A mental health community practicum for occupational therapy students in Uruguay

BY

Juliana Peraza Cabrera

Lic. TO Universidad de la Republica, 2016

PROJECT

Submitted as partial fulfillment of the requirements for the degree of

Doctorate in Occupational Therapy

University of Illinois Chicago, 2022

Chicago, Illinois

Doctoral Project Commitee:

Dr. Yolanda Suarez-Balcazar, Committee Chair and Advisor

Dr. Gail Fisher, Occupational Therapy

Dr. Celeste Januszewski, Occupational Therapy

Table of contents

Acknowledgements 6

Abstract 7

Resumen 9

Literature review 11

People with psychosocial disability in Uruguay 11

The Mental Health Law and the National Mental Health Plan of 2020 in Uruguay 12

Participation of people with disabilities and power distribution in Mental Health in Uruguay 13

The reality of occupational therapy practice in mental health in Uruguay 14

A multi-model approach to community mental health 15

Using the multi-model approach and the Model of Human Occupation in a community practicum in mental health 18

The concept of empowerment in the context of Uruguay 21

Examples of the Model of Human Occupation and empowerment in context 25

OTD Project: A Mental Health Community Practicum 28

Community Practicum Handbook Content 28

I. Purpose of the community practicum 28

II. Program schedule and phases: Building and sustaining partnerships 29

III. Program Logic model 34

IV. Potential Community Partners 34

V. Components of the Community Practicum 37

VI. Syllabus 44

VII. Evaluation of the community practicum and partnership from stakeholders 54

VIII. Activities Checklist 56

Evaluation of the OTD Project Community Practicum Handbook 56

Results 59

Quantitative survey results 59

Qualitative survey results 62

Discussion 71

Conclusion 78

References 80

Appendix I – Logic model 90

Appendix II – Documentation form 91

Appendix III – Student attendance form and student tracking form 92

Appendix IV - Evaluation of the program: Feedback from participants and staff 95

Appendix V – Student individual Survey 98

Appendix VI – OT Coordinator activities checklist 102

Appendix VII – Panel of experts evaluation: Survey 103

Appendix VIII – Panel of experts: Planned questions to gather further information 106

Appendix IX – Community Practicum readings and resources 107

Appendix X – Institutional Review Board Letter 114

Appendix XI – Guidelines for questions for experts with disabilities 115

Appendix XII - Coding dictionary 120

List of tables

1. Schedule and duration of phases 30

2. Community Practicum schedule 39

3. Program evaluation methods 55

4. Evaluation of the Community Practicum: Aspects to be evaluated and indicators 58

5. Quantitative section results 60

6. Classification of items 61

7. Feasibility 63

8. Benefits and usefulness for students 64

9. Benefits for participants 65

10. Benefits for community settings 66

11. Benefits for agency staff 67

12. Benefits for Occupational Therapy Department 67

13. Barriers and challenges 68

14. Areas of improvement 70

List of figures

1. Gaps addressed by the OTD Project: A mental health Community Practicum for OT students in Uruguay 27

2. Phases of the program 30

List of abbreviations

ANII	Agencia Nacional de Investigación e Innovación
AOTA	American Occupational Therapy Association
CMP	Complementary Models of Practice
CMV	Centro Martínez Visca
EBP	Evidence-Based Practice
IRB	Institutional Review Board
MOHO	Model of Human Occupation
OMP	Organizing Model of Practice
OT	Occupational Therapy
OTD	Occupational Therapy Doctorate
PAHO	Pan American Health Organization
PNSM	Uruguayan National Mental Health Plan
PRONADIS	Programa Nacional de Discapacidad
UIC	University of Illinois Chicago
UN	United Nations

Acknowledgements

I would like to express my deepest gratitude to Dr. Yolanda Suarez-Balcazar, Dr. Gail Fisher, and Dr. Celeste Januszewski for their teaching vocation and guidance during this process, and specially for their dedication to the students which taught me the kind of teacher I aim to be.

This project cannot be possible without the support of the Fulbright Program and the *Agencia Nacional de Investigación e Innovación* (ANII) from Uruguay, the University of Illinois Chicago (UIC), and the Occupational Therapy (OT) Department.

Thanks to UIC Professors for teaching me what I wanted to learn and, more importantly, helping me to explore what I want to continue learning and keep struggling for.

To the panel of experts who contributed their valuable ideas to improve this Project.

Special thanks to Dr. Janine Hareau and the OT program in Uruguay, for helping me to become an OT, and their support to continue growing as a teacher and professional.

Thanks to my colleagues and co-workers from the *Universidad de la República* and *Fundación Kehilá*, for encouraging me to dream and their support to make this project a reality.

I am also grateful to the people with disabilities with whom I have worked, for sharing their life experiences, and allowing me to accompany their struggle for a more autonomous and liberating daily life for all.

To Victoria Bermúdez for her teachings and talks that encouraged me to believe in myself, without her knowledge and dedication this dream cannot be possible.

To Amparo Luengo Galván for always supporting me to continue dreaming.

To all the international friends I made in this journey. Specially, to Jarrett Wolske and my Fulbright friends for being the family I built in Chicago. To my parents, Paula, Emilia, and my friends in Uruguay, for teaching me that relationships are the most valuable thing we have in life.

Abstract

Background: In Uruguay, people with disabilities experience worse outcomes in education, employment, and health compared to people without disabilities. Regarding mental health, in 2017 the Law N°19,529 was approved to transition from a medical model to a human-rights and community-based approach. However, people with psychosocial disabilities still face barriers that impede their participation. In this context, Occupational Therapy (OT) is developing its role in mental health community-based settings. Although OT education provides training and tries to develop partnerships to collaborate with the community, there is still a theory-practice gap because of the shortage of OTs and limited practical experiences for students.

Rationale for this OTD Project: This conjuncture represents an opportunity to demonstrate the distinctive OT contributions to develop community-based programs in mental health and increase the participation of people with psychosocial disabilities.

Objective and methodology: The goal of this project was to develop an OT mental health community practicum grounded in the Model of Human Occupation (MOHO) and empowerment theory through the application of the multi-model approach. To facilitate the implementation of the curriculum, a handbook was developed using the evidence available in the field. To evaluate the feasibility and cultural relevance of the handbook, a panel of experts was created, which included people with disabilities, students, and both Latin American and American OT practitioners and professors.

Implications: A community mental health practicum is a culturally-relevant and feasible way to improve OT education, increase participation of people with disabilities in community-based interventions, and develop strong university-community partnerships. This practicum is designed to prepare Uruguayan occupational therapy students to practice in community mental

health-focused settings and contribute to the participation of people with psychosocial disabilities.

Resumen

Antecedentes: En Uruguay las personas con discapacidad experimentan peores resultados en términos de educación, empleo y salud en comparación a las personas sin discapacidad. En cuanto a la salud mental, en el 2017 se aprobó la Ley N°19,529 para promover la transición desde el modelo médico a un enfoque comunitario y de derechos humanos. Sin embargo, las personas con discapacidad psicosocial continúan enfrentando barreras que impiden su participación. En este contexto, la Terapia Ocupacional (TO) está desarrollando su rol en dispositivos comunitarios de salud mental. Así, la formación de grado en TO ofrece formación en el área y procura desarrollar convenios para colaborar con la comunidad, pero aún existe una brecha teoría-práctica debido a la escasez de terapeutas ocupacionales y las limitadas experiencias prácticas para estudiantes.

Justificación del proyecto: Esta coyuntura representa una oportunidad para demostrar el rol distintivo de la TO para desarrollar programas de salud mental basados en la comunidad y aumentar la participación de las personas con discapacidad psicosocial.

Objetivo y metodología: El objetivo de este proyecto fue diseñar un curso de práctica comunitaria en salud mental, basado en el Modelo de Ocupación Humana (MOHO) y la teoría del empoderamiento a través de la aplicación del enfoque multi-modelo. Para facilitar la implementación del curriculum, se desarrolló un manual utilizando la evidencia disponible en el área. Para evaluar la viabilidad y relevancia cultural del manual se creó un panel de expertos que incluye personas con discapacidad, estudiantes, docentes y profesionales latinoamericanos.

Implicancias: Una práctica comunitaria en salud mental puede ser una estrategia viable y culturalmente relevante para mejorar la formación de grado en TO en lo que refiere a dispositivos comunitarios de salud mental, mejorar la participación de las personas con

discapacidades, y desarrollar convenios sustentables entre la Universidad y la comunidad. Este programa está diseñado para formar estudiantes de TO para trabajar en dispositivos comunitarios de salud mental y contribuir a la participación de las personas con discapacidad psicosocial.

Literature review

People with psychosocial disability in Uruguay

The most updated data about the prevalence of disability in Uruguay is from 2011 when the last census was conducted. Accordingly, the census indicated that 17,66% of the total population have a disability (Nuñez, 2013) and historically the prevalence has been increasing (Programa Nacional de Discapacidad [PRONADIS], 2014).

In Uruguay people with disabilities have limited access to education, health care, and employment. Forty-eight percent of people with disabilities belong to the percentile with lowest income (PRONADIS, 2014). Only 32% of people with disabilities finish primary school, and the worse education outcomes, compared with people without disabilities, are aggravated as the level of education increases (PRONADIS, 2015). Moreover, 80% of those who are able to work are unemployed (Ministerio de Educacion y Cultura, 2011 as cited in Gallo, 2018).

