Advancement of Clinical Skills in Inpatient Pediatric Psychiatry

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Abstract

Cincinnati Children's Medical Hospital Center is widely known as a national leader in pediatric medical care. This capstone project advances the gap in services with evidenced-based, health-literate educational handouts for pediatric psychiatry. The educational handouts were evaluated by a team of occupational therapists. The capstone student gained clinical skills to advance the profession of occupational therapy by being equipped to address mental health in any setting. The skills advanced included delivering care through group therapy, individual treatments, and administering standardized assessments. The capstone student served as a member of a team of therapists to promote translational knowledge and standardized care. This capstone project brings insight into the work occupational therapists do at Cincinnati Children's College Hill Campus.

Keywords: Occupational therapy, psychiatry, mental health, pediatric, clinical skills, educational handout

Advancement of Clinical Skills in Inpatient Pediatric Psychiatry

Cincinnati Children's Hospital Medical Center (CCHMC) is a non-profit academic medical center for children and adolescents located in Cincinnati, Ohio. CCHMC is one of the oldest and most distinguished pediatric hospitals in the country ("About Cincinnati Children's", n.d.). This hospital is not only a leader nationally, but it is recognized globally for its research, education, and innovation ("About Cincinnati Children's", n.d.).

CCHMC has multiple locations throughout the southwest region of Ohio, providing a wide range of services for children, caregivers, and families in the community. This capstone experience was located at the College Hill Campus. Cincinnati Children's College Hill Campus focuses on psychiatry, specializing in mental and behavioral health. This campus offers inpatient, outpatient, and residential behavioral health services. While the College Hill location offers many different options for children, this capstone clinical experience was primarily focused on the inpatient aspect of care. The main goal for inpatient care is to stabilize the child from crisis. The typical stay for a patient is an average of three to five days. Although, there are special cases where children may stay longer due to complications with community services, such as limited foster care placements.

 Throughout this capstone experience, the student demonstrated an ability to research evidence-based practice in the setting of pediatric mental health to then delivered OT services effectively. The capstone student developed evidence-based and health literate resources for the OT department. However, majority of this capstone was focused on the advancement of clinical skills in psychiatry with the pediatric population.

Participation in meaningful activities of self-expression is a founding principal of OT (*History of occupational therapy, n.d.*). The skills acquired from working in this setting can

easily translate to other settings and populations in many ways. From emotional and behavioral regulation with children, to understanding how to better address mental illness with adults to using therapeutic use of self to engage the client and build rapport. Mental health should be at the center when addressing care in all settings and populations. This is due to the impact an individual's thoughts has on their behaviors. Throughout the capstone experience, the student gained knowledge, experience, and skills to enter the profession of occupational therapy (OT) as a confident and compassionate practitioner. Additionally, the student provided the site with tangible items to improve treatment, interventions, and education.

Needs Assessment

Cincinnati Children's College Hill Campus has 92 inpatient beds available for children ages 2 to 18 and is the largest inpatient mental health provider for children's hospitals in the United States ("College Hill Mental Health Campaign", n.d.). The children who are admitted to the hospital have experienced a mental health crisis, that range from aggression towards themselves and/or others to experiencing psychotic behaviors. Most importantly, they are not safe in a lower level of care or at home with their family. The conditions and trauma that these children are dealing with are severe. The children are experiencing unprecedented levels of depression, anxiety, mood disorders, post-traumatic stress, eating disorders, behavioral disorders, attachment disorders, and other mental and behavioral conditions ("College Hill Mental Health Campaign", n.d.).

There are various units and services at the hospital that strive to meet the need of the children. The units are categorized by age and disorders to be able to attend to specific needs. The units focus on mental, behavioral, and developmental disorders for children ages 2-18. Many of the children who are admitted to the hospital have experienced complex trauma throughout

their lives. To stabilize and treat the conditions of these children there are various therapeutic

activities, medical and rehabilitation programs, and resources that the care team uses to meet the

child's needs and reach their goals. The programs include group therapy, music therapy,

occupational, speech, and recreational therapy. There are also child life specialists, behavioral

health specialist, counselors, doctors, and nurses to support the care of the child ("About

Cincinnati Children's", n.d.).

Interview with Site Stakeholder

To better understand the needs of CCHMC, an interview with an important stakeholder

and occupational therapist, Kathleen Patrick, was conducted. Up until this point, the capstone

student knew only the information published through the organization's website and through

background research conducted on best practices for pediatric mental health in the field of OT.

The purpose of this interview was to learn more about the structure of care, common barriers

experienced by occupational therapists, and the current programs being implemented. Most

importantly, the interview was used to understand the needs of the site and to explore if this site

would be a good match for the doctoral student and OT program at Cincinnati Children's

College Hill Campus.

The questions that were asked were based on the American Occupational Therapy

Association (AOTA) Occupational Profile template. This template is used by occupational

therapy practitioners (OTP) to better understand a client's background, values, and interests by

looking at the whole person and the activities they engage in every day. In the practice of OT, the

overall goal is to understand who the client is and create client-centered goals for a holistic

treatment that is sustainable and meaningful for the client. In this interview, the client would be

the OT program at CCHMC and the children who receive care at Cincinnati Children's. By

applying the occupational profile template and focusing on basic principles of OT, information about the barriers, support, and environment allowed for a better overall understanding of this site. This interview was an integral component in the creation of a well-formulated capstone project. The questions that were asked during the interview are listed in appendix A.

Articulation and Reasoning of Questions

During the interview, general questions were asked about the population, conditions, services, goals, and programs to fully understand the site, determine any gaps in patient care to eventually formulate a successful capstone experience and project. Questions also inquired about the type of resources that were available for the patients, staff members, and caregivers. The interview solidified that an OT doctoral capstone student would be useful at this site in the areas of advanced practice and program development with the emphasis on evidence-based research.

