BACKGROUND

Western Behavioral Health (WBH) is the outpatient mental health division of UPMC Western Psychiatric Hospital. These comprehensive recovery services provide support to community-dwelling adults and older adults with a variety of mental health diagnoses to promote maximal independence in desired occupations. In our needs assessment and observations at WBH, we saw potential for improvement in initiation of goal-setting and goal achievement.

Behavioral activation (BA) approaches have been shown to be effective with mental health conditions such as depression and bipolar disorders.1 Research shows that BA aligns well with feasibility and client engagement in the outpatient setting.1 Moreover, BA is proven to address the gap between client’s performance capabilities and client’s current performance.2

This research led us to create the ISPARK Protocol (identify, schedule, perform, assess, reward, keep going) as a behavioral activation-based approach tailored to this site’s needs.

OBJECTIVES

Objective #1: Identify 2 benefits of implementation of BA approaches for clients with mental health diagnoses.

Objective #2: Describe how to implement the ISPARK protocol in individual and group therapy environments.

METHODS

Phase 1 (Weeks 1-4)
- Gathered initial survey data from staff using Qualtrics and paper surveys for clients about goal-setting (Time 1 - T1)
- Met with mentors at WBH and The University of Pittsburgh to develop ISPARK protocol

Phase 2 (Weeks 5-8)
- Implemented 4-week cycle of ISPARK protocol with clients
- Re-administered surveys to clients and staff (Time 2 - T2)

Phase 3 (Weeks 9-12)
- Trained WBH staff in ISPARK protocol
- Co-led with staff to complete ISPARK protocol with clients

Phase 4 (Weeks 13-16)
- Provided on-site support to staff as they led ISPARK protocol with clients
- Re-administered surveys to clients and staff (Time 3 - T3)

ISPARK PROTOCOL & RESULTS

ISPARK Protocol[1]

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
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<tbody>
<tr>
<td>Identify (Week 1)</td>
<td>Clients complete a modified version of the Activity Card Sort (ACS) to find potential goal activities</td>
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<tr>
<td>Schedule (Week 2)</td>
<td>Clients plan when they will work on their goals for the week</td>
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<tr>
<td>Perform</td>
<td>Clients work on their plans made in week 2 between weeks 2 and 3</td>
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<tr>
<td>Assess (Week 3)</td>
<td>Clients fill out a progress bar to visually represent their current progress</td>
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<tr>
<td>Reward (Week 4)</td>
<td>Clients check-in, write out barriers they’ve seen, and problem solve to move forward</td>
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<tr>
<td>Keep going</td>
<td>Clients check-in and receive rewards if they’ve reached their goal/measure of success</td>
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CONCLUSIONS

Through this capstone project, using BA with clients at WBH showed increases in client goal initiation, and improved selection of measurable and functional goals. Increases in client goal initiation were seen through qualitative data, documented in fieldnotes, as well as quantitative data seen in the results section. Improvements in selection of measurable and functional goals can be attributed to implementation of the modified Activity Card Sort (ACS) at the start of Phase 1 and were reinforced with cues. Maintaining measurability of goals also occurred early in the ISPARK protocol with client defined measures of success.

Strengths of this project include consistency in delivery with the same group day and time followed throughout the process, staff buy-in, and a multi-cycle process that allowed for adaptations within protocol for client-centered interventions for enhanced performance. Also, throughout the ISPARK protocol cycle, clients showed improvements in remembering their activity-based goals, making progress toward their goal achievement, and creating more specific goals (i.e., “I want to make friends” to “I want to get lunch with my friend once a month”). Clients’ measurability for goals improved when compared to their previous psych rehab goals.

Limitations of this project include small sample size, low percentage of survey completion, and minor inconsistencies in group attendance rate.

CONCLUSION #1: BA increased goal initiation and self-awareness relative to goal progress in clients with mental health diagnoses.

CONCLUSION #2: Pairing BA with a modified version of the Activity Card Sort (ACS) improved goal selection of achievable and activity-based goals.

CONCLUSION #3: More research is needed to confirm trends found surrounding the benefits of using BA approaches to improve action step initiation in clients with schizophrenia and schizoaffective disorder.

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REFERENCES