
Occupational Perspective on a Functional Cognitive Intervention to Improve Family Relationships

Amiya Waldman-Levi and Nava Keren

Amiya Waldman-Levi, PhD, OTR, amiyawl@gmail.com

Nava Keren, PhD, OTR, Director of Occupational Therapy, Kaplan Medical Center, Rehovot. nava10@gmail.com

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Abstract

Clients with mental health disorders often have significant difficulties with role functioning and could benefit from interventions targeting social participation. This article describes an innovative intervention comprising an integration of several treatment approaches to treat a client with major depression and non-mature dependent personality disorder. The client was admitted to a psychiatric day-unit after experiencing an emotional breakdown following his divorce. His main complaints were the loss of his role as a parent and the deterioration of his relationships with his children. The conceptual model guiding treatment at this psychiatric day-unit is the Person-Environment-Occupation model. The occupational therapist treating him followed this model, but also incorporated the cognitive behavioral therapy (CBT) and the occupational goal intervention (OGI) treatment approaches. The interpersonal approach and principles relating to the therapist-client relationship were also applied. The intervention format included both individual and group intervention sessions. Over the course of the intervention, the client experienced a change in his perceptions regarding his relationship with his children.

Introduction

Mental health disorders affect role functioning (WHO, 2004). Many individuals with mental health disorders are in need of intervention in the area of social participation. Since not all clients will ask for help, occupational therapists (OTs) should focus on interventions that will address community functioning, family interactions, relationships, and roles (Cara, 2005). To our knowledge, no studies, research reviews or case-studies appear in the literature that describe a mental health intervention addressing a client's need to improve, develop, and strengthen his/her social-emotional skills in order to support family relationships and roles. In addressing the clients' families, mental health OTs around the world use a supportive and/or collaborative approach and may employ a psycho-educational intervention to family members if they feel direct intervention is required (Urish & Jacobs, 2011). The current paper presents a case-study regarding a client who wished to improve his social participation within the context of his family relationships, as well as his role as a father, following his divorce and emotional breakdown.

Many health conditions and social situations may gradually result in a deterioration of individual's ability to participate in, and benefit from daily occupations, which can become significantly impaired. For example,

occupational problems can result from a family's need to take on the responsibility for exceptional caregiving, compromising both their ability to participate in other occupations and their autonomy as a family. A fundamental concept that pertains to family function and well-being is resilience. A crisis presents families with various challenges that they must learn to cope with. Resilience requires a shift in the family's perspective from viewing themselves as damaged - to challenged, thus affirming their reparative potential. This approach is based on the conviction that both individual and family growth can be promoted through collaborative efforts in the face of adversity (Walsh, 1996). Relational resilience involves organizational patterns, communication, problem-solving processes, community resources, and the affirmation of belief systems. Of particular importance is a coherent narrative to assist the family members in deriving meaning from their experience, build family collaborations, and increase their feelings of competence and confidence in being able to overcome these challenges.

Adaptation to divorce begins in the pre-divorce period with the decision to separate, and continues through the legal processes and proceedings, the reorganization of the households and the formulation of custodial

arrangements. Following a divorce, the functioning and well-being of family members, especially the children, may be influenced to a greater extent by the processes they must undergo to address these unfolding challenges and to finding meaning from the experience, than by the “events” of the divorce themselves.

Personality disorders (PD) are a class of mental disorders that may manifest as symptoms that can affect occupational performance, including social participation, activities of daily living, work, and leisure. Cluster C of PD includes avoidant, dependent, and obsessive-compulsive personality disorders. The primary trait associated with PD is anxiety, which may stem from the fear of rejection or humiliation, the need to be taken care of, and/or a preoccupation with perfection (Ward, 2004). These clients often have low self-esteem and feel as if they are unable to function without the assistance of others. They may experience difficulty in coping because it requires the ability to make decisions. This situation ultimately increases their anxiety to the point where they go to excessive lengths to obtain nurturance and support from others, even by volunteering to do things that they find unpleasant to do. Thus, when a close relationship is severed, they may feel an urgent need to find an alternative relationship to provide them with the care and support they lost (American Psychiatric Association, 2013). Thus,

individuals with dependent PD who face life challenges such as divorce may react by increasing their reliance on other family members. In addition, they may exhibit regressed behavior, especially within the context of their family relationships.