In regard to people with psychosocial disability, the Pan American Health Organization (PAHO; 2013) reported that only 7% of the budget assigned to health is invested in mental health in Uruguay, whereby 72% of the 7% was assigned to psychiatric hospitals. Therefore, mental health care is primarily delivered with a medical perspective, as shown by number of service units, the vast majority of the settings are associated with medical institutions (psychiatric hospitals, outpatient care units, psychiatry units in general hospitals, and day centers); none community residences were reported, nor any form of community-focused mental health service delivery (PAHO, 2013).

The intersectionality of all these inequalities creates a system of oppression. As stated by Charlton (1998), socioeconomic factors as poverty, degradation, inaccessible education contribute to reinforce powerlessness and dependence of people with disabilities. The figures

presented about Uruguay reflect a disempowered reality, where people with disabilities are extremely challenged by the system, which poses several barriers to access resources and supports that guarantee their rights in order to overcome oppression and fulfill their life goals. This results in people with psychosocial disabilities being historically excluded from their communities and with limited opportunities to participate in education, employment, and alternative mental health services (i.e., community-based settings). This situation leads to people relying in psychiatric services, limited government's support (frequently restricted to certain sectors of the population), or their families who often lack knowledge, resources, and supports to address the needs of the family member with a disability.

The Mental Health Law and the National Mental Health Plan of 2020 in Uruguay

To address the vulnerable situation of people with disabilities and promote their inclusion, the Uruguayan government has approved several laws. In 2008, Uruguay adhered to the Convention on the Rights of Persons with Disabilities (United Nations [UN], 2006). Since this adhesion, progress has been made under the regulatory framework to promote inclusion of people with disabilities: Law Nº 18,651 "Comprehensive protection of persons with disabilities" (2008); Law Nº19,529 "Mental Health Law" (2017); Law Nº19,691 "Promotion of work for people with disabilities" (2018). Although this evolution at the legal level represents an advance towards equality, it is often not reflected on improvements in everyday life or real opportunities for people with disabilities to exercise their rights. In most of the cases, there is no plan for implementation and accountability.

The Mental Health Law of 2017, represented an historical progress for mental health rights of the Uruguayan population. Until that year the Law that regulated mental health care was the Law of the Psychopath Nº 9,581 which existed since 1936. The major areas of improvement

proposed by the new Law are: transitioning to a human-rights approach in mental health, closure of asylums and psychiatric hospitals, creation of Mental Health Units in general hospitals, and regular supervision of human rights. But Laws do not change people's lives, unless there is a clear implementation and accountability plan.

In 2020 the Uruguayan National Mental Health Plan (PNSM) was released (Ministerio de Salud Publica, 2020). This Plan aims to define actions, stakeholders, and responsibilities to implement the Law Nº19,529. This represents an opportunity moment to promote the participation of people with psychosocial disabilities. However, although the PNSM states that some organizations that serve people with disabilities participated in its design, most people who participated were professionals without disabilities. After two years of its approval, limited actions have been implemented in practice: opening a few mental health units in general hospitals; increasing funding to provide psychiatry services; and inaugurating a couple of supported residencies. These actions reflect that despite the discourse of trying to transition to a community-based approach, actions and funding are still primarily focused on medical services.

Participation of people with disabilities and power distribution in Mental Health in Uruguay

The lack of participation in policy planning reflects the oppression and scarce opportunities that people with psychosocial disability have had to advocate for their rights. However, the emancipatory movements of users of mental health services and their advocacy (along with their families and professionals) have historically occupied a central role in the mental health reforms (Techera, 2009). Nevertheless, an equitable distribution of power has not been achieved yet (Ardila-Gomez et al., 2019).

Thus, the majority of the decisions regarding mental health are still made by professionals and government authorities. Unfortunately, communities experiencing oppression are seldom heard and validated in their claims, even when heard the lack of action taken by the authorities to address their needs is recognized as a barrier (Ardila-Gomez et al., 2019; Hann et al., 2015; Suarez-Balcazar, 2020).

Thus, a more equitable approach is needed to provide people with psychosocial disabilities the opportunity to be involved in decision making, build their knowledge and empower them. This approach will facilitate the contribution of people with disabilities, recognizing their experiences as valuable and indispensable for policy planning and implementation (and not as mere recipients of care and attention). As Ardila-Gomez et al. stated "users should be listened to in terms of persons fighting for rights instead of patients claiming services" (2019, p.12).

The reality of occupational therapy practice in mental health in Uruguay

Occupational therapy (OT) in the United States and other industrialized countries has made contributions to mental health care since its origins, but in Uruguay the beginning of its development is recent. In Uruguay, the OT degree was created in 2002 and the first class graduated in 2009, and there is only one school in the whole country. It is estimated that there are about eighty-five occupational therapist practitioners in a country of 3.5 million people (as reported by Universidad de la República to the Uruguayan Association of Occupational Therapy in an institutional communication, October 2021).

Most of the practitioners work in the capital city in private practice clinics which offer physical rehabilitation and pediatric services, and only a minority work in mental health. The few working in mental health, frequently conduct group interventions in settings serving low-income

populations. People with psychosocial disabilities from limited resource communities often rely on government support to access services and to cover basic needs (like housing, food, transport). With just a few OTs and most of them practicing in the capital city, there is a shortage of OT services in mental health, limiting people's opportunities to participate in interventions that can provide them with the appropriate supports.

Fortunately, mental health and community-based practice occupy a significant role in the OT program curriculum, yet there are limited opportunities to practice in community settings. This enables students to develop knowledge on the mental health needs of individuals, as well as their social and economic needs. However, most of the courses available in the OT curriculum have a theoretical approach and there are limited practical experiences, which creates a significant theory-practice gap.

A multi-model approach to community mental health

The multi-model approach facilitates theory-based and client-centered practices in OT. The terminology "multi-model" is the result of the combination of various authors' ideas and research (Ikiugu et al., 2009; Kielhofner, 2009; Wong & Fisher, 2015). Thus, this approach was developed to systematically guide the selection of models and frames of reference that sustain a holistic approach with the person (or group), allowing the occupational therapist to select and combine the most appropriate theory and resources for the person and their particular challenges, strengths, and goals.

Accordingly, Ikiugu et al. (2009) developed the eclectic model which was defined as an effective strategy to systematically guide the combination of different models and frames of reference. In this strategy, according to the person's needs, the practitioner selects one Organizing Model of Practice (OMP) which organizes the overall intervention and the goal-setting process,

and other Complementary Models of Practice (CMP) which contributes assessments and specific interventions strategies that will address more appropriately this person's situation. The application of this model does not only improve outcomes because it promotes the use of theory in practice, but it also has demonstrated to improve education and training of students and practitioners (Ikiugu et al., 2019; Ikiugu & Smallfield, 2011).

However, in the eclectic model, the OMP is not necessarily an occupation-focused model. Wong & Fisher (2015) argue that the OMP should be an occupation-focused model in order to defend the distinct value of OT and be consistent with the contemporary paradigm by promoting occupation-focused interventions that facilitate a top-down approach.

The multi-model approach is included in the community practicum to support students in learning to select, apply, and combine models to conduct evidence-based and theory-driven interventions. Ikiugu and Nissen (2016), found that interventions with a clear theoretical basis represent better outcomes for people with mental health issues. They found a significant association between the use of occupation-focused models and goal achievement. Learning to use and combine theories represents a benefit not only for the people we work with but also for our profession.

Ikiugu and Nissen (2016) claim that evidence-based practices (EBP) in OT should be sustained on a solid theoretical basis that reflects our profession's foundations and distinct values. If we only focus on evidence, we risk losing our occupational perspective. Therefore, selecting mental health interventions does not only require assessing the evidence available, but also analyzing the underlying theories to evaluate if those interventions are consistent with OT foundations, occupation-focused models, and people's needs.

Community mental health is a complex field of practice given the challenges that people with psychosocial disabilities frequently experience and the lack of supports available to them. For instance, based on my personal experience working as an occupational therapist in Uruguay, I observed that the challenges people with psychosocial disabilities experienced were related to unmet basic needs, unaffordable housing, or limited employment opportunities, rather than to difficulties posed by intra-psychic mechanisms, the mental health condition itself. Thus, occupational therapists working in this area will benefit from using the multi-model approach, because they will use occupation-focused models to promote participation, as well as articulate frames of reference and related knowledge from other fields (such as psychology, psychiatry, or empowerment theory).

Moreover, there is limited OT related research in a Uruguayan context. Therefore, OT experiences are not reported, systematized, or evaluated through research projects or case studies. However, some students and faculty have made efforts to present and discuss their experiences in other formats (conference presentations, continuing education courses).

To summarize, our Uruguayan occupational therapy short history generates a lack of practitioners, limited fieldwork experiences, and limited research and documentation of experiences. To address these gaps, the aim of my Occupational Therapy Doctorate (OTD) project is to design an OT community practicum in mental health for OT students. In order to enhance this area of practice and develop a distinctive Uruguayan OT, students should develop a critical perspective based on theory and EBPs, learn to collaborate with the communities, extrapolate other countries' experiences, and adapt them to our unique reality.

Community partnerships will play a key role in developing a culturally relevant OT practice in Uruguay. Given the limited number of practitioners and our short history, OTs need

to collaborate with organizations that have a longer history of working with people with disabilities, addressing their specific needs promoting a community-based approach to mental health. Strong community partnerships promote mutual collaboration and build synergy between the university and the community, where all stakeholders benefit from contributing their unique knowledge and experiences (Suarez-Balcazar et al., 2006; Suarez-Balcazar et al., 2015).

