OCCUPATIONAL THERAPY
COLORADO STATE UNIVERSITY

Evaluating the preliminary impact of Occupational Therapy for Mental Wellbeing and Engagement (OT for ME) using a convergent mixed-methods study

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INTRODUCTION

1 in 3 adults with acquired brain injury (ABI) experience anxiety, depression, and loneliness. (Dehbozorgi et al., 2024)

Occupational therapy practitioners (OTPs) are uniquely positioned to address mental health and promote engagement in meaningful occupations.

Limited awareness of evidence-based practice resources in mental health have been reported to negatively impact the adoption of mental health care into neurorehabilitation practice by OTPs (Pisegna et al., 2024).

OT for ME was created as a multifaceted implementation program to increase the use of mental health screening and interventions for individuals with ABI in home and community neurorehabilitation.

Objective
Evaluate the impact of the training component of OT for ME on primary and secondary outcomes, including the feasibility and acceptability of OT for ME content, training processes, and overall experience.

Primary Outcomes
- Knowledge: Understanding of evidence-based mental health screening and interventions.
- Self-efficacy: Confidence in one's skills to use evidence-based mental health screening and interventions.

Secondary Outcomes
- Attitudes: Practitioner perspective toward integration of evidence-based mental health screening and interventions.
- Adoption: early use of evidence-based mental health screening and interventions.

METHODS

Theory-informed study design: Social Cognitive Theory (SCT) to understand behavior change; Adult Learning Theory informed the creation of educational materials, and Implementation science frameworks informed behavior change techniques to evaluate outcomes.

Convergent Mixed-Methods Implementation Study Design

Qualitative Data
- Virtual semi-structured interviews via Microsoft Teams explored participant perceptions of OT for ME content, including knowledge and self-efficacy to address mental health, barriers and facilitators to practice integration, and use of evidence-based mental health screening and interventions.
- Interview data were analyzed using inductive and deductive thematic analysis with line-by-line coding in Dedoose.

Quantitative Data
- Analysis: Pre- and post-training survey data were analyzed descriptively and using Wilcoxon signed-rank tests
- Knowledge & Self: efficacy: Adapted General Self-Efficacy Scale (GSES)
- Attitudes: Composite items from Perceived Characteristics of Intervention Scale (PCIS)
- Adoption: Dichotomous (yes/no) self-report of either adoption or intention to adopt OT for ME content

Compare and Merge Qualitative and Quantitative Results

Integrated Interpretation Guided by Social Cognitive Theory and Implementation Frameworks using Joint Display

Figure 1. Convergent Mixed Methods Implementation Study Design

Expert Recommendations for Implementing Change (ERIC)-Informed Training and Practice Support Strategies	
Training and Educational Materials	~5-hour asynchronous, virtual OT for ME training focused on evidence-based mental health screening and CBT-based interventions for adults with ABI in Canvas
Interactive Support and Dynamic Learning	Canvas-based discussion, communication with the research team, and collaborative problem-solving and self-reflection throughout training
Practice Resources and Clinical Decision-Making Aids	Documentation templates, screening tools, intervention worksheets, and community mental health resources tailored to site processes to support implementation

Table 1. ERIC-Aligned Multifaceted Implementation Strategies Supporting OT for ME Phase 1

RESULTS

- Participants: (N=7) included OTPs and one speech-language pathologist (SLP) practicing in home and community rehabilitation.
  - +2 newly hired staff are currently onboarding to complete OT for ME.
- Participants had an average age of 34 years, were all female, and non-Hispanic white.
- 60% of participants reported > 6 years of practice experience.

Primary Outcomes: Knowledge and Self-Efficacy

- Participants demonstrated statistically significant increases in knowledge (z=2.02, p=0.04) and self-efficacy (z=2.02, p=0.04) for addressing mental health after ABI.
- Qualitatively, participants reported OT for ME content and resources facilitated their learning and adoption.

Figure 2: Pre- and post-training changes in practitioner knowledge and self-efficacy following participation in the training component of OT for ME, a multifaceted implementation program.
Note. Knowledge scores ranged from 0 ("No knowledge") to 3 ("Good knowledge"). Self-efficacy scores ranged from 0 ("Not at all confident") to 3 ("Confident"). Higher scores indicate greater knowledge and self-efficacy.