The profession has developed a number of terms to define how problems in occupation might be expressed, understood, and ultimately addressed. Mental health occupational therapists typically employ a range of interventions to meet occupational goals that are as meaningful to the individual as possible (Krupa, Fossey, Anthony, Brown, & Pitts, 2009). The concept of the therapeutic alliance comes closest to the concept of the therapeutic use of self as described in the Occupational Therapy Practice Framework (AOTA, 2002; 2008). Cole's and McLean's (2003) study reaffirms the importance of the therapeutic relationship in occupational therapy practice. They suggest an updated definition of the therapeutic alliance: a trusting connection and rapport established between the therapist and the client, formed through collaboration, communication, therapist empathy, mutual understanding, and respect. Occupational therapists use of interpersonal strategies during the intervention process in general, and specifically in mental health intervention, often influences their clients' level of motivation, or lack thereof, to engage in treatment. Also,

the manner by which interpersonal strategies are incorporated into therapy, such that they match a therapist's individual style and the specific therapeutic situation, makes for a more profound therapeutic process (Ikiugue, 2007).

The focus on interpersonal strategies is particularly important in mental health practice because the therapeutic relationships assume primacy in this area. Moreover, disorders in mental health are not tangible in nature, thus requiring therapists to use abstract techniques in their intervention program. Such techniques may include clinical reasoning regarding the client, the most effective treatment to use, and how to apply the intervention within the therapeutic context. Specifically, interpersonal strategies commonly used in mental health include validation, setting limits, advising, confrontation, interpretation, and reality testing (Cara, 2005; Davis, 1994).

In addition to focusing on interpersonal strategies, OTs must understand that the client's reaction/behavior reflects his/her use of a defense mechanisms, especially when treating people who are challenged by a PD. These mechanisms include splitting, denial, repression, and projection. In general, OT intervention should focus on the appropriate expression of feelings; increasing the client's self-concept, self-esteem, insight and judgment; the development of appropriate interpersonal

relationships; the use of effective coping strategies for dealing with life stressors and the accompanying anxiety; conflict resolution and social skills (Nott, 2005).

No clear set of principles have been established for occupational therapists to address their clients' defense mechanisms. The Cognitive Behavioral Treatment (CBT) involves a combination of principles derived from behavioral and cognitive theories with an emphasis on the cognitive aspects of behavior. Thus, it may be a suitable treatment approach to address the above-mentioned challenges. When implementing CBT, the change process is initiated by having the client and the therapist collaborate in performing functional analyses. That is, an analysis of the specific situations that trigger clients' maladaptive behaviors or hinder their performance. This process assists the client by helping him/her acknowledge the factors that prompt the maladaptive behavioral responses and the consequences of such responses. The main principle that guides CBT is to change faulty cognitions from irrational to more rational thoughts. Actions and emotions will change once these thoughts are adjusted (King et al., 1998; Urish & Jacobs, 2011).

Cognitive distortion may include automatic irrational thoughts such as: 'I am not capable of determining the direction of my life', and 'I am dependent on environmental

circumstances'. As a result of thoughts such as these, clients are likely to perceive that they have no control over their lives, feel helpless and attempt what they perceive to be a means of escape. In this case, therapy would be geared toward helping clients gain insight as to how this type of thinking limits their ability to realize their potential (Ikiugue, 2007). In addition, a multi-contextual approach is used to teach the client non-situational techniques to facilitate increased awareness and performance.

Cognitive rehabilitation encompasses various programs that differ with respect to their theoretical basis, methods, goals, and outcomes. The Occupational Goal Intervention (OGI; Keren, 2007; Keren, Gal, Dagan, Yakoel, & Katz, 2008; Keren & Katz, 2011) is a structured strategy-learning intervention program based on Goal Management Training (GMT; Levine et al., 2000; Levine et al., 2007). The OGI was developed as an occupational therapy treatment for clients with schizophrenia who manifest cognitive deficits, especially in executive functioning, which affect their daily activities. The treatment process emphasizes the use of functional activities - such as food preparation, computer use, or going to the park with one's children. The assumption is that the learned thinking process is generalized to other occupation performance domains (Toglia, 2005). The OGI learning strategy involves a

series of stages as described by Katz and Keren (2011):