It was crucial to learn about the structure of CCHMC, its successes and challenges, and more about the care that was provided before continuing with the development of a capstone project at this site. The doctoral capstone is a partnership between the student and the site, meaning that both parties benefit from the capstone experience by creating a meaningful and educational experience for the student while also providing improvement and sustainability for the site.

Being strength-based is a firm principle of OT and served as a guide within this doctoral capstone. Utilizing the strengths of a patient, population, and service enhances participation and rapport with both the patient and stakeholders. To empower someone in OT is to believe in their ability to achieve their goals successfully through adaptation, assessment, and meaningful engagement. The focus of empowerment was at the center of this capstone experience to better support this site, population, and the overall goal of improving children's health. Overall, the

information that was received through this interview has helped identify a gap of services at

CCHMC; therefore, facilitating research that would later impact the capstone purpose.

Determine the Gap

The specific need of this capstone was to assist and be a part of a team of other OTP who

are working towards a long-term goal of developing standardized care for pediatric mental health

at CCHMC and the OT profession. A long-term goal for the team is eventually to create formal

guidelines for pediatric mental health. During this capstone student experience, the team was at

the stage of working to standardize the OT evaluation.

The OT psychiatry department also has a goal in enhancing OT services at College Hill

and overall, for the profession. They are doing this by gathering objective data, observing OT

evaluations, and reviewing current techniques and assessments. To then create standardized care

amongst the team. CCHMC has the support and connections to take on a project of this caliber to

advance care in this setting. These initiatives are directed by the translational research and

clinical knowledge (TRACK) team, which is led by Kathleen Patrick.

To begin this process, the team began working towards ways to measure and quantify the

impact of OT services at CCHMC. The starting point is standardizing the OT evaluation and

reviewing current evidence-based practices in the literature. By researching and learning best

practice within the literature, it standardizes the care children receive to ensure that all therapists

are leading with best practices backed by research. After achieving the goal of standardizing

care, the team's goal is to create guidelines and resources for this setting and population to

publish for other therapists to utilize. The team started the beginning stages of this work in the

fall of 2021.

This work is important and needed for pediatric mental health, considering there are not currently practice guidelines available through AOTA for this population and setting. Overall, this capstone did not only impact OT services at Cincinnati Children's but eventually for the OT profession.

After conducting an interview with Kathleen there were evident areas of need identified, creating a clear gap in the setting of pediatric mental health; therefore, creating a role to be played in assisting the development of standardizing care at CCHMC. Ultimately, this capstone project was narrowed down to focus on the program development for evidence-based educational handouts. Specifically, the development, creation, and implementation of evidence-based recommendations for the children admitted to inpatient psychiatry the College Hill Campus.

Prior to this capstone experience, the capstone student did not have the opportunity to work in pediatrics or a mental health setting. Therefore, CCHMC filled this gap to allow for advanced student learning in clinical skills and practice. The field of mental health encompasses emotional and behavioral management, education on mental health diagnoses, and the ability to implement trauma-informed care. As well as having the skillset of active listening, empathy, ethics, and flexibility. This capstone experience provided the student with advancement of clinical skills and professional skills that are important for all occupational therapists. Furthermore, the capstone project has enhanced the doctoral student's clinical knowledge within the mental health setting. With mental health issues on the rise, it is important to equip clinicians and future clinicians with the tools and skills to treat individual's experiencing barriers to meaningful occupations due to their mental health.

Problem statement and Purpose

Mental health conditions are on the rise, research shows that 17.1 million children are facing difficulties with mental illness and that every 33 hours, in Ohio alone, a young person takes their life ("College Hill Mental Health Campaign", n.d.). When determining the capstone purpose, it is crucial to acknowledge these statistics. As research shows trauma affects physical, mental, and emotional health and leads to feelings of helplessness, low self-esteem, behavioral problems, and poor social skills (Bartlett & Smith, 2019). This translates to OT due to the impact thoughts and behaviors have on occupational performance. The capstone student focused on advancing educational resources for caregivers and staff to help those experiencing these difficult changes in life. The capstone student received additional training in pediatric mental health to contribute to efforts to advance this field of OT. Although this project is only one part of a much larger problem our society is facing with pediatric mental health, personalized and standardized care, education, and resources can make large impacts for professionals, patients, and families.

At CCHMC, the capstone student was able to advance their skills in leadership and project development through collaborating within the TRACK team to assist with group functions, goals, and projects. As well as develop educational handouts for caregivers, staff, and patients. Due to the absence of OT educational resources and the number of children who need mental health services, CCHMC, is looking to advance and standardize therapy protocols and educational resources for this population to better their patient care. Not only did the capstone student advance their clinical skills at this site but she also learned useful and critical knowledge to continue the work that is desperately needed in pediatric mental health.

Background

Positive mental health is a foundational aspect for people to effectively engage in necessary life occupations (Kannenberg et al., 2010). There are different challenges that arise in children's lives that impact their well-being and safety to participate in occupations. Many children at the College Hill Campus are experiencing depression, anxiety, post-traumatic stress disorder, behavioral challenges, suicidal and homicidal ideations, psychosis, and many other mental health conditions that are affecting their safety and participation. OTP at this site work to collaborate with the patients to teach strategies and form habits centered around their mental health challenges, such as emotional regulation skills, activities of daily living, school and education, and hobbies/interests in relation to the child's interests to better interact with their daily tasks and reach developmental milestones. OTP understand that occupational performance is supported and sustained by acknowledging the full person. That includes a person's relationships, daily activities, personal experience, values, and interests (Kannenberg et al., 2010). By having a better understanding of the person, OTP can effectively work to adapt to challenges or environments and reshape negative ways of thinking for the patient to demonstrate the ability to successfully engage in desired occupations.

Literature Review

The OT profession works to provide interventions that are evidence-based, this is a key aspect of care at CCHMC. To support this doctoral capstone with evidence-based practice, a literature review was conducted to examine the current and relevant research on the topic area of OT in pediatric mental health to further explore best practices in creating materials and providing care for this setting and population. The literature review serves as a basis for the doctoral capstone to create a strong foundation in evidence for implementation.

