Suppl. 2), 1-87. https://doi.org/10.5014/ajot.2020.74S2001

SESSION 7 HANDOUTS

Small Group Discussion Questions

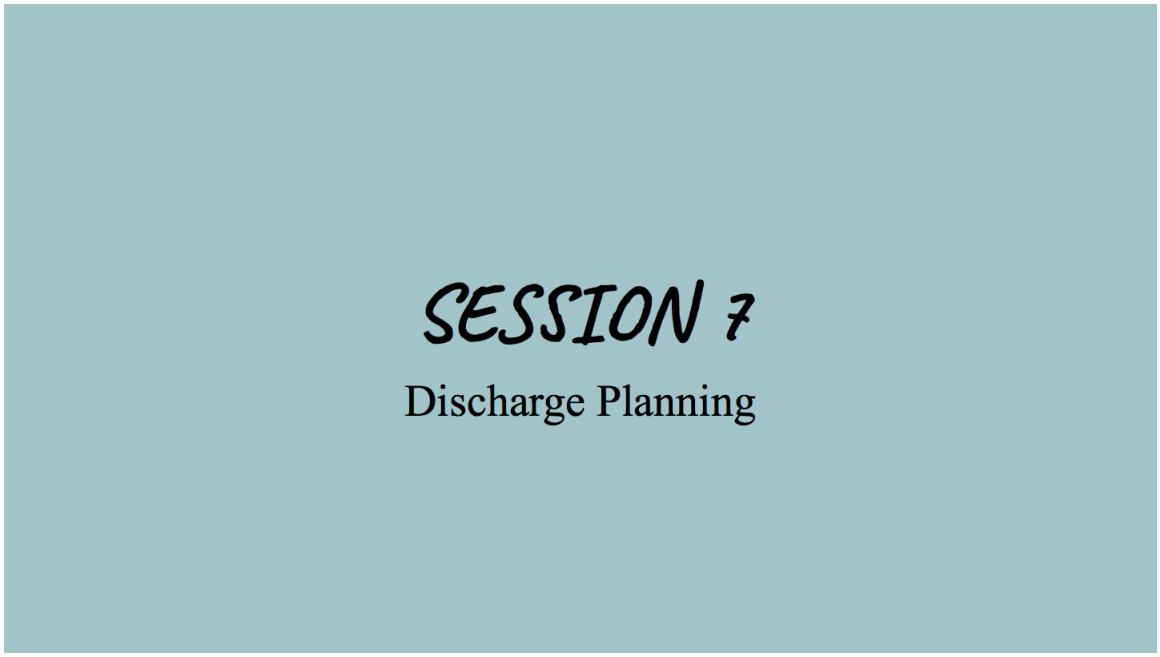
SESSION 7: Discussion Questions

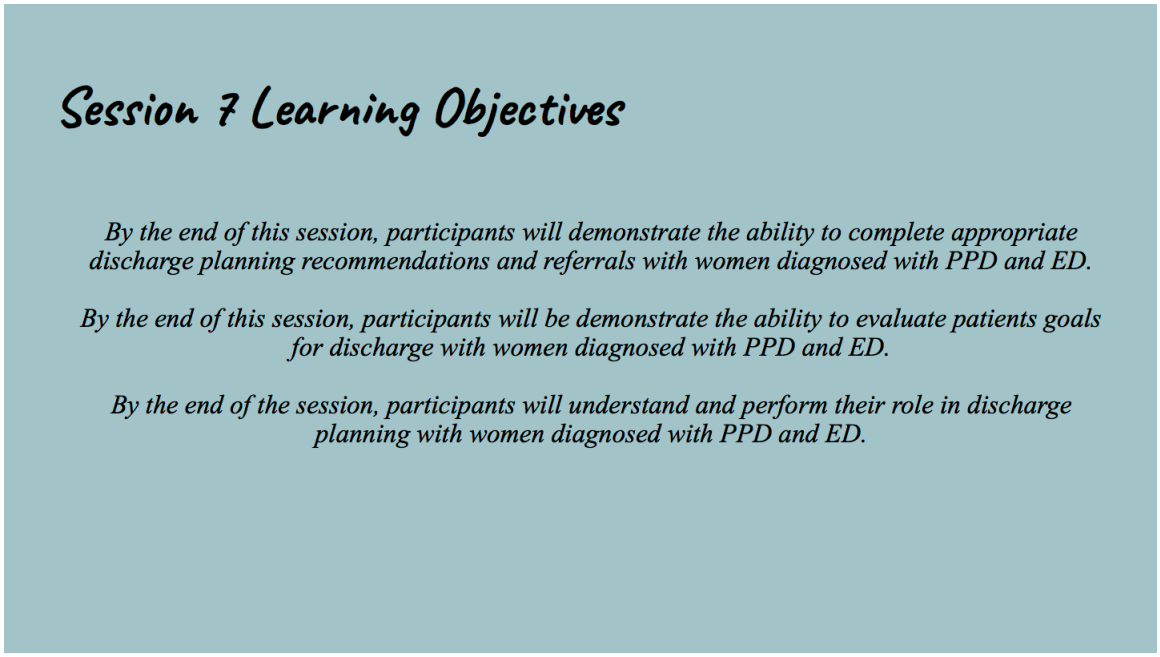
Answer the following questions in a small group discussion.