1. Stop and think! Orienting and alerting to task. Initial discussion of interests and tasks the individual wants to work on; raises awareness of individual meaningful activities that will direct the choice of tasks.
2. Define the main task. Define the specific goal. This stage includes choice, definition, and goal setting.
3. List and partition goal into subgoals. Setting the steps to achieve the goal. Recording the process, steps, and required material. Estimating duration of performance.
4. Learn steps. Encoding and retention, by verbalizing the process by heart (the subgoals). Perform the task.
5. Monitor. Check and evaluate the outcome and the process. Compare the outcome to the goal definition. What kind of problems and difficulties did you meet or encounter? What factors promoted or interrupted goal achievement [task completion]? Are there alternative ways to carry out the task?

This paper describes an innovative integration of several treatment approaches to an intervention employed to assist a client with a PD who experienced a divorce process that resulted in an emotional breakdown. His main complaints were related to

the loss of his previous role as a father and the deterioration of his relationship with his children. The OT incorporated CBT and OGI as the main treatment approaches, along with an interpersonal approach to working with clients with personality disorders (Cara, 2005) as well as the application of principles that guide therapist-client relationships (Davis, 1994).

Case-study

Evaluation

Presenting problem - Leeron is a 41 year-old-male, admitted to the outpatient psychiatric day unit. Upon admission, he reported a disturbed sleeping pattern, a loss of appetite and weight, a decrease in strength, fatigue, and a lack of self-confidence. Leeron felt very anxious, and lacked the desire to engage in everyday activities. He complained of being unable to focus, "I feel like I am in a bubble...why is this happening to me?" He was worried that his brain was injured. After his divorce he had moved into his parents' house.

Diagnosis - major depression and non-mature dependent personality disorder.

Occupational Profile

Leeron is a 41 year-old-male, father of 13-year-old Dan and 9-year-old Dalia. He had divorced his wife of 15 years. He is an electrician who had

worked full-time for a large electrical supply company and freelanced in providing domestic services.

Work habit and ethics - Leeron described himself as a hardworking employee who functioned well within a team as well as independently. He claimed his job entailed much pressure in that it required him to be on call to perform his services, but that he was successful in meeting this need.

Family relations - prior to the divorce, Leeron took care of his children and cooked the family meals. He felt he had had a close bond with his children; he would play with them and take them on outings. In addition, Leeron stated that his former spouse had not performed the functions he had expected of her at home, and that their relationship was problematic.

Leisure and social relationships - Leeron perceived that he was a sociable person with many friends, both from in and outside of his work place. He professed that he enjoys helping others, especially friends in need. Leeron used to take walks with his brother-in-law, who was a good friend, and enjoyed spending time at cafes and watching movies. In his spare time he worked out at the gym, played soccer and ping-pong, and went fishing with friends. He also liked to read newspapers, watch television and solve crosswords puzzles.

Analysis of Occupational Performance

This analysis focuses both on Leeron's actual and self-perceived relationships with his family members. The tools used in the evaluation process included the Canadian Occupational Performance Measure (COPM; Law et al., 1994), the Activity Card Sort (ACS; Baum & Edwards, 2001), the Interest Checklist; and a family relations interview. The evaluation findings revealed that Leeron was no longer involved in his previous leisure or social activities, because he felt: "trapped in a bubble and I do not have patience as I used to have before...". He still occasioned the gym but only for short periods of time. The family relations interview indicated a serious decline in his relationship with his children. They had not talked or met since he moved out of the house to live with his parents. His children, who live with his former spouse, said that visits to their father were too difficult as there was nothing there for them to do there. Leeron stated that he had not been feeling like "his usual self", and was reluctant to go out with them. "The feeling of being trapped in a bubble, made everything seem like unreal, vague, not clear...".