The databases used to complete the literature review search were CINAHL complete, and PubMed. In addition, a few articles were provided by Kathleen Patrick. The search terms used included pediatrics, mental health, psychiatry, methods used at discharge, OT, and discharge recommendations with the filter of English, full-text access, with the age group set to birth to 18 years old, and within the past 10 years. The articles were screened to determine the relevance to the project goals and to best support the overall objective of the capstone project.

Advanced Practice

Mental health conditions are on the rise, according to National Alliance on Mental Issues nearly 16.5 million children and youth meet the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; American Psychiatric Association, 2013). There is even a misrepresentation of the number of children who experience traumatic events due to the cases that failed to be reported (Bartlett & Smith, 2019). These children are at a higher risk to continue to develop mental health conditions over their lifespan. These conditions can have highly negative effects on responsibilities and life navigation as an adult. It is important to address mental health conditions as a child while a child's brain is developing to prevent further challenge behaviors and health effects.

Many children at CCHMC College Hill Campus have experienced some type of childhood trauma. Early childhood trauma puts children at a higher risk due to their rapidly developing brains at a young age. According to the National Child Traumatic Stress Network, trauma can reduce the size of the brain and affect parts of the brain that are responsible for memory, attention, perceptual awareness, thinking, language, and consciousness. This then leads to difficulties with emotional regulation, sensory regulation, trust, and heightens fear (Peterson,

2018). All these difficulties have the protentional to negatively affect how a child engages in occupations throughout their lives and how they build relationships with others.

An important aspect of treating and caring for children who have experienced early childhood trauma is their relationship with their caregiver. Young children depend on caregivers for survival needs, protection, as well as physical and emotional care (Peterson, 2018). Due to a child's need for support from a caregiver, it is vital for the caregiver to be thought of throughout the child's treatment process. These research statistics and evidence should be of importance to OTP due to the impact that mental health can have on individuals' day to day functioning.

To review the goal of this setting, a team of healthcare professionals work together to stabilize the child's crisis, provide safety maintenance, and incorporate safe, positive, and healthy coping strategies. Mental health disorders can create problems that can affect children's occupations, such as school performance, home life tasks and responsibilities, and forming relationships with peers and adults ("Children's mental health report," 2011). It should also be noted that symptoms of mental illness can affect or impede a child's healthy development and can then continue into adulthood ("Children's mental health report," 2011). The effects that mental health conditions have on the child, family, and community as well as the cost of services demonstrate that pediatric mental health is a public health issue. OTP can play a large role in treatment for these children and families. Overall, all humans have the right to be able to engage in occupations that appropriately balance their physical, mental, social, and emotional needs (Bazyk & Bazyk, 2009). OTP work toward this goal of occupational justice and decreasing occupational deprivation with children experiencing mental illness. These children deserve care that improves their ability to perform everyday tasks and achieve their developmental and life milestones.

Additionally, OTP are skilled in understanding the importance of daily activities and meaningful occupations on a social, mental, and physical aspect. Therefore, a lack of participation in occupations can lead to poor mental health (Cahill et al., 2020a). Practitioners utilize activity- and occupation-based interventions that are meaningful to the child in treatment sessions and are increasingly recognized to support mental health in children and youth (Cahill et al., 2020a). OTP in the inpatient psychiatry at Cincinnati Children's uses an activity-based approach to direct care towards the child's strengths in order to engage the patient in age-appropriate care. OTP commonly focus on increasing independence in occupation and life navigation. In this setting, OTP do this by utilizing their skills to coach on ways to regulate moods, implement coping skills, and effectively problem solve. They also teach strategies to become functional within a child's age range for self-care, and age-appropriate social skills. Overall, the core aspect of care is to work on specific client-centered goals for the child during their stay in the hospital while utilizing the strengths they are already present with.

Group therapy is another common type of intervention delivered to address and improve social and group interactions. The children work with trained staff and other children in their unit to work on skills that are relate the issues causing hospitalization. The group interventions range from social skills, coping skills, self-expression, sensory interventions, life skills, emotion regulation, and recreation. Not only do these children benefit from the trained staff but also have support and engagement with peers ("Inpatient Psychiatry: Group Therapy", n.d.)

During this experience, the capstone student gained advanced experience in pediatric inpatient psychiatric hospitalization setting by evaluating, treating, and facilitating group therapy. Throughout the time at CCHMC, the capstone student has had training in the areas of trauma-informed care, therapeutic crisis intervention, and best practices for OT in the mental

health setting. Many of the youth in this setting struggle with completing daily and routine tasks, interacting with peers and adults, as well as managing their emotions ("Inpatient Psychiatry: Occupational Therapy", n.d.). Working alongside other mental health OTs to teach children the skills they need to navigate day-to-day life while living with a mental illness and other difficult situations has increased the capstone student's skill level and confidence with this population. Overall, the inpatient psychiatry stay works towards helping children organize and practice effective problem-solving skills to better equip them for daily challenges once they leave the hospital, in hopes of preventing a future mental health crisis.

Program Development

As mentioned, an overarching goal for the OT team at College Hill is to evaluate the impact that OT has on children within Cincinnati Children's, and through this work they hope to eventually create OT guidelines for pediatric psychiatry. Inpatient care is the largest part of child mental health resources and as the need for mental health care increases, it is important to practice evidence-based and follow best practices in child psychiatric inpatient care (Gathright et al., 2016).

Currently, AOTA has practice guidelines for adults living with serious mental illness but there is not one for children and youth mental illness. There is a small amount of information that touches on mental health evidence-based practice and interventions in the *Occupational Therapy Practice Guidelines for Children and Youth Ages 5–21 Years*. The information consists of systematic reviews for different types of interventions that can be used to increase mental health. However, there is little information about how to treat specific mental health conditions in children and youth. This further proves, the needs for additional resources for occupational therapists working with this specific population.