Using the multi-model approach and the Model of Human Occupation in a community practicum in mental health

When designing a community practicum in mental health for OT students it is important to consider the evidence available. This evidence will guide the selection of effective teaching strategies to facilitate students' learning and the inclusion of models and interventions that have demonstrated effectiveness when working with people with mental health issues (Ikiugu & Nissen, 2016; Ikiugu & Smallfield, 2015; Lee et al., 2012; Melton, et al., 2017). Accordingly, both the multi-model approach and the MOHO have demonstrated to have extensive evidence to support these aspects of the community practicum.

Ikiugu and collaborators have conducted studies to assess the effectiveness of the eclectic model in teaching students and practitioners to apply and combine occupation-focused models and frames of reference (Ikiugu et al., 2019; Ikiugu & Smallfield, 2011). Their findings are relevant for the community practicum because they involved students, practitioners, and fieldwork supervisors.

Ikiugu & Smallfield (2011) demonstrated that second-year OT students who had received training to use the eclectic model had significant higher levels of confidence and ability to apply and combine models to guide practice, compared to a control group which only received training about occupation-focused models during a conceptual foundations course. Additionally, Ikiugu

et al. (2019) tested the eclectic model with practitioners, most of them also fieldwork educators, demonstrating that after two workshops, the participants improved their skills to systematically combine models and justify theory selection according to people's needs (crucial skills to supervise students). Another important finding was that practitioners tended to apply models they were familiar with and that they learned as undergraduate students. Therefore, a community practicum is an excellent opportunity to teach students about occupation-focused models and the multi-model approach, as well as giving opportunities to apply them, so students will be more likely to use them in practice in the future (Ikiugu et al., 2019).

In regard to MOHO, it is consistently found as the most frequently used model in OT across different countries and areas (Lee et al., 2012; Wong & Fisher, 2015). This is due to several factors including its holistic and person-centered approach, the extensive research and evidence available, its availability in different languages, its continuing improvement through revising theory, conducting research, and creating practical tools. Apart from being the most researched occupation-focused model (as cited in Wong & Fisher, 2015), it has been extensively researched in the field of mental health (De las Heras, 2011; Gusich & Silverman, 1991; Ikiugu & Nissen, 2016; Lee et al., 2012; Melton, et al., 2017).

MOHO's holistic and person-centered approach increases people's satisfaction with the intervention as the person is involved in the evaluation and intervention processes, and their needs and preferences are prioritized (Lee et al., 2012). Also, it improves the lived experience of the person with mental health issues as people experienced a sense of hope, recovery, and social inclusion when the intervention was guided by MOHO (as cited in Melton, et al., 2017). It also facilitates an emphatic relationship with clients (Melton, et al., 2017).

In a previously mentioned study, Ikiugu and Nissen (2016) found that MOHO was the third most used model in OT and the second with highest frequency of goal achievement, while the first model was cognitive-behavioral which is not occupation-focused. Approximately 31% of the individual goals were attained, 51% were in progress, and only 18% were not attained; although these numbers may not seem promising, they actually are when in comparison to the overall findings, where the percentage of not attained goals was 45%.

MOHO also facilitates practitioners' roles by guiding relevant assessment and occupation-focused interventions. A study by Lee et al. (2012) surveyed 262 practitioners working in mental health services in the United Kingdom and found that 92% of participants reported using MOHO as the primary model − from which 77% had received a professional development training about MOHO. In this study most of the participants reported that MOHO facilitated occupation-focused practice, enhanced their ability to conduct relevant assessments, assisted in defining collaborative goals and developing client-centered interventions. Overall, these benefits increased practitioners' confidence and enhanced their professional identity. They also reported a positive impact on people with mental health issues, perceiving a higher satisfaction with services and improving service outcomes. Finally, a third of the practitioners reported that MOHO improved OT's role in the multidisciplinary team by increasing the understanding of other professionals and adding value to OT services (Lee et al., 2012).

MOHO has also proven to be culturally sensitive, being extensively used in mental health settings across the world and furthermore, numerous MOHO resources are available in different languages (de las Heras, 2011; Melton, et al., 2017). As cited in De las Heras (2011), there have been someexperiences grounded in MOHO in Latin America: Reencuentros and Senderos (two community-based programs from Chile), Casactiva (a nursing home program from Chile), and

Rumbos and Alas (two community-based programs from Argentina). Although the evidence from these experiences has not been rigorously evaluated and the texts describing these efforts are not easily accessible (many of cited projects were documented in unpublished degree-seeking thesis), the author synthesizes the common principles that guided these interventions and facilitated participants' improvement. Accordingly, De las Heras (2011) highlights the most important aspects of MOHO, which include: to promote participation, emphasis on person-centered practices whereby the person is considered an agent of change, its thorough analysis of the person and environment, its focus on strengths, and its compatibility with other models. The compatibility with other models facilitates its inclusion as the organizing model in the multi-model approach and creates a culturally responsive intervention that address the community's particular needs.

Despite MOHO's important contributions to OT practice in mental health and its application all over the world (De las Heras, 2011; Ikiugu et al., 2017; Kielhofner et al., 2011; Lee et al., 2012; Taylor et al., 2021), it may not be completely applicable to the complex vulnerabilities faced by people with mental health issues living in Uruguay. MOHO's continuing evolution has improved its understanding of broader aspects of the social environment, however it may still be mostly focused on person's factors and their surrounding environment. So, it should be combined with other models and theories that further acknowledge power distribution and systemic issues that cause inequalities.

The concept of empowerment in the context of Uruguay

In the context of Uruguay, a country where people with disabilities experience oppression in multiple ways and have limited opportunities to exert influence over their lives, an empowerment approach would be an excellent complementary frame of reference because it

promotes a critical understanding of inequalities while acknowledging issues of power. Specifically, Townsend (1998) discusses the term of empowerment in the context of occupational therapy practice in mental health, acknowledging issues of power that affect people and decrease their opportunities to participate in political and everyday decisions in institutions and society. She claims that occupational therapists should work *with* people, instead of working *for* people. This is a valuable perspective to incorporate to avoid blaming people for their challenges; from an empowerment view, we now understand the intersectionality of inequalities that are determined by broader social determinants.

Empowerment is an umbrella term that has been extensively used across several contexts and disciplines. Rappaport (1987) defined empowerment as "a mechanism by which people, organizations, and communities gain mastery over their affairs" (p.122). He defined it as a multilevel construct that considers psychological, political, economic, social, and spiritual aspects. This highlights that empowerment involves an individual sense of control and influence over one's life, along with a more collective concern of one's influence in the community and social context. Therefore, empowerment could be applied to individuals, organizations, settings, or communities.

The empowerment ecological perspective proposed by Rappaport (1987), implies not only to work with those who are disempowered to gain control over their lives, but also it is necessary to analyze the power relationships in our society, how the imbalances are created, and identify who are in the positions of power. This implies a commitment to social justice and cultural diversity to create empowered societies instead of solving problems with person-blaming approaches that focus on the individual (Suarez-Balcazar et al., 2022). Thus, Rappaport (1987) highlights the value of this perspective to transcend a help perspective in healthcare professions,

where professionals tend to interact with people from a position of power, instead of building spaces for power-sharing and social transformation. Referring to the language used he states “we need not to speak of doctors and patients but rather of citizens and advocates, collaborators and participants” (Rappaport, 1987, p.133).

Rappaport (1987) also explains that barriers affecting people with mental health issues are not always individually defined by their thoughts/perceptions. In fact, their participation and development are frequently limited by oppressive environments and empowerment issues when relating to others. For example, if a person discloses to have a mental health issue during a job interview probably would not be hired (even though they may have the skills and qualifications). Therefore, the person is being excluded because of the stigma towards mental health issues, and not because of personal factors limiting their performance.

Zimmerman (2000) builds upon Rappaport’s foundations, explaining that empowerment can be understood as a process and an outcome, meaning that empowering actions and strategies can be implemented to achieve an outcome of a greater level of empowerment. Thus, empowerment can be the path towards gaining more control over one’s life, and at the same time the point of arrival of an intervention where a greater level of power has been achieved.

According to Zimmerman’s (2000), empowerment can be a value of orientation for interventions, as it guides interventions to create social change where individuals’ well-being is related to collective well-being. This acknowledges that there is an unequal distribution of resources and power that could be influenced by interventions that focus on strengths and mutual help. Therefore, empowerment promotes a collaborative relationship between the professionals and the community. In these interventions, professionals do not concentrate power and their role is to be collaborators and facilitators (instead of experts or counselors), while the community

takes an active and meaningful role, participating by guiding the agenda, implementing, and assisting in evaluating projects (Suarez-Balcazar, 2020).

Shor and Freire (1987) posed some concerns about the concept of empowerment from a culturally diverse and critical perspective. In *A Pedagogy for Liberation* (Shor & Freire, 1987), Freire argues that empowerment was developed by Global North authors, and therefore, it focuses on individualistic western values. The authors explain that those definitions of empowerment can oversimplify the complex characteristics of situations of oppression, focusing on the actions that can be made by the individual, and undermining their influence in reversing broader social oppressions. Thus, Freire criticizes individualistic conceptions of "self-empowerment" or "self-liberation", because they miss the collective perspective and the broader understanding of social inequalities. This is related to the criticism about the "sense of control" made by Riger (1993). Freire argues that there is not liberation just with individuals "feeling" empowered, a true gaining of power is to achieve social transformation.