1. What are steps the OT should take before discharging an individual diagnosed with ED and PPD who has an increased risk of relapse?
2. What additional recommendations could an OT make to a woman diagnosed with ED and PPD?

3. What referrals could an OT make that would continue to benefit and increase the quality of life of an individual diagnosed with ED and PPD?

PowerPoint Slides

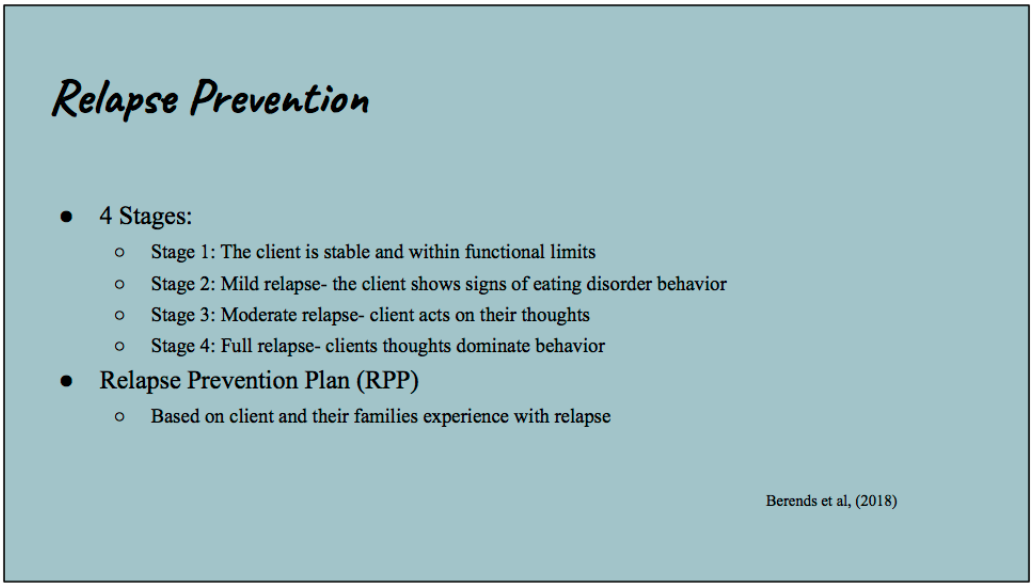




Overview

- Relapse Prevention
- Recommendations
- Referrals

Small Group Discussion (5-10 Minutes)



To help to prevent relapse, it is important that the OT, the client, and their family collaborate closely as a team to gain a better understanding of the relapse potential and best practices to prevent relapse (Berends et al., 2018). With collaboration, the team is able to analyze the triggers and early warning signs of relapse in 4 stages(Berends et al., 2018).

RPP-

Based on the clients' and family members' experiences with previous relapses, as well as any concerns about future relapses and risks gained during treatment (Berends et al., 2018). The RPP is done at the final stage of treatment, prior to discharge (Berends et al., 2018). The study by Berends et al, (2018), indicated that the RPP gave participants a better understanding of their personal experiences with an ED and the course of previous relapse and helped them make implicit knowledge explicit prior to entering the discharge phase.

Recommendations/Referrals

- Focus on individuals health and well-being
- Other Programs
- Other Disciplines

(Hay et al., 2014; Mack, 2019; Sadeh-Sharvit, Sacks, Runfola, Bulik, & Lock, 2019)

The recommendations for care of women who have been diagnosed with PPD include focusing on health and well-being, emotional well-being, psychosocial support, and coping strategies (Mack, 2019). In recent years, OT practitioners joined traditional disciplines when providing health services to recent mothers because of their training and knowledge on activities of daily living, instrumental activities of daily living, role transitions, and work/home life balance (Mack, 2019).