During this capstone experience, the student was able to work with a team of OTP to advance this overarching goal with the OT team at College Hill. The purpose of this team is to standardize care and re-evaluate evidence-based practice with interventions and evaluations. The team worked on reviewing each step of the OT process from evaluation to discharge and analyzing community care to find any inconsistencies among the team and to create an easy-to-use algorithm and guidelines to follow when treating children with mental illness.

Knowing Notes

In addition to gaining advanced clinical skills in this setting, the need of creating educational, evidence-based handouts was fulfilled throughout thiscapstone project. These educational handouts are referred to as Knowing Notes (KN) at Cincinnati Children's. Currently, the College Hill Campus has KN on sensory techniques for emotion regulation, and guidelines for learning for each level of the Allen Cognitive Level Screen (ACLS) assessment. The existing notes served as a guide in creating the notes for this project. KN are often used during one-to-one treatment sessions and given to the child prior to discharge. Having a comprehensive discharge plan and appropriate aftercare is linked to increase stability and reducing the likelihood of readmission to the hospital (Gathright et al., 2016).

At College Hill, there is a team of professionals who meet to review discharge requirements and next steps for the child. It is important to communicate adherence to recommendations to both the caregiver and child. Adhering to recommendations consists of a combination of factors. These factors include health problems, disability, function, and provider as well as the environment (Radomski, 2011). The factors of self-determination and learning are also two contexts to be considered when giving long-term recommendations (Radomski, 2011). These factors and being able to routinely perform these recommendations was incorporated when

creating and delivering materials. At CCHMC any discipline can utilize KN with families and children through the hospital. Specifically, these notes are for caregivers, staff, and patients to better understand the effects of mental health conditions and ways to help improve challenges.

The KN created by this capstone student were on the topics of the importance of sleep and the importance of structure and routine for children and adolescents. These two topics were selected by the TRACK team to address common mental health barriers that are observed during evaluations. If caregivers and children are better educated on health topics and are provided ways to improve the child's conditions in ways that fits them, they are more likely to succeed at their goals and activities.

Once created, the notes went through an extensive review by the capstone student and review board at CCHMC to analyze the reading level and understanding of the information. The Simply Put Guide created by the Center for Disease Control (CDC) for information about how to make easy-to-understand materials was utilized in the creation of the educational handouts. Steps for developing materials that are evidence-based include identifying the audience, defining key terms, engaging the audience, and determining their values and beliefs, as well as keeping the message clear (Simply Put, 2010). Other details about the actual material such as using correct sizing, coloring, and spacing was followed based on the CDC recommendations and CCHMC guidelines.

 It is also important to note that the specific readability and comprehension levels that were used throughout the KN to appropriately reach the population these notes will serve. The Simply Put guidelines state that "comprehension levels are often two or more grades below reading or education level. Comprehension drops, even more, when a person is under stress (Simply Put, 2010, p. 27)." Many caregivers and children are often be experiencing stress within

this setting due to the circumstances of why the child is at the hospital. It was crucial to address

this within the creation of the discharge recommendations. By meeting the expectations and

educating the caregivers on these important recommendations there is evidence that proves the

child is more likely to comply (Arbesman et al., 2013).

Knowing Note Topics

As mentioned, the topics of sleep, and structure and routine are important in this setting

as they both relate to OT and are important when living with mental health conditions. Sleep is a

basic need of all children (Persch et al., 2015). Sleep plays a critical role in a child's

development (Segura-Jiménez et al., 2015). When looking at Maslow's Hierarchy of Needs,

sleep is considered a basic physiological need for human behavior and affects health,

engagement, and participation. (Persch et al., 2015; Tester & Foss, 2018). Sleep is essential for

growth and development, as well as fighting off disease and decreasing additional health risks.

Receiving enough sleep leads to the ability for the body to restore energy, memory, muscle

repair, and hormone release (O'Brien, 2020). The textbook by Case-Smith states, "studies have

shown that sleep deprivation affects cognition, attention, and social development." (O'Brien,

2020, p. 304). Sleep deprivation can lead to depression, suicidal ideation, behavior issues,

anxiety, and mood disorders (Persch et al., 2015).

With the evidence supporting the importance of sleep, OTP have many different

techniques to educate patients on ways to improve sleep and understand the importance of sleep.

Through routine, sleep hygiene, avoiding certain activities before bed, and modifying the

environment an OTP can help increase sleep time to then improve health and well-being. Some

health professionals may consider poor sleep to be a secondary concern, but poor sleep

impairments from primary diagnoses can be exacerbated (Tester & Foss, 2018). Sleep should be

at the forefront of care due to the implications it can have on activities and health overall.

The other topic, routine and structure, are important for every human, especiall for

children due to their constant need for development and growth. Having a routine helps create a

structure for day-to-day life to eliminate anxiety and uncertainty of the unknown. Children often

have difficulty understanding a sense of time; therefore, a schedule and routine can provide

structure and control to a child's day. OTP can eliminate this additional stressor and teach

caregivers and children ways to create a structured routine. By educating on consistent time

schedules, visual schedules, allocating time for certain activities, and completing tasks in a

certain order, children can feel secure, and confident about their day-to-day activities. This

education will also help to their ability to perform desired activities and self-care. Schedules can

also help with transitioning between activities and help children feel in control of their

environment, which is often a feeling individuals struggle with when dealing with mental illness

("The Importance of Schedules and Routines," 2020). Additional research and information was

gathered on these topics to create a well-balanced and informed KN for Cincinnati Children's

during the capstone experience. KN are attached in Appendix B.

Guiding Model

A guiding model was selected provided structure and guidance when working with this

population and served as a theoretical basis for the capstone. After fully understanding

Cincinnati Children's goals and initiatives through interviews, exploring the needs, and

examining literature in relation to the capstone goal, the model of the Model of Human

Occupations (MOHO) was selected as the best choice for serving as the theoretical basis for this

capstone project. This model was selected due to the emphasis on interactions between the

person including their habits and routine, their occupations, and environment to help create

successful engagement with the patient's desired occupation and occupational function. The

emphasis on the environment empowers the person to fully participate in meaningful activities

and desired occupations (Stoffel, 2013). MOHO is a holistic psychosocial approach, which

aligns with the care that is being done at CCHMC.