Freire argues that an individualistic approach to empowerment is not sufficient in the Latin American context where there is an intersectionality of vulnerabilities and inequalities. In this context, he talks about the need for a "social class empowerment", that goes beyond the individual, organization, or community (Shor & Freire, 1987, p. 111). Thus, empowerment can be understood as a social activity, where political processes and power differences among social classes create structural inequalities for certain oppressed groups.

Despite Freire's critical perspective of the term empowerment, his theoretical perspective and actions in practice align with empowerment theory. Accordingly, Freire (1970) referred to learning processes as opportunities to understand oppressions and create social transformation. Through problem-posing education students are involved in the processes of *conscientização* and

praxis. This implies that they are participating as critical thinkers reflecting about their reality and problems, creating possible solutions, and acting towards them. From Freire's perspective, dialogue constitutes a key aspect to generate critical thinking, develop horizontal relationships, and promote mutual collaboration.

Examples of the Model of Human Occupation and empowerment in context

More importantly, there is evidence that MOHO and empowerment theories can be combined successfully. Abelenda et al. (2005) discuss occupational apartheid and how it affects different levels of MOHO's elements, acknowledging that broader oppressions impact on people's opportunities to do what they want to do because it affects their control over occupations and the environment. From this perspective the authors emphasized the potentialities of MOHO to empower persons and small groups at the local level.

Moreover, Kielhofner et al. (2011) described three cases of social injustice where MOHO was used as an empowerment tool. The first experience was with an Argentinian low-income family with parents with disabilities going through a judicial process, where they were separated from their children. In this case, the occupational therapists used MOHO assessments and advocacy strategies to demonstrate parents' abilities to take care of their children and empowered them to advocate for their family. The second experience highlighted MOHO's potentialities to influence broader social environments and have an impact on structural inequalities. In this Chilean experience, occupational therapists participated in a national campaign to decrease discrimination and stigmatization of mental illnesses.

Other Latin American experiences reported by de las Heras (2011) showed important empowerment factors considered as part of MOHO-based interventions, such as promoting

decision-making of the participants and strengthening the partnerships with local organizations to increase participation of the families and the community.

In summary, the situation of people with psychosocial disabilities and the reality of OT in mental health in Uruguay, indicates that there are some gaps that need to be addressed in order to enhance the services provided and improve people's everyday lives. Despite these gaps and needs, the current conjuncture also represents an opportunity moment. Although there is a lack of participation of people with psychosocial disabilities, the evolution of the legal framework is an opportunity to propose more participatory approaches and justify the incorporation of professions that can develop community-based interventions (such as OT).

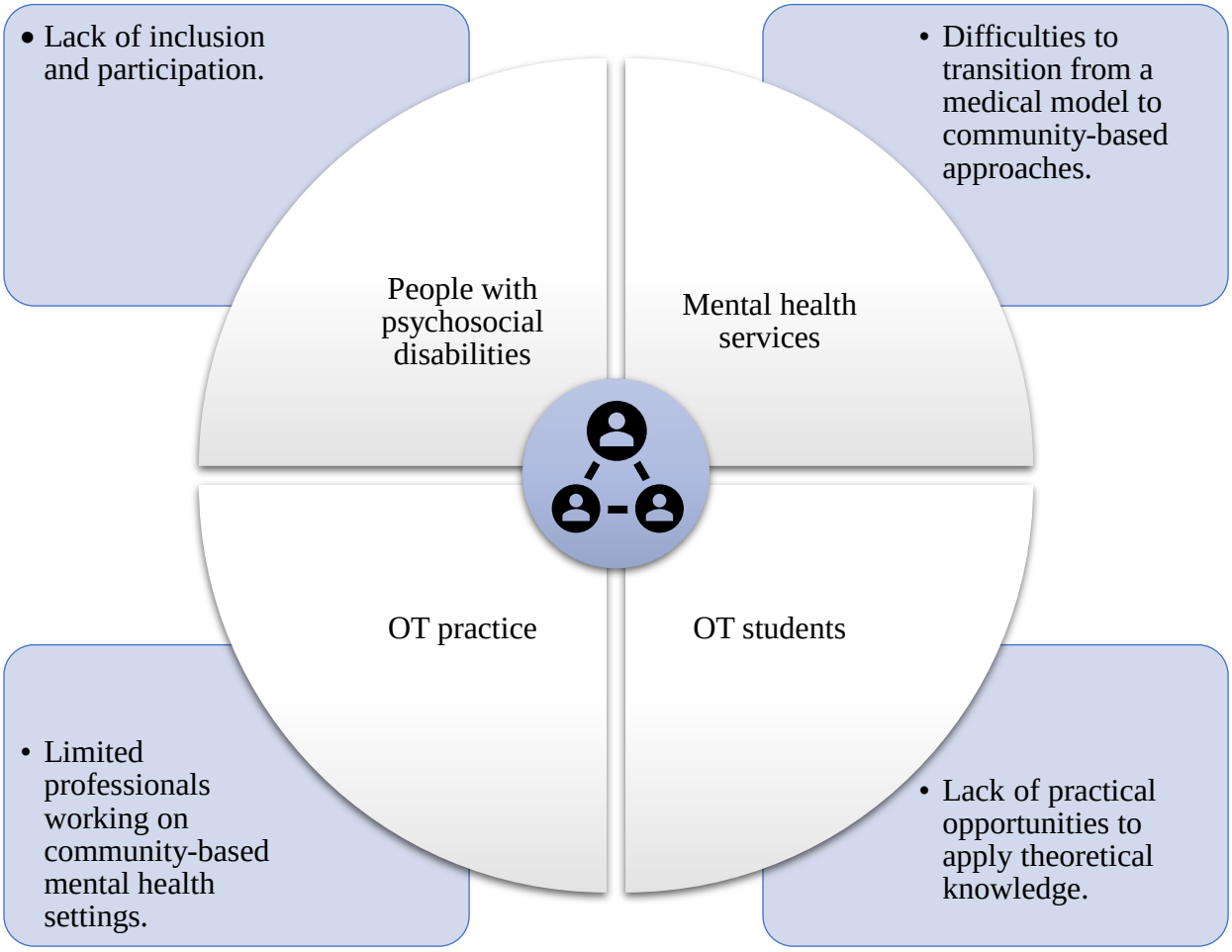
Given the few OTs working in community settings, OT education has a key role in making the profession visible, building partnerships with the community, and generating experiences that demonstrate our distinctive role. To achieve this, OT education should promote the implementation of EBPs, strengthen its training in occupation-based models and their application in mental health, and develop community-based practices that address the specific needs of Uruguayans with psychosocial disabilities. But this is not possible without practical experiences that allow students to apply the theoretical knowledge, develop relationships of mutual collaboration with the communities, and build confidence and competence to support future roles in these settings. Thus, the OT degree should develop sustainable partnerships with community settings to collaborate with people with psychosocial disabilities and provide practical experiences for students.

To address these gaps and optimize the opportunity to enhance OT education in Uruguay, I developed a mental health community practicum for OT students in Uruguay. This practicum offers students an occupation-focused and theory-driven Community Practicum in the context of

partnerships with community settings. Figure 1 summarizes the key gaps in the literature and OT practice addressed by this OTD Project.

Figure 1

Gaps addressed by the OTD Project: A mental health Community Practicum for OT students in Uruguay



OTD Project: A Mental Health Community Practicum

The purpose of my OTD project was to develop a community mental health practicum grounded in MOHO and empowerment theory through the application of the multi-model approach. The community practicum will include: a) Didactic classroom preparation and b) experiential component in the community. The community practicum will be grounded in strong sustainable and reciprocal collaborations with local community settings. To accomplish my aim, I developed a Community Practicum Handbook.

Community Practicum Handbook Content

A handbook was developed to facilitate planning, implementation, evaluation, and dissemination of the OT mental health community practicum.

The handbook includes the following sections:

I. Purpose of the community practicum

The overall goal is to provide occupational therapy students an opportunity to gain the necessary competences to conduct a mental health practicum in the community.

Goals:

- Explain and demonstrate the integration of theory, research, and practice.
- Develop community practice skills to implement psychosocial groups and address the needs of the Uruguayan mental health population.
- Apply models and theories to improve OT practice in community mental health.
- Create and sustain partnerships with community settings.

Specific learning objectives:

At the end of the community practicum students will be able to:

- Critically appraise and evaluate the cultural relevance of theory and evidence-based practices for occupational therapy in mental health in Uruguay.
- Apply the multi-model approach to combine occupation-focused models and frames of reference to conduct theory-driven and person-centered practices in occupational therapy in mental health.
- Develop community-based OT interventions in mental health based on the Model of Human Occupation (MOHO).
- Collaborate with communities to develop empowerment occupation-focused interventions.

These objectives reflect the need to educate students within a critical perspective of OT in mental health. This critical perspective allows them to synthesize the experiences and knowledge about theory, research, and practical tools to develop person-centered, evidence-based, and theory-driven approaches. But more importantly, developing a critical perspective implies creating future engaged and culturally responsive practitioners that will support the contemporary paradigm of OT in their everyday practices −in any area of practice.