Relationship quality, and child and family outcomes, it is important to incorporate family-based prevention strategies and home interventions (Sadeh-Sharvit, Sacks, Runfola, Bulik, & Lock, 2019). This is valuable in incorporating interventions that address the new difficulties that may be present for a new family (Sadeh-Sharvit et al., 2019). These interventions include psycho-education, family support as they adjust and improve communication skills, emotion regulation skills, skill building, eating habits, and problem solving in caring for the child (Sadeh-Sharvit et al., 2019).

Discharge will only occur when clients are medically stable, have had enough nutrients, and have shown to be able to accomplish a meal outside of hospitalization so that he or she can benefit from outpatient or day patient services (Hay et al., 2014).

Case Study Activity (10 Minutes)

Small Group Discussion (5-10 Minutes)

Session Summary

- Relapse Prevention
- Recommendations
- Referrals

Questions?

Session Learning Objective Checkpoint

By the end of this session, participants will demonstrate the ability to complete appropriate discharge planning recommendations and referrals with women diagnosed with PPD and ED.

By the end of this session, participants will demonstrate the ability to evaluate patients goals for discharge with women diagnosed with PPD and ED.

By the end of the session, participants will understand and perform their role in discharge planning with women diagnosed with PPD and ED.

References

Berends, T., Lagemaat, M. V., Meijel, B. V., Coenen, J., Hoek, H. W., & Elburg, A. A. (2018). Relapse prevention in anorexia nervosa: Experiences of patients and parents. *International Journal of Mental Health Nursing, 27*(5), 1546-1555. doi:10.1111/inm.12456

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Mack, R. (2019). Treating eating disorders: An inside look at occupation-based interventions. Retrieved from https://www.aota.org/Publications-News/otp/Archive/2019/eating-disorders.aspx

Sadeh-Sharvit, S., Sacks, M. R., Runfola, C. D., Bulik, C. M., & Lock, J. D. (2019). Interventions to empower adults with eating disorders and their partners around the transition to parenthood. *Family Process*, *10*(10), 1-16. doi:10.1111/famp.12510

SESSION 8 HANDOUTS

Posttest

On a scale from 1 - 10 (1 being the least likely to be able to and 10 being the most likely to be able to) how well do you feel you are able to do these?	**1-10**
1. The ability to demonstrate an understanding of the occupational therapy role when working with individuals diagnosed with PPD and ED.	
2. The ability to implement interpersonal skills such as therapeutic use of self and a holistic approach to occupational therapy progress and treatment.	
3. The ability to assess performance skills, performance patterns, and client factors of individuals diagnosed with PPD and ED.	
4. The ability to choose and apply appropriate assessments to evaluate individuals diagnosed with PPD and ED.	
5. The ability to write appropriate and client centered goals for individuals diagnosed with PPD and ED.	
6. The ability to demonstrate an understanding of the different frames of references, theories, and occupation based models for individuals diagnosed with PPD and ED.	
7. The ability to identify interventions that support occupations, activities, and occupation based interventions for individuals diagnosed with PPD and ED.	
8. The ability to complete appropriate discharge planning recommendations and referrals for individuals diagnosed with PPD and ED.	
9. Overall confidence and knowledge in your abilities to provide occupational therapy services to individuals with PPD and ED.	

Satisfaction Survey

Based upon your experiences throughout the program, please answer the following questions to the best of your abilities.

1. Please rate your overall satisfaction with the program.

   Very Dissatisfied Dissatisfied Somewhat Satisfied Very Satisfied

2. Do you feel as if you gained knowledge about occupational therapy's role working with clients with ED and PPD?

   Yes Somewhat No

3. Did you feel as if the program educators were knowledgeable about the topic?

   Yes Somewhat No

4. Would you recommend this program to others?

   Yes Somewhat No

5. Please list any recommendations you have for the program.

PowerPoint Slides

SESSION 8

Follow Up and Review

Session 8 Learning Objectives

By the end of this session, participants will have an increased confidence in their abilities to provide occupational therapy services to women with PPD and an ED.

By the end of this session, participants will have an increased knowledge in providing care for women with PPD and an ED following the occupational therapy process.

Final Overview

- Understanding the diagnosis
- Interview techniques
- Assessments and evaluation
- Theories, frames of reference, and occupational models
- Intervention approaches
- Discharge planning

Wrap Up Activity

Answer questions:

1. What was one thing you learned throughout this course that you will be using in your future practice with this population?
2. How will you take what you learned and implement it into your future practice? What would this look like?

Posttest Survey (15 minutes)

Satisfaction Survey (15 minutes)

Learning Objective Checkpoint!

By the end of this session, participants will have an increased confidence in their abilities to provide occupational therapy services to women with PPD and an ED.

By the end of this session, participants will have an increased knowledge in providing care for women with PPD and an ED following the occupational therapy process.

Overarching Learning Objective Checkpoint!