The MOHO model looks at three subsystems, volition, habituation, and performance

("Model of human occupations" (MOHO), n.d.). Volition is the person's will to do something.

Habituation refers to the persons daily habits and routines ("MOHO", n.d.). Lastly, the

performance aspect is completing the action. These three subsystems interrelates to each other

and overtime the person can make modifications to adjust their actions and to reach a desired

outcome. The MOHO model was also selected to keep these three domains at the forefront of

care, as well as to keep care client centered at all times. By using the MOHO model, the

occupational therapist can assess if the patient is engaged and motivated. By looking through the

lens of a person's interest to do something, their ability and desire to complete the task, and ways

to modify and adapt the environment, a cycle of dynamic interactions is created to get the best

possible outcome for the patient ("MOHO", n.d.).

Capstone Project Implementation

The capstone implementation process was on-going throughout the 14-weeks. Before

implementation of the capstone, a plan with specific goals were created. These goals guided the

student in the process and application of the capstone project. The capstone student assumed the

lead for achieving these specific goals, with support from the capstone mentor.

Goals

The goals were created by the capstone student with collaboration of the site mentor to ensure a meaningful and sustainable project for the site and student. The first goal included determining a gap within the organization to develop a well-rounded project. Objectives to support this goal included were researching background information of the hospital, patient population, and OT practice in the mental health setting. As well as using the information for the interview to formulate a clear need within the site. The next goal included developing KN for caregivers and children. This goal was supported by objectives that included researching the KN topic areas, incorporating health literate best practices during creation of the notes, and gaining feedback from other occupational therapists about the notes. The final goal was to advance clinical skills for the capstone student in this particular setting. To view the full goals and objectives, the student learning plan is attached in appendix C.

Clinical Skills

The goal of advancing clinical skills in pediatric mental health was ongoing throughout the 14-weeks. The clinical skills goal was supported by the objectives of independently facilitating evaluations, groups, and treatments while continuously documenting the care appropriately. With this goal, the capstone student received several different trainings and competencies. The capstone student completed trainings on Therapeutic Crisis Intervention (TCI), mental health diagnosis education training, psychological trauma training, and an interoception education session. The trainings are required by all staff members to better equip themselves, patients, and overall provide trauma informed care.

TCI teaches mental health professionals how to manage and de-escalate potential crisis situations in a therapeutic manner. TCI is a trauma-sensitive weeklong training on trauma across the developmental spectrum, foundations of trauma response and to best respond to crisis. The

TCI curriculum is research-based and is an interactive hands-on learning. The aim for this intervention is to reduce or eliminate the need for high-risk interventions. Through this training, the capstone student was able to learn skills to assist children in how to increase self-efficacy through reflection and active listening. At the end of the training, the student received a certification for the training after successfully passing the competencies and certification test that will last for one year.

In addition, the capstone student was expected to be competent in administered certain standardized assessments during evaluations and treatments. The capstone student observed and administered the Allen Cognitive Level Screening (ACLS), Movement Assessment Battery for Children (MABC), Canadian Occupational Performance Measure (COPM), Sensory Processing Measure (SPM), and the Sensory Profile (SP). Performing these test and measures allowed the student to become more proficient on how to administer the tests. Overall, this capstone experience has filled the gap of clinical skills for the capstone student, while allowing for an opportunity to obtain advanced certifications and skills.

Overall, this capstone experience allowed for advanced training, hands-on experience, and education from a highly ranked hospital system. By having this opportunity, the capstone student is now better equipped to enter the field of OT. The capstone student has the resources, skills, and confidence to take on new challenges and projects. Due to the rise in mental health issues, having the experience and education in mental health treatment will be beneficial for setting and population to better treat and advance the OT practice.

Knowing Notes Implementation

The KN were developed with a series of steps and processes. The first step being researching the evidence on the two topics of sleep and routine. The evidence concluded can be

found in the literature review section. Another critical step in developing the KN was to gather information through experience to better understand the needs of the patients in this setting. By evaluating, treating, and working on different units throughout the hospital the capstone student had a greater understanding of the patient population, allowing for creation of a meaningful resource. By spending time on the units, the capstone student gained an insight and perspective of what would be realistic and manageable for these patients. This step is of high importance due to MOHO being the guiding model of this project. This helped the capstone student gain a general understanding of this population's habits, routine, and volition to engage them in occupation. Once the evidence and clinical perspective were achieved the capstone student started on the development of the KN. Throughout this process, the student referenced current KN at CCHMC and utilized knowledge from past academic courses to develop the KN. As mentioned in the literature review, the capstone student used the Simply Put Guidelines to aid in readability of the educational handouts. Specifically, the capstone student utilized two formulas, the Simply Measure of Gobbledygook and the Flesch-Kincaid Readability Test. As well as utilizing strategies, checklists, and formatting guidelines outlined in the Simply Put Guidelines. After readability, grammatical, and spelling review was completed, the KN were presented to the site mentor for review. The capstone student created two versions of each KN, one with language directed to the patient and one for the caregiver. Having two versions of the KN created simplicity for the therapist to utilize when meeting with a patient and/or the caregiver.

After the site mentor had reviewed the KN, the notes were presented to the therapists on the TRACK team. Within this meeting, the therapists were able to review the notes and give informal feedback. The meeting was followed up with an email with an online survey to give feedback on the notes. The capstone student then gathered the feedback to apply the changes to

the KN. Due to the approval process of KN at CCHMC, the capstone student was not able to

deliver the educational handouts to patients or caregivers during time at the site. However, these

educational resources will be utilized frequently with the occupational therapists at the hospital.