II. Program schedule and phases: Building and sustaining partnerships

To ensure the sustainability of the program, the community practicum is understood as part of an ongoing partnership between the Universidad de la República and community settings. The community practicum program is organized in four phases and the process is cyclical, meaning that is planned to be repeated every year. The duration of each phase is estimated based on existing examples in the United States, however it is flexible and could be adapted according

to each community settings' needs and characteristics. The duration was discussed with experts during evaluation and is planned to be assessed in the evaluation forms. See evaluation forms in Appendices IV and V. Figure 2 and Table 1 illustrate the phases and their duration.

Figure 2

Phases of the program

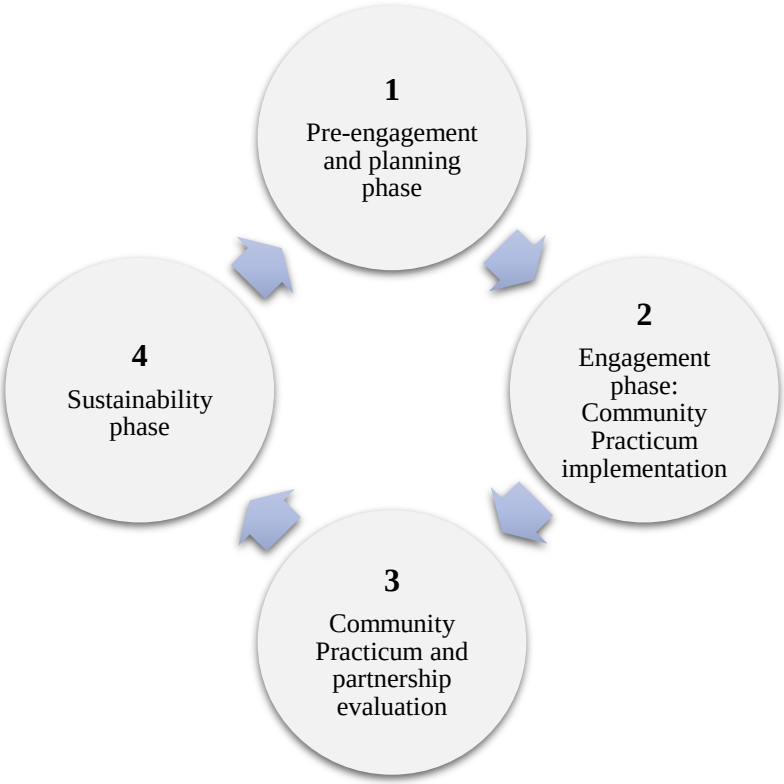


Table 1

Schedule and duration of phases

		Month											
	Phase	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
1	Pre-engagement and planning phase												
2	Engagement phase: Community												

	Practicum implementation												
3	Community Practicum and partnership evaluation												
4	Sustainability phase*												

***** Ongoing phase until next year

Description of phases. Prior to the pre-engagement phase the coordinator of the community practicum would have spent time developing relationships with the community partners. Efforts to developing the relationship with the community may include participating in events organized by the community setting, establishing a fluent communication to exchange ideas and resources, getting a deep understanding of the setting culture and goals, inviting staff as guest speakers in theory courses, volunteering at community events, tour the community/neighborhood where the agency is located and tour the community agency, and demonstrating availability to collaborate with them. The development of this relationship will build mutual trust and respect which are going to constitute the basis of the partnership.

Phase 1: Pre-engagement and planning phase.

Role of the Community Practicum coordinator:

- Meet with the OT Program Director, Fieldwork Coordinator, and faculties from mental health courses to identify potential partners based on the efforts described above and decide the appropriate number of sites. Design an action plan to further solidify community settings/partnerships, and confirm the checklist of required documents.
- Familiarize with the community settings goals, mission and vision, population, strategies and interventions, participation in the community.

- Schedule a first meeting with community settings to present the program, inquire about their needs and describe how some of their needs could be addressed by the community practicum. Demonstrate availability to answer further questions or needs in the future by providing different ways to contact the community practicum coordinator. If offered do a tour of the setting.
- Schedule a second meeting to further articulate about how this partnership could be mutually beneficial (based on the needs reported in the first meeting). Provide information about the process of creating a partnership and the documents needed. Answer any follow-up questions about the program or the partnership process.
- Schedule a third meeting with the Fieldwork Coordinator and the community settings to assure that logistics and bureaucratic aspects are organized to guarantee a successful beginning of the Community Practicum and the partnership (i.e., discuss and agree number of students per team that they consider appropriate, agree on places and materials available and ask for a summary of main characteristics of the participants to present to students).
- Sign contract with the community settings.

Phase 2: Engagement phase, Community Practicum implementation.

Role of the Community Practicum coordinator:

- Support students' entry to the community.
- Support students, community setting participants, community setting staff while the implementation of the community practicum.
- Be in contact with the community setting staff regularly and demonstrate availability to address any issues and needs that arise during the community practicum.

- Support students in identifying community needs, developing group activities and implementing groups.

Role of the Students:

- Address the needs of community participants through the implementation of occupation-focused groups.
- Participate in a meeting with the community setting staff.
- Visit the community setting, tour the site and the surrounding community.
- Collaborate with other students to plan and implement an intervention.
- Conduct evaluations in collaboration with participants to identify needs.
- Plan group activities to meet participants and community setting's needs.
- Implement group activities.
- Maintain in close contact with community practicum coordinator and community setting staff during the implementation of the group activity.

Phase 3: Community Practicum and partnership evaluation.

The evaluation methods are further explained in section VI "Evaluation of the community practicum and partnership from stakeholders".

Role of the Community Practicum coordinator:

- Summarize the results of evaluations (summary reports, team presentations, students' and participants and staff evaluation surveys).
- Meet with the staff to discuss results, areas of improvement, inquire about future needs and goals, and offer ways of communication with the coordinator and the University for the sustainability phase.

Role of the Students:

- Complete the course requirements.
- Evaluate the interventions with participants and staff.
- Communicate and disseminate the results of the interventions.

Phase 4: Sustainability phase.

Role of the Community Practicum coordinator:

- Communicate with community settings regularly and support an ongoing mutual collaboration where the University will be available to address the needs that emerge from the community settings (this could include participation in community settings events, short projects to address emerging needs, volunteering, problem-solving and consultation as needed, staff training, support to get funding).

III. Program Logic model

A Logic Model is included to illustrate the connections between main components (parts and phases), implementing objectives, activities, outputs, short and long-term outcomes, mission, and vision (see Appendix I).

IV. Potential Community Partners

One of the main components of the community practicum is building sustainable partnerships with community-based settings. In the current OT program in Uruguay, there are some visits planned as part of the theory courses in mental health. However, these visits are not consistently developed every year and students participate only as observers. Therefore, students do not implement any intervention or significantly interact with participants. In those visits and other fieldwork experiences, public institutions have demonstrated to be more accessible in terms of signing contracts and allowing students to participate in occupation-based activities. Based on those experiences and in consultation with the OT faculty, I identified three community settings

as potential community partners for the community practicum I designed. The number of sites could be expanded or reduced according to settings' availability, the number of students, and the need to develop new areas of practice. The organization in phases and the continuous improvement approach (sustained by the evaluation conducted every year), will help to identify the appropriate number of sites and assess possible settings to be included in the Community Practicum.

The following three organizations Centro Martinez Visca, Radio Vilardevoz, Fundación Kehilá del Uruguay have partnered with the program in the past (either as a fieldwork site or allowing students' visits), creating a precedent that facilitates the implementation of the community practicum. The three settings serve adults with psychosocial issues and have a community-based approach, some of them have OT practitioners working in the setting and others do not.

Centro Martínez Visca (CMV)

Previously called the National Center for Psychic Rehabilitation, CMV is a public-private organization which offers several programs to promote social and community inclusion of adults with psychosocial disbabilities (CMV, n.d.). CMV was one of the first institutions to include OT in their programs, although the role was not considered as a professional service. In 2016, CMV hired a Licensed OT and since then is one of the unique settings available to complete an OT fieldwork in mental health. However, due to the limited spots available, not all students can complete a rotation at CMV. These rotations do not offer preparation classes or a handbook to guide the students into a Community Practicum and systematically support the integration of theory and practical experiences. Moreover, the supervision of the students is an exclusive task of the OT practitioner at CMV, who does not receive any compensation for supervising students,

and who must support students while still fulfilling their job responsibilities, which represents an extra effort. Therefore, a community practicum would not only support students and participants, but also the OT supervising the experiences.

Radio Vilardevoz

This self-managed communicational project was created in 1997 as a radio program within the Vilardebó Hospital, the most important psychiatric hospital in the country (Ibercultura, 2016). Vilardevoz is a nationally well-known in terms of mental health advocacy. The program includes not only a radio program run by people with psychosocial disabilities, but also has a very active participation in events related to mental health and disability rights. Although the Schools of Psychology and Medicine have been the main liaison between Universidad de la República and the Hospital, OT students have visited the setting as part of the theory courses in mental health. However, there is not a formal ongoing partnership between Vilardevoz and the OT Department, and there are not OTs hired in the Hospital (even though there have been some experiences of OT practitioners volunteering in the site). Therefore, the community practicum will offer opportunities to formalize a partnership and create an ongoing project that further demonstrates the role of OT.

Fundación Kehilá del Uruguay

This community-based private organization serves people with disabilities who belong to the Jewish community (Kehilá, 2020). Kehilá offers several programs to promote employment and social inclusion. This institution has consistently incorporated OTs in its interdisciplinary teams, providing the opportunity to observe professionals demonstrating the distinctive role of OT. This setting used to take students (from the mental health theory course) who were supervised by one OT working at the site. However, an ongoing partnership was not possible

because students' supervision may result in staff overload making it unsustainable. To address this issue, the Community Coordinator for the course will supervise the students, avoiding extra work on the staff.