A comparison of the findings of Leeron's evaluation process to his performance at the day-unit indicated a discrepancy between his perceived and actual performance. Leeron saw himself as if he was trapped in a

bubble that made the surroundings seem vague, and people and objects as unreal. Thus during his stay at the unit, Leeron had difficulty engaging in leisure activities. He would constantly approach the staff members, complaining that he does not know what to do with his time. His parents asked that Leeron be helped to engage in some activities. Leeron felt lonely, yet did not know how to interact with others. When he was asked about his strengths and weaknesses, he described himself as a social, loyal, caring, giving person who is good at sports, cooking and is very handy. However, he admitted that he did not feel capable or smart enough to solve problems that came up at work and relied on a co-worker to assist him in performing certain tasks. During the assessment sessions Leeron commented that his dream was to "have a good wife who will cook for him, care for him, and ... live in a happy home with his kids". "I would give anything to go back in time, to when I was healthy, be the real Leeron who loves his children, play with them, smile...come out of the bubble...".

Intervention

The guiding model at the psychiatric day-unit is the Person-Environment-Occupation conceptual model (PEO; Law, Cooper, Strong, Steward, Rigby, & Letts, 1996). The individual interventions at the day unit target

client-factor deficits. The physical space of the unit is arranged to provide a supportive environment that encourages the clients to engage in self-initiated leisure and relaxing activities, as well as social interaction. The occupational perspective is addressed by helping clients re-engage in desired occupations such as daily living, work, leisure, and social activities and in family relationships. Leeron expressed a desire return to his previous role as a worker, re-engage with the leisure activities he previously performed, and re-establish his bond with his children. The occupational therapy intervention encompassed all of these goals; however the following will focus exclusively on the methods applied to address the goal that related to his relationship with his family.

Occupational therapy individual and group-based interventions.

Occupational therapy intervention planning begins with establishing client-centered goals (AOTA, 2008) that further promote and support the implementation of the PEO model as described above. Based on Leeron's occupational profile, the analysis of his occupational performance and his discussions with his occupational therapist (the second author), Leeron decided to start the intervention by concentrating on only one of his goals and its related objectives. The remaining goals and objectives, listed

below, were established by Leeron during the course of his therapy sessions; once he had begun to explore the relationship between his actual performance and his perceived performance.

- ◆ Leeron will define his parental role
 - Leeron will gain insight into his perception of his role performance as a father, both before and after the divorce.
 - Leeron will gain insight as to his strengths and weaknesses with respect to his performance of his parenting role before and after the divorce.
- ◆ Leeron will adjust his expectations regarding his relationship with his children.
 - Leeron will express his current expectations regarding his relationship with his children.
 - Leeron will be able to distinguish between his own expectations of his relationship with his children and his children's current needs.
- ◆ Leeron will explore new ways to interact with his children and adjust his view of their relationship, so that it becomes more balanced
 - Leeron will engage in short conversations with his children to learn what they perceive to be a fun activity that they can do together.
 - Leeron will plan a joint activity

with his children, based on each of their preferences as well as his own.

- After each conversation and joint activity with his children, Leeron will reflect on how he can further promote his interaction with his children.
- Monitor, check and evaluate the outcome and the process.

The implementation of these goals in individual and group occupational therapy sessions was guided by several treatment approaches that were chosen from the mental health domain. Thirty-minute individual sessions were provided two to three times a week. At the end of most sessions, Leeron was given personal assignments relating to the goal he was currently trying to achieve, which he was to practice at home and/or at the day-unit. The purpose of these assignments were to present him with the opportunity to practice the strategies that had been introduced and discussed during each session, thus supporting his ability to utilize desired skills in real life meaningful situations (Toglia, 2005).

One-hour long group interventions were provided on a weekly basis. The guiding treatment approaches were CBT and OGI, the interpersonal approach for clients with PD (Cara, 2005); and the application of principles that guide therapist-client relationships (Davis, 1994).

Since mental illness impacts not only the individual, but all family members, as well as the person's significant relationships (Roth & Calkins-McCune, 2005), a broad-ranging intervention was integrated into his individual sessions. In the course of his treatment Leeron expressed a desire to rebuild his relationships with his children, how much he missed them and described the close relationship they had shared prior to the divorce. Leeron told anecdotes about his performance as a parent and a worker. According to his account, he had been able to successfully manage his role at work, care for the household, help his children with their homework, and play and interact with them. Clearly his perception of his abilities and his current functioning as a father had undergone a dramatic change as a result of his breakdown. Leeron's mental illness came on suddenly, as is often the case, thus catching the patient and the family off guard and triggering a myriad of responses, including feelings of confusion, fear, denial and isolation (Roth & Calkins-McCune, 2005). Leeron's occupational therapist used clinical reasoning to consider both his emotional symptoms and his desire to function as a father, in order to plan the therapy process she would use to help her client redefine his parental role.