Capstone Project Evaluation and Discussion

The clinical skills component of the capstone experience was evaluated by the site

mentor and student through the midterm and final evaluations, along with weekly check-in

meetings. Each week the mentor and student met to review areas of improvement, supports

needed from the site mentor and to establish goals for the following week. The goals were based

off the weekly objectives created by the OT department at College Hill. A timeline of the clinical

objectives for the 14 weeks can be found in appendix D. The meetings helped keep goals on

target, allowed for adjustments to be made for student learning and project development, and

served as a check-in for both the student and mentor for communication purposes.

The common themes throughout the evaluation included an improvement in the areas of

evidence-based research, professionalism, self-direction, and impacting the health and well-being

of the capstone population. With an increase of challenging behaviors, the site mentor stated in

the student evaluation that the capstone student, "was able to stay focused and provide top notch

patient care." The site mentor stated that this is a difficult task for even long-term staff to do. The

site mentor additionally mentioned the capstone student demonstrated an increase in decisive

communication when interacting with the unit staff. Overall, the site mentor concluded that the

capstone student was willing to take on new tasks such as performing various assessments and

facilitating creative group activities. As well as creating sustainable resources and improved

overall clinical OT skills that can be transferable to any setting.

Clinical Skills Evaluation

Throughout the time at CCHMC, the capstone student kept a clinical reflection journal to document clinical feedback and personal reflections. The themes of reflections included how to manage behaviors, ways to incorporate active listening into sessions, ways to improve group participation, and understanding of mental health diagnoses. The personal reflections discussed themes such as the resilience of the children, different learning-styles, and ways to quickly adapt to changes.

In addition to personal reflections, creating this clinical reflection journal was an excellent way for the capstone student to internalize the site mentor's feedback. One example of the feedback received from the site mentor was to be more aware of a child's behavior to better adjust to what is needed in a group or evaluation. If a child is struggling in group, let them know it is okay to take a break or ask staff to assist with checking in with the child rather than focusing in on the challenging behavior. It is important to give the child a chance to calm down in the way they need. Breaks are always given for the child when needed. If the child is acting inappropriately in group, it is best to tell the child "That is inappropriate. We do not talk about that at the hospital." Another strategy discussed was about re-directing their comment in with a positive, healthy statement.

Furthermore, following directions is a skill that many children struggle with in the hospital due to learned behaviors, trauma, and/or due to their mental health diagnosis. It is important to find a balance of giving direction but not giving too much attention to a behavior. Many children in this setting behave a certain way due to the lack of attention they receive at home. Being flexible and assessing a situation are skills every OT needs to have when working with people. There are certain times when giving attention to specific need of the child is appropriate; however, it is important to continue with the group activity. Things can change

quickly in any setting and an occupational therapist needs to be able to understand this and adapt to the changes.

When it comes to directions, it is best to be direct and clear with instructions. If the child is doing not following rules or directions, direct them with what they should be doing in that moment rather than telling them what they should not be doing. For example, if a child was standing on a chair, use a directive statement of, "Put your feet on the ground please." Rather than saying, "You shouldn't be on the chair, get down." This way the child knows what to do in the moment and receives a positive direction during the situation. This technique can be applied in many different situations in the hospital when dealing with behaviors.

Similarly, active listening is the practice of listening, observing body language, and showing attentiveness to the speaker. The skills of active listening include asking open-ended questions, requesting clarification and paraphrasing. It is important to be attuned and reflective, empathetic, and summarizing the content of the conversation when speaking with a child. For example, a phrase to use would be, "Sounds like you are dealing with a lot," or "You seem really frustrated because your teacher was not listening to what your needed." Active listening and validating a child's emotions is the key to establishing rapport and showing the child you care about their emotions and current situation.

Lastly, when planning for a group intervention for a unit it is essential to review the children on the unit to best understand what will fit their needs and interests. At times, the capstone student would bring a backup group activity to facilitate an engaging group and to increase participation. This also gave the patients' control by giving choices. Each child receives an OT evaluation when admitted to the hospital. During this time, the student worked to establish rapport with the child in hopes of increasing the child's engagement in programming, such as OT

groups. Some group activities needed to be scaled to best fit the needs of each child. This was

also thought and planned before the group while also being a skill adapted in the moment for

what the child was experiencing and needed.

Overall, many of the children in this setting have been through complex traumatic

experiences, meaning being exposed to ongoing traumatic events. These events include

experiencing or witnessing physical, sexual, and emotional abuse, neglect, bullying, and

substance abuse. Throughout the time at College Hill, the capstone student was able to

personally reflect on these situations through conversations with the OT team. The patients in

this hospital are survivors of these experiences and are resilient to the fullest. However, they

need assistance to learn how to cope with what they have been through in a healthy way.

Knowing Note Evaluation

The KN were evaluated through qualitative data retrieved from the team of 10

occupational therapists and one fieldwork student at CCHMC College Hill. The capstone student

created a survey through Qualtrics that included four questions. Qualtrics is a cloud-based survey

that assisted the student in developing a survey, plan data collection, and analyze the results. The

questions from the survey can be found in appendix E.

A common theme of feedback retrieved from the survey was to make the reading level

lower and more simplistic for the patient. A direct quote from the survey was, "My only

feedback is to make the child one more simplistic- I find if kids see a lot of words, they will not

read it, especially if reading is difficult for them." This feedback was utilized, and changes were

made to the KN by changing polysyllable words to two syllables when appropriate. Along with

increasing the font and spacing throughout the handout.

Another theme with the feedback was to make a specific and manageable duration of trialing the recommendations for the child. The feedback from this therapist stated,

"I would add at the very end of the KN a recommended time to trial these recommendations. It is good that is says 'take time and practice' but it might help to be more specific, so they don't only try it for a few days and give up because it doesn't work."