In summary, although these community organizations have partnered with the University, this community practicum will continue to foster these collaborations and help to sustain the partnership over time. The different phases of the program described above will support planning and taking actions to collaborate with community settings beyond students' visits. Therefore, the community practicum will not be understood as an isolated experience, but instead a long-lasting, evolving, and mutually beneficial partnership.

V. Components of the Community Practicum

The community practicum course has both a didactive classroom preparation component to expose students to relevant theoretical models and a practical experiential component in the community. The community practicum aims to provide the students the opportunity to plan and implement a theory-driven and occupation-based intervention in a community-based mental health setting. The course promotes the integration of theory, research, and practice by providing community experiences to apply the content learned in the didactive classroom preparation module and previous theoretical courses (i.e., OT foundations, OT in mental health, social OT). Simultaneously, this is an opportunity to learn to collaborate with the community and build sustainable partnerships with community settings.

I created a community practicum with a feasible duration and organization that would fit in the existent organization of the OT curriculum. These aspects were discussed with relevant stakeholders including the program director, faculty, and students during the design and evaluation of the community practicum curriculum handbook. The course lasts twelve weeks

(approximately the duration of one semester in Uruguay) and is planned to be part of an ongoing partnership between the Universidad de la República and community settings.

Students will take this course in the fourth year of the OT program, after taking the mental health theoretical courses and as part of the one thousand hours of fieldwork ("práctica profesional") required for graduation. During the community practicum students will develop the knowledge and skills to plan, implement, evaluate, and present a team project in collaboration with the community setting's participants. The group interventions developed by the students will be based on the needs identified by the participants (or organization staff) and the evidence available about OT interventions with people with psychosocial disabilities. Therefore, some of the group activities and workshops included in the community practicum may be adapted from the following interventions:

- MOHO-based interventions to promote participation and engagement in valued activities (de las Heras et al., 2017; Melton et al., 2017).
- Empowerment-based interventions including families (Suarez-Balcazar, 2020; Suarez-Balcazar et al., 2018; Suarez-Balcazar et al., 2016)
- Searching and preparing for employment workshops to be included in supported employment programs (Gibson et al., 2011; Noyes & Griffin, 2019; Noyes et al., 2018).
- Community participation and volunteering experiences, such as creating resources to contribute to other settings or the neighborhood (Duhalde et al., 2014; Necco, 2010).
- Promoting autonomy in occupations: in Activities of Daily Living (such as meal preparation and cleanup, financial management, community mobility), leisure and social participation, health management (D'Amico et al., 2018; Noyes & Griffin, 2019; Noyes et al., 2018).

To prepare students to develop and implement groups on the above topics, I designed and organized the course in three thematic modules. Each module schedule, duration, activities are presented next.

Schedule

The stipulated hours are based on experience with other similar courses in Uruguay and have been revised incorporating feedback from a panel of experts. The course is organized in synchronous and asynchronous time. Synchronous activities are those conducted in the University or in the community settings. While asynchronous activities include writing and preparing individual and team assignments, readings course materials, planning and preparing activities with participants, and documenting the experiences.

Table 2

Community Practicum schedule

		Week												Hours	
	Activities	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**Synch.**	**Asynch.**
Module 1	Integrating theory, research, and practice classes													**12**	**12**
Module 2	Planning meetings in teams													**4**	**4**
	Experiences in the community													**16**	**0**
	Integration meetings in teams													**16**	**16**
Module 3	Summary of evaluation with participants and staff													**2**	**4**

	Team presentations of the experiences												**4**	**8**
												Subtotal	**54**	**44**
												Total		**98**

Module 1: Didactic classroom preparation

In this module the students will be introduced to theory, research, and interventions relevant for the community mental health settings. This module is organized in three sessions called “Integrating theory, research, and practice classes”, each class will cover one model/theory of the community practicum:

a. ***Integrating theory, research, and practice class 1:*** The multi-model approach, using theory to guide practice

b. ***Integrating theory, research, and practice class 2:*** The Model of Human Occupation and examples of its application to community mental health

c. ***Integrating theory, research, and practice class 3:*** Empowerment theory and development of culturally relevant interventions

During the classes students will engage in lectures, group discussions, and case examples to learn and apply theory, interventions, and research in community-based mental health settings. They will also learn to develop culturally relevant interventions, by learning and applying relevant concepts (such as: cultural diversity, cultural identity, cultural humility, social determinants of health, health disparities, disability studies), and analyzing main diversity, equity, inclusion considerations when working in Uruguay. Therefore, students will be able to develop strategies that respect diverse participants: accessibility accommodations (access to information, communication, and plain language), diverse levels of literacy, diverse cultural

values (spirituality/religious beliefs and dates/celebrations, immigrants), diverse gender identities and sexual orientations, gender and racial/ethnicity disparities. The lectures and case discussions will be based on the characteristics of community partners to facilitate the application of knowledge to the specific settings and participants. In these course sessions students will also introduce themselves, learn about the community settings they are going to collaborate with, and create teams to work with participants.

At the end of the module the students will write an individual statement defining their theoretical and philosophical position towards community interventions to facilitate critical reflection about the content learned.

Module 2: Experiential component in the community - Planning, implementing, and reflecting about experiences in the community

In this module the students will work in teams to plan and implement an occupation-focused group intervention in collaboration with the participants. During the planning weeks (weeks 4 and 5), students will hone their observational skills by conducting an activity analysis at the community site. In those weeks, they will be exposed to the evidence available about OT interventions to guide their rationale to identify potential topics for their groups. The planning and implementation of the intervention will be a group process where students will meet weekly with other students and facilitators to support theory application, social learning, and critical reflection. This process is facilitated by three different types of activities: experiences in the community, planning meetings in teams, and integration meetings. These activities are organized in the following way:

a. Experiences in the community

- One visit to the community setting to observe and identify needs of the participants and/or the organization, and conduct an activity analysis.
- One visit to share and discuss the information gathered in their first visit and collaboratively discuss goals and intervention plan with the participants.
- Four visits to implement the intervention plan.
- One visit to evaluate the intervention with participants and community setting staff.
- One visit to present the evaluation and results to the participants and community setting staff.
- Students will be required to write a report to document each experience in the community.

b. Planning meetings in teams

- One team meeting to debrief first visit, summarize observations and evaluation results, and write a proposal for intervention to discuss with the participants. During this meeting students will develop an activity analysis to facilitate the integration of their observations and the design of future activities with the participants.
- One team meeting to finalize writing the intervention plan considering participants' contributions.

c. Integration meetings in teams

Integration meetings are a key aspect of the community practicum as they are planned to support students in the process of integrating theory and research, while they are having the experiences in the community. Thus, each week the students will attend integration meetings with supervisors and other students to reflect on their practices, and integrate their observations

and practical experiences with theory and research. This would be an asset for students, and for community partners who will know that students will have additional support outside the setting.

At the end of the module the students will have designed and implemented their plan.

Module 3: Experiential component in the community - Evaluation and communication of the process.

In this module the students will implement an evaluation of their intervention in collaboration with the participants and present the results to other students, participants and staff. Complementary, additional evaluations will be conducted to evaluate students and supervisors' performance, and to obtain feedback from community organizations and participants (when appropriate). The activities included in this module are:

a. Evaluation with participants and staff

- Students will design and implement a collaborative evaluation to assess the results of their intervention with participants and staff.

b. Summary of evaluation with the participants and staff

- After conducting the evaluation with the participants and staff, students will meet to summarize the results and plan how to present them to the participants, staff, and other students.
- Students will document the results of this evaluation in a written summary.

c. Team presentations of the experiences

- Students will present to the participants and other students the evaluation and results of the experience in the community setting.
- Summary report and knowledge translation of the experience: students create a resource to share with the participants and staff which could be used in the future.

At the end of the module students will have designed, implemented, documented, and presented the evaluation of their experience.

VI. Syllabus

The syllabus includes both the didactive classroom preparation component and the experiential community practicum as part of the Handbook. The following sections illustrate the content of this syllabus.

Learning objectives

At the end of the community practicum students will be able to:

- Critically appraise and evaluate the cultural application of theories and EBP in the context of OT practice in Uruguay.
- Apply the multi-model approach to combine occupation-focused models and frames of reference to conduct theory-driven and person-centered practices in occupational therapy in mental health.
- Develop an OT intervention plan based on the Model of Human Occupation (MOHO).
- Collaborate with communities to develop empowerment interventions.

Course format, activities, and readings

The course is organized in three modules that include diverse teaching strategies, practical experiences, and evaluation methods to support students' learning and collaboration with the community setting's participants. Along the course students will complete: three preparation classes, two planning meetings, eight experiences in the community, eight integration meetings, and two team presentations.