By the end of this course, participants will demonstrate interpersonal skills through utilizing professional interviewing skills to understand ED and PPD and how it impacts an individuals quality of life and occupational performance.

By the end of this course, participants will demonstrate the necessary skills for completing the evaluation process for an individual diagnosed with the co-occuring disorder of ED and PPD through a case study activity.

By the end of this course, participants will demonstrate knowledge on different models and frame of references to utilize when designing interventions for individuals diagnosed with ED and PPD.

By the end of this course, participants will understand the discharge process and recommendations for individuals diagnosed with ED and PPD to increase their overall quality of life after treatment.

Appendix B

Session 2: Case Study Part 1

Case Study: Cassandra is 35 years old and has had anorexia nervosa since she was 11 years. She spent the majority of her life (from 11-16 years) in and out of hospitals. Cassandra was recently admitted to the hospital in an extremely malnourished, depressed, anxious and regressed state. After a lengthy period of refeeding and several subsequent admissions over several years, Cassandra's weight reached a body mass index (BMI) of 19 and remained stable. Cassandra was referred to the inpatient facility and appeared willing to attend and pleased to have turned her life somewhat around. Cassandra did well recovering to a healthy and stable weight, and was able to move in with her husband. The couple did well and decided to start a family. Initially all went according to plan with the pregnancy, but 4 months in her mood and motivation started to deteriorate. She began to become depressed with the changes in her body and was having a hard time with food. However, she was still eating all of her meals because she knew how important it was to her baby. She finished out her last 5 months of pregnancy and gave birth to a healthy baby girl.

For a month after the birth, Cassandra felt normal, but then she began to exhibit unusual behavior. She became reclusive and stopped speaking to anyone at home, losing motivation to engage in her daily activities and carrying out her role as a mother to care for her child. Additionally, she began bingeing and purging. Today, Cassandra presents with low weight, depressed mood and feelings as though she is not a good mother to her newborn.

1. Discuss Cassandra’s diagnosis. Using clinical reasoning what signs and symptoms lead you to suspect this?

2. Apply your knowledge and formulate an appropriate occupational profile using concepts from the Model of Human Occupation (MOHO).

3. What else do we need to know about Cassandra and her family in order to build a complete occupational profile?

Session 3: Case Study Part 2

Additional information: Cassandra received a formal diagnosis of PPD and ED and you completed your initial interview. After completing the interview with Cassandra and her family you find out that her Mexican culture is a huge part of her life and how she grew up. Cassandra enjoys spending time with her brothers and sisters as she grew up with a family of eight who all moved to the United States when she did. Cassandra expresses that she would love to have a large family of her own if she can "be a better mother." Additionally, you find out that Cassandra works as a teacher for the 7th grade Spanish class and is fluent in Spanish. She loves to read books, go for bike rides, and listen to music. You also find out that when Cassandra is stressed she likes to ignore responsibilities and take naps. She states that her goals are to be able to spend time with family and friends again in social settings, get back to her job after her leave is up, and feel like she is a better mother to her newborn baby. Her husband reports that he is worried about her, that she is starting to distance herself from family time, meals, and social situations.

1. How are you going to build rapport in your evaluation with Cassandra?

2. In what ways are you going to incorporate therapeutic use of self and concepts from the IRM model?

3. What key concepts would you want to gather more information on when looking at Cassandra and her goals from MOHO point of view?

Session 4: Case Study Part 3

1. Using your clinical reasoning skills and what you learned about Cassandra's occupational profile, what evaluation tools and assessments should you use?

2. How could you incorporate the family into the evaluation process?

3. Write 2 long term goals and 3 short terms goals under each long-term goal based on Cassandra's needs and concepts from MOHO.

Session 5: Case Study Part 4

1. What Frames of reference(s) would be beneficial to incorporate into Cassandra's treatment plan and treatment interventions? Why is it appropriate?

2. What theory or theories would be beneficial to incorporate into Cassandra's treatment plan and treatment interventions? Why is it appropriate?

3. What occupational model(s) would be beneficial to incorporate into Cassandra's treatment plan and treatment interventions? Why is it appropriate?

Session 6: Case Study Part 5

1. Develop 2 interventions following your long-term goals and using 2 of the frames of references, theories, or occupational models you choose in the previous session. Give reasoning why you chose that intervention, how it relates to Cassandra, and why it would benefit her.

Intervention 1:

Intervention 2:

Session 7: Case Study Part 6

1. In what ways are you going to evaluate Cassandra's goals for discharge?

2. Assuming Cassandra has met all of her goals and is medically stable to return home to her family, develop an appropriate discharge plan for Cassandra.