This piece of feedback created a specific and attainable goal for the child. This change also follows the theory of the guiding model of MOHO for the capstone project to create habits and to be holistic. Lastly, there was a theme of recommending including graphics in the KN to make the handout more visually engaging. The capstone student applied this feedback by creating a sleeping chart visual stating the various areas that sleep impacts. A word document was created with easy to access picture icons relating to morning and bedtime routine, for example a picture of a toothbrush for brushing teeth. This resource will be used by the occupational therapists when working individually with a patient to establish and follow a morning or bedtime routine with a visual schedule. Overall, the results from the survey indicated changes to readability, text, and visual appearance. The feedback gathered was critical for the capstone student to create a sustainable educational handout for the site.

Limitations

Limitations in this capstone project include the evaluation of KN involving a small sample size. The original objective for evaluation was to deliver the KN to patients and caregivers. After delivering, the capstone student was to assess the impact and understanding of the educational handouts. This would have given the capstone student more insight into the

sustainability and adherence to the recommendations. However, due to the approval process at CCHMC, this was not attainable in the capstone project timeframe.

Sustainability

To create sustainability in this project the student evaluated how the clinicians would utilize the resources that were provided. Through the survey, the therapists identified ways they would use the KN in their practice. One therapist specifically explained how they would utilize the routine KN. A direct quote from the survey says,

> "I think this would be helpful when working with parents whose children struggle with transitions and benefit from regular routines. When a parent understands the needs of their child and are given the tools to facilitate an environment that is consistent and predictable for the child, they are better able to support their kids. For older children, especially those approaching young adulthood, knowing how to create structure in their own lives when school no longer provides a daily, predictable routine is incredibly important in helping to prepare for success in the world outside of their home."

Another therapist mentioned how the KN will be beneficial to their practice. The direct quote said, "Having something handy/available to pass along as a stock response is helpful. It's a common problem that would benefit from a standard message." It is evident by these quotes that the resources provided will have a long-lasting impact. The KN will be provided through a department wide website for occupational and physical therapists to access easily.

Impact

The capstone project impacted the student by gaining in-depth knowledge that will last beyond the 14-weeks. The capstone student gained knowledge, experience, and transferrable

skills while working in the setting of inpatient pediatric psychiatry. The capstone student

delivered standardized assessments, managed challenging behaviors, and grew as a clinical in the

areas of psychiatry and pediatrics. Most importantly, the capstone student has had the

opportunity to empower children to learn their own skills for emotional regulation by creating a

safe environment for learning.

Conclusion

To conclude this capstone project, the gap of developing evidence-based, health literate

educational handouts and advancing clinical skills was achieved throughout the 14-weeks. The

capstone site, CCHMC has been provided with various resources to advance care in the OT

department site wide. By utilizing the guiding model of MOHO, the student successfully

demonstrated the ability to complete a self-led project with holism and empowerment at the

forefront. Through student and site mentor reflection the capstone student improved various

clinical and professional areas to achieve success.

Overall, the patients who are admitted to CCHMC and the families of those patients will

have a better understanding of the topics of sleep and routine to implement into their daily lives.

The OT department CCHMC wide, will have access to additional educational resources to

improve their practice. The capstone student obtained skills and gained confidence in pediatric

psychiatry that will transfer to any setting within the profession of OT. This capstone project has

impacted the student to be well-prepared to handle the variety of populations and diagnoses

within the profession of OT, as OT is rooted in mental health and providing holistic care.

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Appendix A

Interview Questions

1. What are the services that you implement at CCHMC?

2. What population, age range, and common diagnoses will I be working with at the site?

3. Can you explain the structural organization of your department?

4. What are common barriers when implementing your services?

5. What are your top successes?

6. What are your biggest challenges?

7. What are your current needs or is there anything you need assistance with addressing?

8. What do intervention sessions look like?

9. Are there other areas that I could experience during my capstone experience?

Appendix B

Sleep Knowing Note

Date_____ Therapist_____

Patient Name_____ Contact # _____

The Importance of Sleep

Sleep is the body's natural state of resting and a basic human need. The core function of sleep is to repair, rebuild, and maintain brain functions. Sleep effects your mood, behaviors, and energy. It can impact your health and ability to complete the things you need to do every day.

Why is sleep important for you?
- Improves school tasks and other activities
- Helps behavior, mood, and emotions
- Important for growing and overall healthy
- Impacts memory, learning, and problem-solving

Signs and symptoms of not getting enough sleep:
- Tiredness (e.g., yawning, head on table)
- Increased emotions (e.g., easily upset, grumpy)
- More or less hungry than usual
- Difficulty focusing and learning (e.g., zoning out)
- Feeling sick

How much sleep should you be getting each night?

AGE	RECOMMENDED HOURS OF SLEEP
School-aged (6-13 years)	9-11 hours
Teens (14-17 years)	8-10 hours
Young Adults (18+ years)	7-9 hours

- The amount of sleep you get each night is important
  - Too much sleep can be just as harmful as not getting enough
  - Too much sleep can make you feel more tired and groggy
- Naps are a healthy way to get more energy
  - Naps should be 20 minutes and taken before 3:00 pm

     o   Naps longer than 30 minutes begin a true sleep cycle and can make you feel more tired

Strategies to improve sleep

Keep a bedtime routine by doing things the same each night. A bedtime routine can include the strategies below.

- Keep your room clean and organized
- Only use your bed for sleeping
- Move your body throughout the day
- Dim the lights in your room as you get ready to go to sleep
- Don't use electronics (e.g., TV, table, cell phone, laptop) at least 1 hour before bedtime, as it can excite your brain and make it hard to relax
- Use earplugs or a white noise machine to block out noise, wear an eye mask to block out light
- Do not drink or eat caffeine (e.g., coffee, chocolate, teas, soft drinks, energy drinks) before bedtime
    - Instead try sleepy time or herbal tea, plain popcorn, banana, orange, pineapple, kiwi, yogurt
- Go to bed and wake up at the same time every day, even on the weekends (e.g., use sleepcalculator.com to schedule how much sleep you need)
- Use relaxation strategies before bedtime (e.g., read a story or book, stretch your body, practice deep breathing)

The effects of not getting enough sleep or getting too much sleep are short term. These strategies for sleep are highly personalized and not all of these strategies may work for you. It takes time and practice. Try these strategies for at least 1-2 weeks to find what works best for you.