The therapist began her intervention by targeting the goal of: "defining

Leeron's parental role" by helping Leeron gain insight into his self-perceptions, strengths, and weaknesses in relation to his parenting role. Roth and his colleague (2005) describe the healthy family as one in which each member has designated roles and rules defining how he/she should behave. For example, the parents provide the basic family needs related to the provision of food, clothing, shelter as well as nurturance and support during difficult times (Roth & Calkins-McCune, 2005). Leeron's family situation and mental status both contributed to his decreased function in his parental role, thus guiding his selection of goals related to reconnecting with his children. As mentioned above, mental illness prompts changes in family roles, requiring all members to garner information to help them adjust their expectations and enable them to cope with these changes (Roth & Calkins-McCune, 2005).

The CBT in conjunction with the OGI principles were integrated in the individual sessions and guided Leeron's therapist in examining the current status of his relationships. She understood that Leeron's inability to reflect on his current cognitive and emotional attributes was being affected by his individual client factors. As a result, he needed help to develop more appropriate behavioral and social skills. To achieve this, each aspect of his family circumstances was analyzed by comparing the objective facts/reality

(my daughter prefers to play at home'), with his thoughts ('she does not want me'), and feelings ('I am worthless', 'I am not a proper father'). The integration of CBT and OGI principles that guided Leeron's individual and group sessions enabled him to gradually attain a more balanced perception of himself and his mental state and how it was affecting his children. In addition, it helped him accept the changes in family life that ensued from the divorce, and that his parental role needs to be readjusted as a result. More importantly, Leeron came to realize that he needs to be more sensitive to his children's feelings, expectations, and frustrations with the new family situation (my father is ill; he lives in my grandparents' house). This realization spurred Leeron to initiate private and separate conversations with both of his children, and to attain the ability to implement the insights that he was acquiring during his therapeutic sessions.

The result was very rewarding. When Leeron's daughter told him that: "I am angry because you left me", Leeron was able to actively listen and to distinguish between his daughter's feelings and his. This achievement testified as to his acceptance of an appropriate parental role, i.e., providing his child with a supportive base. Consequently, he and his daughter enjoyed a trip together to the mall. With respect to his son, although he avoided Leeron for a long period of time, he was now able to express his anger, saying: "you are not

my father anymore?'. Despite the hurt Leeron felt by his son's outburst, he found the strength to pursue his goal and convince the child to go together with him to the beach.

The interpersonal approach for clients with PD (Cara, 2005), together with principles guiding therapeutic therapist-client relationships (Davis, 1994), served to consolidate the various therapeutic approaches utilized in both Leeron's individual and group sessions. Despite the challenge presented in working with clients having PD secondary to a mental health condition, the aim of any OT treatment for PD is not to modify the personality, but to reverse the process through which behavioral traits become magnified to the level of a disorder (Cara, 2005). Clients need to be taught how to make use of their personality traits in a manner that is more adaptive, thus improving the adaptability of the clients themselves. The OT intervention techniques used with Leeron were designed to modulate his emotions to a more suitable level, tone down the rigidity he displayed in his views regarding his relationships with significant others, expand his behavior repertoires, and enable him to develop more satisfying social roles. Leeron's personal tendencies compounded by his excessive need for reassurance resulted from an elevated level of anxiety. The therapist encouraged Leeron to take more risks and to emote more expressively in both the

therapeutic and his real life setting.

The literature emphasizes the importance of the therapeutic alliance in the treatment of PD (Cara, 2005; Davis, 1994). The OT helped Leeron address his current meaningful relations and occupations, focus on here-and-now behavior, think sequentially, and anticipate the potential consequences. Thus, guided by the OGI approach that includes the monitoring and analysis of performance, Leeron was able to realize which behaviors he should embrace to achieve his goals. The nature of the therapeutic alliance made Leeron feel that his needs were being respected and attended to and he gained the confidence he needed to practice his communication skills with his children. Although these conversations sometimes proved hurtful, his recognition that there was someone who would listen to him without passing judgment provided him with the comfort he needed to overcome his hurt. As a result, he was able to share his feelings and thoughts during his individual sessions and in some of the group sessions as well.

