cognitive/perceptual assessments

name	purpose	population
assessment of motor process skills	to examine functional competence in 2 or 3 familiar and chosen BADL or IADL tasks	3 years of age and older, regardless of diagnosis; appropriate for those living with a variety of cognitive and perceptual impairments
arnadottir ot neurobehavioral eval	used to detect underlying neurobehavioral dysfunction	adult population presenting with cognitive/perceptual (neurobehavioral) deficits
allen cognitive test	screening tool to estimate an individual's cognitive level	populations with psychiatric disorders, acquired brain injuries, and/or dementia
rivermead perceptual assessment	to detect cognitive and perceptual impairments	16 years and older who are experiencing visual-perceptual deficits after head injury or stroke
behavioral inattention test	examines presence of neglect and its impact on functional task performance	adults presenting with unilateral neglect

cognitive/perceptual assessments (cont)

lowenstein ot cognitive assessment	measures basic cognitive functions that are prerequisite for managing everyday tasks	persons who have experienced a stroke, TBI, or tumor

developmental groups - mosey

parallel	18 mo - 2 yr
project	2-4 yr
egocentric cooperative	5-7 yrs
cooperative	9-12 yrs
mature	15-18 yrs

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psychosocial assessments

type	name	population
general assessment of mental status	mini mental state exam	individuals with cognitive or psychiatric dysfunction
assessments of cognition, affect, depression, or sensory processing	allen cognitive test	individuals with cognitive or psychiatric dysfunction

psychosocial assessments (cont)

assessments of cognition, affect, depression, or sensory processing	beck depression inventory	adolescent and adult
assessments of task performance	Comprehensive Occupational Therapy Evaluation Scale	adults with acute psychiatric diagnoses
assessments of occupational performance and roles	Canadian Occupational Performance Measure	individuals over the age of 7 or parents of small children
assessments of occupational performance and roles	Occupational Performance History Interview	variety of populations from adolescent to elders

activity groups

group type	key element	role of therapist
evaluation	assessment	Assessment of skills and limitations through observation
task oriented	awareness	Self-awareness and awareness of others through task and interactions with group members
developmental group	interaction	Interactional skills develop in a specific sequence

activity groups (cont)

thematic group	learning	Learn skills for specific activity – learning is facilitated by practicing and experiencing needed behavior
topical group	indepe-ndence	Goals and skills for independence in community
instru-mental	mainte-nance	Maintain level of function and wellness

mental health common dx

dx	challenges	examples
GAD	will be unable to balance their fear and anxiety with health reality based thinking and often feel a higher level of fear than the situation dictates	An OT should be on the lookout for increased symptoms of an anxiety disorder and take the necessary steps to provide support.

mental health common dx (cont)

boarde-rline person-ality disorder	unstable and standard tx often requires hospitali-zation	The OT should make all attempts to help the patient to feel connected and included. Patients with BPD suffer from feelings of abandonment and isolation so any changes in care or setting may be unsettling. Moods can change quickly so be alert and know the signs and symptoms.
dementia	combin-ation of memory loss with other mood and behavior changes that can signal the onset of dementia	A caring, suppor-tive, hopeful approach is key. This support may need to extend to other caregivers and family members as well. Patience is an important skill to develop when working with dementia patients.

mental health common dx (cont)

depression - mood disorder	Depression is pervasive and can be very subtle. There can be a fine line between normal sadness and depres-sion.	depression can have direct and serious impacts on a patient's health. Beyond the obvious risk of suicide, depression can also lead to weight-loss or gain, malnut-rition, gastro-intestinal issue, and an overall decline in physical strength. Be alert for signs and symptoms of depression and do not be afraid to address these symptoms quickly.

mental health common dx (cont)

eating disorders	The first concern for a patient with an eating disorder will be addressing their physical health. Many times the compulsive activities associated with these disorders lead to extreme malnutrition, dehydration and chemical imbalances. These medical concerns will need to be addressed quickly, sometimes even before treatment for the eating disorder begins.	A patient may develop an eating disorder as a way to control their environment or a way to punish themselves for something they feel they did wrong. Patience and empathy are crucial for OTs working with such patients.

mental health common dx (cont)

mania - mood disorder	can be a symptom of several other mental illnesses, including Manic Depressive Disorder, Bipolar, and several medical conditions. The person experiencing a manic episode may say that they feel great, but they need to be watched very closely for the quick turn from manic to depressed.	OTs need to be alert for risky behaviors and restlessness that can signal a manic episode.

mental health common dx (cont)

OCD - anxiety disorder	Patients with true OCD live in a world where every action they take has deep meaning and they can be extremely fearful, angry, and depressed	OCD behaviors often begin slowly and with something minor, like needing to have food cooked a certain way, or having to clean the kitchen in a certain way every night. But if this develops unchecked it can consume the patient very quickly and have huge consequences for their mental health.

mental health common dx (cont)

ptsd - anxiety disorder	symptoms of PTSD are triggered when a situation or event reminds the person of the trauma they experienced. These triggers can be hard to predict. Sometimes even the littlest thing can trigger a major and explosive reaction.	first goal of an OT should be to determine how much the PTSD has impacted the patient's performance and work to discover the specific triggers for the patient. Triggers should be understood and addressed while providing training to the patient and their caregivers to avoid triggers and create healthy routines.
schizophrenia	These patients can be extremely volatile, unstable and sometimes dangerous.	OTs should focus on quality of life. Some symptoms of this disorder may be reduced through psychoeducation and training in self-care and social interactions.

mental health common dx (cont)

substance abuse	Alcohol, drugs and even cigarettes can interact with prescribed medication in dangerous ways	OT will need to support and educate both the patient and the caregiver in order for a positive outcome to be maintained.