Module 1

Week / Hours	Topic	Learning objectives	Activities	Readings
Week 1 **Hours Sync.: 4** **Asyn.: 4**	Using theory to guide practice: Multi-model approach	By the end of week 1 students will be able to: • Demonstrate the importance of using theory to guide practice. • Apply the multi-model approach in the context of community mental health. • Justify the use of the multi-model approach and occupation-based models to guide their interventions during the Community Practicum. • Understand diversity, equity and inclusion considerations to work with participants. • Apply strategies to develop culturally relevant interventions	**Activity 1.1. Presentation and Q&A.** Introduction of students, instructors, course syllabus and evaluations, community settings and visits plan. **Activity 1.2. Lecture, case study, and group discussion: Using theory to guide practice.** Introduction and application of the multi-model approach (definition, research, relevance for application in community mental health). Discussion regarding guiding questions about readings. **Activity 1.3. Lecture, case study, and group discussion: Developing culturally relevant interventions.** Introduction to relevant concepts: cultural diversity, cultural identity, cultural humility, social determinants of health, health disparities. Analysis of main diversity, equity, inclusion considerations when working in Uruguay and strategies to address them.	Alegria et al. (2010); American Occupational Therapy Association (AOTA; 2016); Ikiugu et al. (2009); Kielhofner (2009) [Spanish]; Muñoz & Balskowtiz (2019); Pellegrini (2013a), Chapter 8 [Spanish]; Suarez-Balcazar et al. (2016); Wong & Fisher (2015).
Week 2 **Hours Sync.:**	Model of Human Occupation and its application	By the end of week 2 students will be able to:	**Activity 2.1. Lecture, role-playing, and group discussion.** Introduction and application of MOHO: core concepts, interventions, and relevant	De las Heras (2015) [Spanish]; De las Heras (2011);

4 **Asyn.: 4**	to community mental health	• Explain MOHO core concepts, relevant assessments, and interventions in mental health. • Critically appraise evidence about MOHO and mental health. • Evaluate relevant concepts, assessments, and evidence to be applied in the Community Practicum.	assessments for community-based mental health practice. Discussion regarding guiding questions about readings. Discussion of case examples based on community setting participants to evaluate and apply relevant concepts, assessments, and evidence to a specific group.	De las Heras et al. (2017) [Spanish]; Forsyth et al. (2005) [Spanish]; Gusich & Silverman (1991); Ikiugu and Nissen (2016); Lee et al. (2012); Melton, et al. (2017).
Week 3 **Hours Sync.: 4** **Asyn.: 4**	Empowerment theory	By the end of week 3 students will be able to: • Define empowerment and discuss possible applications of different models. • Develop a critical perspective about empowerment in a Latin American context. • Justify the relevance of empowerment for the Community Practicum. • Integrate the multi-model approach, MOHO, and empowerment theory to guide the intervention during the Community Practicum.	**Activity 3.1. Lecture, case study, and group discussion**. Introduction to empowerment theory: definition of empowerment, models, critical appraisal from a Latin American perspective, empowerment interventions in mental health. Discussion regarding guiding questions about readings. **Activity 3.3.** Time for preparation for community visits. **Activity 3.4. Individual statement:** Establish a personal approach, philosophy, and preferred theories/authors guiding the intervention with the participants.	Abelenda et al. (2005) [Spanish]; Fawcett et al. (1994) Freire (1970) [Spanish]; Kielhofner et al. (2011) [Spanish]; Shor & Freire (1987) [Spanish]; Townsend (1998); Zimmerman (2000).

Module 2

Week / Hours	Topic	Learning objectives	Activities	Readings
Week 4 **Hours** **Sync.: University 2** **Community 2** **Asyn.: 2**	Entering the community	By the end of week 4 students will be able to: • Describe strategies and barriers when entering the community and building partnerships. • Apply their therapeutic reasoning to select relevant evaluation methods for the Community Practicum. • Plan a theory guided evaluation of community setting participants. • Observe participants and conduct an activity analysis at the community setting. • Conduct semi-structured interviews with participants and staff at the community settings.	**Activity 4.1. Integration meeting: Preparing the visit.** **4.1.a. Presentation, group discussion:** Designing a theory-based intervention in a community-based setting: how to plan an intervention and enter the community, participatory evaluation, and intervention methods (MOHO assessments, dialogue and generative topics (Freire), participatory techniques for popular education). **4.1.b Q&A, team and group discussion:** Define team perspective: preferred activity analysis, application of the model multi-model approach and preferred assessments. Concerns/expectations. **Activity 4.2. First visit to the community setting.** 4.2.a. Meeting with the staff 4.2.b Community setting tour 4.2.c Meeting/activity with the participants: observations to conduct an activity analysis. 4.2.d Final questions with the staff	Activity analysis readings [Spanish, in coordination with OT foundations course]; Forsyth et al. (2005) [Spanish]; Freire (1970), Chapter 3 [Spanish]; Pellegrini (2013a, 2013b), Chapters 10 and 13 [Spanish]; Suarez-Balcazar et al. (2005); Suarez-Balcazar et al. (2015); Vargas & Bustillos, (1990) [Spanish].

Week 5 **Hours Sync.: University 4** **Asyn.: 8**	Summary of the evaluation and start planning the intervention	By the end of week 5 students will be able to: • Summarize the information gathered during the evaluation. • Assess areas needing further evaluation. • Critically analyze cultural relevance of evidence-based interventions. • Develop initial collaborative goals and intervention plan. • Create an activity to collaborative discuss goals and intervention plan.	**Activity 5.1. Integration meeting: Presentation and group discussion.** 5.1.a. Debrief of first visit. 5.1.b. Each team present different evidence-based OT/empowerment interventions in mental health (students will be encouraged to find new interventions of their interest). 5.1.c. Debate and critically appraise the evidence available to analyze its cultural relevance. **Activity 5.2. Planning meeting in teams** 5.2.a. Write final version of activity analysis. 5.2.b. Write an evaluation report to discuss with the participants. 5.2.c. Write goals and intervention outline based on evaluation to discuss with the participants. 5.2.d. Plan further evaluation with the participants (if needed). 5.2.e. Plan an activity to discuss the above with the participants.	Chang et al. (2020); Chinman et al. (2014); D'Amico et al. (2018); De las Heras et al., 2017 [Spanish]: Druss et al. (2010); Duhalde et al., (2014) [Spanish]; Gibson et al. (2011); Höhl et al. (2017); Ikiugu et al. (2017); Necco (2010); Noyes and Griffin (2019); Noyes et al. (2018); Pellegrini et al. (2011), [Spanish]; Rees et al. (2021); Taylor (2017) Chapter 14; Testa (2010) [Spanish]; Vizzotto et al. (2021).

Week 6 **Hours Sync.: Community 2 University 4 Asyn.: 4**	Finalizing the evaluation and setting goals with the participants	By the end of week 6 students will be able to: • Practice guiding a group activity to develop collaborative goals and intervention. • Critically reflect on the experiences and demonstrate theory and evidence application. • Document evaluation findings, goals, and intervention plan.	**Activity 6.1. Second visit to the community setting** 6.1.a. Students implement an activity to share and discuss the information gathered in their first visit and collaboratively discuss goals and intervention plan with the participants. **Activity 6.2. Planning meeting in teams:** 6.2.a. Write final version of evaluation, goals, and intervention plan. **Activity 6.3. Integration meeting.** 6.3.a Students meet with supervisors and other students to reflect on the experiences they are having and integrate their practical experiences with theory and research. 6.3.b Presentation: Documenting the intervention.	Vargas & Bustillos, (1990) [Spanish]; De Felipe et al. (2018) [Spanish].

Week 7, 8, 9, 10 **Hours Sync.: Community 8 University 8 Asyn.: 8**	Implementing the intervention	By the end of week 10 students will be able to: • Design and implement group activities to facilitate the achievement of participants' goals. • Collaborate with the participants and staff to work towards goal achievement. • Adjust their intervention according to participants and staff feedback. • Cooperate as a team to overcome difficulties and successfully deliver the intervention.	**Activity 7.1. Third, fourth, fifth, and sixth visit to the community setting.** 7.1.a Students conduct an activity oriented to achieve the goals defined with the participants. In the third session students conduct further evaluation if needed. 7.1.c Students document the session. **Activity 7.2. Integration meeting.** 7.2.a Students meet with supervisors and other students to reflect on the experiences they are having and integrate their practical experiences with theory and research.	Palacios (2017); Suarez-Balcazar et al. (2018); Suarez-Balcazar (2020); Townsend (1996). More readings will be selected to support students' learning according to their experiences and concerns.

Module 3

Week / Hours	Topic	Learning objectives	Activities	Readings
Week 11 **Hours Sync.: University 2 Community 2 Asyn.: 6**	Evaluation with the participants and staff	By the end of week 11 students will be able to: • Design and implement a collaborative evaluation to assess the results of their intervention with participants and staff. • Summarize the results of their intervention.	**Activity 11.1. Evaluation with the participants and staff** 11.1.a Students evaluate the intervention with the participants and staff. **Activity 11.2. Integration meeting.** 11.2.a Students write a summary evaluation report and plan how to present it to the participants and other students.	Taylor (2017) Chapter 15, 16, 17, 18.

Week 12 **Hours** **Community 2** **University** **4** **Asyn.: 8**	Communicating and disseminating the results to the participants, staff, and the University	By the end of week 12 students will be able to: • Develop a resource that will promote the sustainability of the intervention. • Communicate the results of their intervention to a non-expert audience. • Communicate the results of their intervention in an academic context.	**Activity 12.1. Team presentations with the participants and staff** 12.1.a. Students present to the participants and staff the evaluation and results of the experience. 12.1.b. Summary report and knowledge translation of the experience: students create and share a resource to be used by the community setting in the future. **Activity 12.2. Team open presentations with the community and University members** 12.2.a. Students will present to the community and other students the evaluation and results of the experience.	Cramm et al. (2013); Goldner et al. (2011).