Discussion

This article describes a novel intervention, comprised of an integration of several treatment approaches, used to treat Leeron, a 41-year-old client with cluster C personality disorder. He was admitted to a psychiatric day unit following

an emotional breakdown (major depression) triggered by a divorce. His main complaints related to the loss of his previous role as a father and the deterioration of his relationship with his children. The PEO (Law et al., 1996) model was used to guide interventions employed at the psychiatric day-unit. The treating therapist applied the CBT and OGI approaches, supplemented by the interpersonal approach for treating clients with personality disorders (Cara, 2005), and principles used to guide therapist-client relationships (Davis, 1994).

An intervention incorporating several treatment approaches may present a challenge for the intervening practitioner, and thus it should be implemented when based on a sound rationale. Cluster C of PD includes avoidant, dependent, and obsessive-compulsive personality disorders. Individuals with dependent PD who face life challenges such as divorce, may feel the need to increase their dependence on other family members, and experience behavioral regressions that manifest significantly within the context of family relationships. Leeron's emotional and cognitive client factor difficulties had a major impact on his function in the domain of family relationships. In order to provide effective intervention, his occupational therapist needed to integrate treatment approaches that addressed both of the aforementioned client factors. Since clients with PD as

well as those who suffer from major depression are prone to cognitive and emotional distortions, the therapist reasoned that the CBT would be a suitable approach for helping Leeron distinguish between his needs and those of his children, thus gaining a new and more suitable perception of his parental role.

According to the CBT approach, the change process begins by having the individual (in collaboration with the OT), engage in a functional analysis in which the circumstances that generate maladaptive behaviors or hinder performance are probed and analyzed. Typically, the first step involves the examination of the client's overall strengths and weaknesses. In light of Leeron's mental illness and his divorce from his wife, a broad model was needed to modify his perception of his parenting role.

The CBT and OGI principles that were integrated in the individual sessions were used to guide both Leeron and his therapist in a careful examination of his behavioral and social client factors and skills in order to understand which factors to address in order for his treatment to advance. In line with the CBT approach, each event and conversation shared between Leeron and his children were analyzed using the following perspective: facts/reality, thoughts, and feelings. The OGI principles served to guide the therapist in helping

Leeron analyze his conversations with his children, and then support him in selecting goals and functional assignments. Leeron's cognition and emotions were distorted by his mental illness and personality disorder, which interfered with his ability to perform the analysis process prescribed by the CBT approach. Since the OGI approach was developed for use by clients with cognitive disabilities as a result of schizophrenia, this occupationally-based perspective in conjunction with its systematic step-by-step learning strategy principles, served as a bridge between the CBT and the OGI approaches.

Finally, the interpersonal approach for clients with personality disorders (Cara, 2005) as well as the principles guiding effective therapist-client relationships (Davis, 1994) served to support Leeron's ability to develop his communication skills and gain new insights into his relationships with others - his therapist, his fellow clients in the unit, and ultimately his beloved children. The PEO model used by the health professionals in Leeron's psychiatric day unit tied all these intervention approaches together. The use of this model further emphasized the importance of function, occupation, and the practicing of significant roles for all the clients in the unit's milieu.

Summary

Mental health disorders have a great impact on role performance (WHO, 2004). Many mental health clients require intervention to improve their social participation despite the fact that not all will request help in this area. Hence, OTs should be sensitive to the clients' overt and covert needs in relation to community, family interactions, relationships, and roles (Cara, 2005). This article describes an innovative integration of several treatment approaches used to treat a client with a personality disorder who experienced major depression as a result of a divorce. He wished to focus on improving his relationship with his family, especially regarding the loss of his parenting role. The therapist incorporated the CBT and OGI treatment approaches along with the interpersonal approach for clients with personality disorders (Cara, 2005), and principles relating to the development of effective therapist-client relationships (Davis, 1994). This novel intervention resulted in a change in Leeron's perception of his relationship with his children.

The intervention described in the current article contributes to the clinical practice of mental health occupational therapy, as it could prove beneficial when applied to clients with a variety of diagnoses such as anxiety disorder, eating disorders, and schizophrenia (Butler, Chapman, Forman, & Beck, 2006).

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