Secondary Outcomes: Attitudes and Initial Adoption

- Composite PCIS scores increased by an average of 0.31 Likert-scale points, indicating improved attitudes toward addressing mental health.
- Qualitatively, practitioner attitudes toward client beliefs about mental health and perceived openness to discussion influenced adoption.
- 100% of participants reported adopting or intending to adopt OT for ME content, influenced by the perceived feasibility and clinical relevance to their clients.

"Good reminder that this is a space where OTs can take up and the confidence that we can do it"

Demonstrates increased self-efficacy and OT role in mental health

"Honestly, I think my number one thing is that there is tools discussed and then you boom, you have access to them"

Illustrates importance of access to evidence-based mental health resources at the ready

"There was stuff in there that I didn't even know was an option for me"

Depicts an increase in knowledge of evidence-based screening and interventions

SOCIAL COGNITIVE THEORY

- Integrated interpretation: Quantitative changes in knowledge, self-efficacy, and attitudes were interpreted with qualitative themes related to environmental factors to explain early behavior change and adoption following OT for ME training content.
- Convergence: Quantitative increases in knowledge, self-efficacy, and improved attitudes aligned with qualitative of increased self-efficacy, resources facilitated learning and supported adoption or intention to adopt OT for ME content.
- Divergence: Quantitative findings endorsed adoption or intent to adopt OT for ME content, while qualitative findings showed adoption varied due to environmental factors.

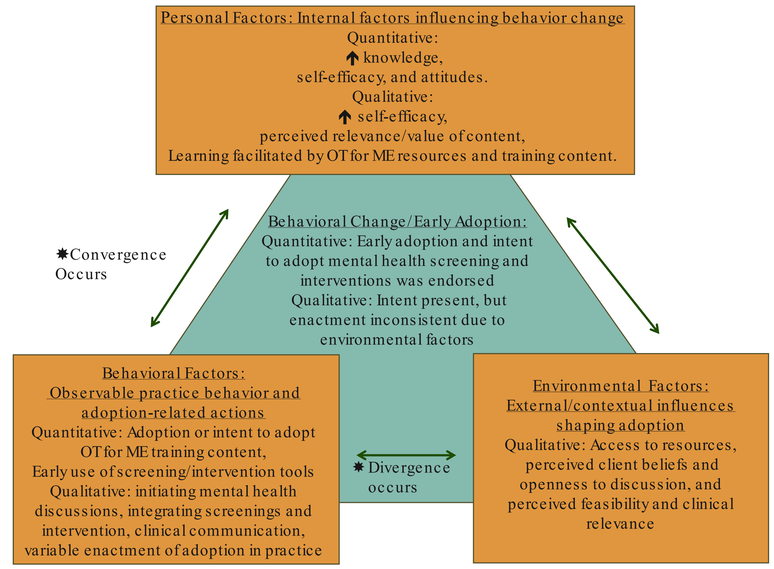

Figure 4: Integrated mixed-methods meta-inference using SCT, illustrating convergence between improved knowledge, self-efficacy, and attitudes to adopt and divergence of behavioral factors shaped by environmental factors

Meta-Inference: OT for ME strengthened SCT personal factors associated with behavior change, but environmental factors influenced whether behavioral adoption was consistently enacted within neurorehabilitation.

CLINICAL IMPACT

OT for ME increased practitioner knowledge and self-efficacy, which positively influenced attitudes toward addressing mental health and adoption of screening and intervention tools.

CONTINUED WORK

- Following training, participants will move into the next phase of the OT for ME study with real-time consultation, mentorship, and case-based support during clinical care.
- Begin group check-ins and weekly behavioral nudges with reminders of OT for Me content, informed by practitioners and tailored to clinical workflow and preferences.
- Evaluate the longer-term impact of OT for ME on practitioner adoption, implementation, and sustainability within neurorehabilitation practice (study continues through June 2027).

ACKNOWLEDGMENTS

Capstone Mentor: Dr. Janell Pisegna
Faculty Mentor: Kara Alcorn- Borodach
CSU OTD Program Support: Julie Silver Seidle
This project is supported by the Implementation Research Grant from The American Occupational Therapy Foundation (award no. KR160900)
ClinicalTrials.gov ID NCT07375485

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