Routine Knowing Note

Date_____   Therapist_____

Patient Name_____   Contact # _____

Importance of Structure and Routine

A routine is a series of actions that are followed every day. Routines and rules help you know what will be happening during your day and what you need to do. This helps you to be able to do things on your own and to believe in yourself while doing those things.

Why is it important to have a routine?
- Gives you a sense of comfort and control
- Better understand what you need to do to make decisions
- Allows you to use your coping skills, if needed
- Creates a day where you know what is going on
- Encourages you to do healthy habits (e.g., brushing teeth and keeping a sleep schedule)

Strategies to help you improve structure and routine
- Figure out what is important for the day
- Use a visual schedule or day planner to keep track of your daily tasks
- Do your morning and night routine the same way everyday
- Find times during the day when you feel most calm or balanced to complete a challenging task
- Talk with adults to know what you should be doing, ask questions if you are confused

These strategies for structure and routine are highly personalized and not all of these strategies may work for you. It takes time and practice. Try these strategies for at least 1-2 weeks to find what works best for you.

Appendix C

Student Learning Plan

Project Goal 1: The student will work with Cincinnati Children's to determine the "gap" and develop a project that meets the needs of the site and the student to form a sustainable doctoral capstone project.

- *Objective 1:* The student will conduct a needs assessment, that includes specific needs of the site, outlining the background of the site, population, and setting to determine the resources that are needed and that are already available.

- *Objective 2:* The student will conduct a literature review for the project topic and population to examine, evaluate, and implement evidence-based practice and reasoning to support the project.

- *Objective 3:* The students will finalize and utilize knowledge from the needs assessment to determine an overall plan and project for doctoral capstone.

Project Goal 2: The student will develop 2 Knowing Notes resources for discharge to improve the transference of occupational therapy recommendations for children with mental health conditions.

- *Objective 1:* The student will research best practices on development of discharge recommendations within the setting of mental health, healthcare, and pediatrics.

- *Objective 2:* The student will research and report evidence-based recommendations for sleep hygiene for children and adolescents, and the importance of structure and routine for children and adolescents.

- *Objective 3:* The student will take health literacy into consideration when developing discharge resources for the children, caregivers, and other professional staff to interpret the content and implement the recommendations.

Project Goal 3: The student will gain relevant advanced practice within the setting of pediatric mental health.

- *Objective 1:* The student will advance understanding of the population through self-study evidence-based research.

- *Objective 2:* The student will be sufficient on own to facilitate group and individual therapy by week 7.

- *Objective 3:* The student will be able to screen, assess, evaluate, and administer interventions in this setting to advance clinical skills.

- *Objective 4:* The student will serve as a member of the pediatric mental health TRACK team and where she will contribute to research and projects to work towards the goal of evaluating occupational therapy's impact within pediatric mental health at Cincinnati Children's.

Project Goal 4: Student will develop a plan and method to measure the effectiveness of the capstone project.

- *Objective 1:* The student will investigate various measurement properties used in research and will select the most appropriate tool to collect data for the project, site, and population.

- *Objective 2:* The student will identify and define the target outcome for data collection within the capstone project.

- *Objective 3:* The student will report and assess the data collected to determine the effectiveness, implications for practice, and limitations prior and post project application.

Appendix D

Clinical Objectives: Cincinnati Children's Medical Hospital Center – College Hill Campus

Week 1	Orientation & Training at Base Observe evaluation & treatment. Orient to facility. Begin competency training and readings. Observe groups, 1:1's, tests & measures (T&M), and attend rounds.
Week 2	Therapeutic Crisis Intervention training
Week 3	Competency and readings completed. Observe groups, 1:1's, T&M, and attend rounds. Co-lead groups evaluations Interoception Training 1/26
Week 4	Continue co-lead groups/evaluations. Observe 1:1's and co-lead T & M Psych Trauma Training Friday, 2/4
Week 5	Plan & Lead 1 group. Split evaluation depending on the number of admissions. Co-lead all 1:1's and T&M
Week 6	Plan & Lead 2 groups Split evaluations depending on # of admissions. Lead 2 1:1's with minimal assistance. Lead 1 T & M with minimal assistance
Week 7	Plan & Lead 3 groups. Complete all evaluations. Split all 1:1's. Complete all T & M with supervision. Psych Diagnosis Training 2/25- virtual all day Midterm Evaluation due
Week 8	Plan & Lead all groups. Complete all evaluations Complete 1:1's and T & M's with supervision
Week 9	Plan & Lead all groups Independently co-treating with SLP Complete all evaluations. Complete all 1:1's and T & M independently Knowing Note submitted 3/8
Week 10	Plan & Lead all groups. Complete all evaluations.

	Complete all 1:1's and T & M Present Knowing Notes to TRACK team Evaluation of Knowing Notes
Week 11	Plan & Lead all groups Complete all evaluations Complete all 1:1's and T & M's
Week 12	Plan & Lead all groups Complete all evaluations Complete all 1:1's and T & M's
Week 13	Plan & Lead all groups Complete all evaluations Complete all 1:1's and T & M's
Week 14	Final project due. Present work. Final evaluation and student evaluation due

Appendix E

Knowing Note Survey Questions

1. Was the information presented easy to understand for the audience (child and caregiver)? Please answer yes or no AND explain why in 1-2 sentences.

2. Was the information presented in a way that the reader could incorporate the recommendations in their day-to-day life? Please answer yes or no AND explain why in 1-2 sentences.

3. How can you or will you utilize this knowing note within your practice?

4. What feedback do you have about the knowing note? Please specify if you are talking about the caregiver or child KN.