Specific student requirements

a. **Participation:** Students are required to attend and participate in all activities proposed in the course (preparation classes, experiences in the community, planning meetings in teams and integration meetings). To prepare for classes (weeks 1 – 3), each student should read the assigned materials, answer the guiding questions, and be prepared to discuss readings' ideas and ask further questions.
b. **Individual philosophy and theory statement:** Drawing from in-class discussions and lectures, each student will write an individual statement stating their philosophy and combination of preferred theories guiding the intervention to be delivered with the participants. The combination of preferred theories should be described by applying the multi-model approach, stating which occupation-focused model is used as the Organizing Model of Practice and what other theories are included as Complementary Models of Practice. The description of the chosen models and frames of reference needs to be justified.
c. **Individual activity analysis:** Each student will present a report of the activity analysis based on the first visit observations.
d. **Intervention plan:** Each team of students will design and present a written intervention plan including goals, activities, and initial evaluation methods.
e. **Documentation of the experiences:** For each experience with the participants, each team will write a report describing: names and number of participants, goals, proposed activity, and observations/progresses made (see Appendix II).

f. **Summary report of the evaluation with the participants and staff:** After conducting the final evaluation with the participants and staff, each team will write a summary report explaining the results of the intervention and reflecting on issues of diversity, equity, and inclusion that emerged.

g. **Team presentation of the experience:** Each team will present a summary of the experience in two different sessions:

    i. **Presentation with participants and staff:** Each team design a presentation to communicate the results and share the knowledge translation resource with participants and staff.

    ii. **Open presentation at the University:** Each team present the summary of their experience to other students, professors, participants and staff from community settings, and any other relevant stakeholders.

h. **Student performance evaluation (completed by community setting staff):** Each student will receive a form where the staff provides feedback about their performance. The results of this survey will be analyzed in an individual meeting with the coordinator to identify strengths and areas of improvement.

i. **Student individual survey:** Students are required to complete an individual survey that contains: an evaluation of the coordinator effectiveness, self-evaluation, and course evaluation. The respondents of this survey are anonymous.

Percentage of grade for each assignment

Assignment	Percentage	Due date
Participation	15%	N/A
Philosophy and theory statement	5%	End of Week 3
Activity analysis	5%	Beginning Week 5
Intervention plan and implementation	20%	End of Week 7

Documentation	5%	One report required per week activity: • Report 1: Week 6 • Report 2: Week 7 • Report 3: Week 8 • Report 4: Week 9 • Report 5: Week 10
Summary report of the evaluation	10%	End of Week 11
Team presentation with the participants and staff	20%	Week 12
Team open presentation	20%	Week 12

VII. Evaluation of the community practicum and partnership from stakeholders

I developed evaluation protocols and tracking form (see Appendices I, III, IV, and V) that will track the students' experiences and performance in different ways:

- Attendance (see appendix III).
- Participation during Community Practicum activities.
- Written individual statement about philosophy and theory guiding the intervention with the participants.
- Written individual activity analysis.
- Written intervention plan integrating theory, research, and practice.
- Daily reports of experiences with the community.
- Written summary of the evaluation with the participants and staff.
- Team presentation with participants and staff sharing summary report and knowledge translation resource
- Team open presentation of the experience and results at the University.
- Feedback from staff and participants (when appropriate). See Appendices III and IV.

- Students' individual survey including self-evaluation, coordinator effectiveness, self-evaluation, and course evaluation (see Appendix V).

To promote the continuous improvement of the community practicum and support the development of sustainable partnerships with the community, it is crucial to evaluate the community practicum not only with students, but also with all the stakeholders involved. The program evaluation methods and its purposes are included in the following table to illustrate how the community practicum and the partnership will be evaluated with different stakeholders.

Table 3

Program evaluation methods

Target	Methods	Information to be collected
Students	Attendance sheet (see Appendix III).	• Number of student attendees per meeting.
	Community setting evaluation survey (see Appendix IV).	• Qualitative and quantitative feedback from staff about students performance during the on-site experiences (students are evaluated as a team). • Strategies to better support students in the future.
	Student individual survey (see Appendix V).	• Evaluation of the supervisor effectiveness. • Self-evaluation • Ways to improve the program.
Participants (if appropriate)	Attendance sheet of participants (included in documentation form, see Appendix II).	• Number of participants per meeting.
	Evaluation summary reports written by students.	• Information about the impact of the program. • Ways to improve the program.
	Community setting evaluation survey (see Appendix IV).	• Information about the impact of the program. • Quantitative and qualitative feedback about the students' performance. • Ways to improve the program.

Community organizations staff / supervisor	Community setting evaluation survey (see Appendix IV).	• Quantitative and qualitative feedback about the benefits of the partnership. • Ways to improve the program.
	Evaluation meeting (Phase 4: Community Practicum and partnership evaluation)	• Further explanation of the feedback collected in the Community setting evaluation survey. • Further explanation of ways to improve the program.

VIII. Activities Checklist

A checklist was developed as a strategy to check that all the documentation and resources required for the beginning of the community practicum are gathered. The list can be consulted in Appendix VI.

Evaluation of the OTD Project Community Practicum Handbook

The purpose of the evaluation of this OTD project was to gather feedback from a diverse group of experts in order to examine the feasibility of the community practicum, potential benefits, challenges and overall ideas on ways to improve it. This project was declared to be exempt from University of Illinois Chicago's Institutional Review Board (IRB) given its evaluative nature (see IRB letter in Appendix X). This OTD project was evaluated by a panel of experts which included diverse stakeholders. These stakeholders were:

- One mental health expert from University of Illinois Chicago.
- Two field experts from Latin America (one is also the Professor of the mental health theory courses in Uruguay).
- One Uruguayan OT student.
- Two Uruguayan persons with disability.
- One community organization staff from Uruguay.

- The Department Head of the OT program in Uruguay.
- The Fieldwork Coordinator of the OT program in Uruguay.

Each member of the panel received the handbook via email and reviewed it individually. To ensure that all members of the panel were able to access and understand the content a translated version was presented to Spanish-speaking experts.

To evaluate the handbook a mixed methods approach was utilized. Seven experts completed a semi-structured survey which included quantitative and open-ended questions. The expert survey assessed different aspects of the curriculum to identify strengths and areas of improvement (see Appendix VII). To further discuss the handbook; ways to improve it and the individual responses to the survey, three experts answered follow-up questions via email or Zoom (See questions Appendix VIII). To recruit the two people with disabilities, one of the potential community settings was contacted to identify possible evaluators. The two people were selected based on their lived experiences as persons with a psychosocial disability. These two individuals have been participating at the community setting for more than a decade, so they had a valuable knowledge about community settings' functioning and some previous experiences students' visits. To make the evaluation process accessible to these participants, upon consultation with my faculty advisor and other panel experts, a condensed version of the handbook in Spanish was discussed over Zoom (instead of completing the survey). The conversation was guided using an adapted version of the questions asked of experts (see Appendix VIII).

Table 4 depicts the handbook feasibility and cultural relevance aspects to be evaluated along with their respective indicators. Experts were asked to rate these indicators in a 5-point Likert type scale.

Table 4

Evaluation of the Community Practicum: Aspects to be evaluated and indicators

Aspect to be evaluated	Indicators
Cultural relevance, addressing issues of diversity, equity and inclusion	• The community practicum curriculum addresses the needs of community setting's participants • The curriculum explains how to address issues of diversity, equity and inclusion • Community practicum supports the development of an intervention consistent with the cultural values of the setting and the participants • The community practicum curriculum includes a significant number of OT and related disciplines Latin American authors • The Curriculum is feasible considering duration, resources, and sites available. • The Community practicum is relevant and culturally sound for Uruguayan OT students • Diverse teaching strategies and evaluation methods are included
Organization and clarity of the content	• Adequacy time-content. • Contents are logically organized and interconnected • The content and readings are relevant for this area of practice
Promotion of theory-driven, occupation-based, and evidence-based practice	• The content included considers occupation-based models and evidence available. • The planned activities facilitate the application of theory and evidence-based interventions.
Opportunities for collaboration with the community	• Students have many opportunities to interact with the participants and staff • Participants are included in planning, implementation, and evaluation.

Results

The following section describes both the quantitative and qualitative results. Quantitative results were obtained from 7 experts who completed the survey, while the qualitative results were obtained from: the qualitative section of the survey (7 experts), follow-up questions (3 experts), and conversations via Zoom (3 experts, including 2 experts with disabilities).

Quantitative survey results

The quantitative section of the individual survey included fifteen items who were scored in a Likert scale 1 to 5; whereby 5 is the highest attribution and 1 is the lowest. These scores were analyzed calculating the mean, range, and standard deviation for each item. The analysis allowed to identify areas of improvement and strengths. Based on the mean for each item, the answers were classified in three categories: areas that need significant improvement ($M<4.5$), areas that need some improvement ($4.5<M<5$), and areas of strength ($M=5$). Overall the averages for all the questions were relative high ranging from 4.28 to 5. Experts thought that the community practicum is relevant, diverse teaching strategies and methods are included, the content is well-organized, and the content includes evidence-based theories and current evidence. Tables 5 and 6 present the results from the quantitative section.

Table 5

Quantitative section results

N=7

Evaluated item	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	Expert 6	Expert 7	Mean	Range	SD
The community practicum curriculum addresses the needs of community setting's participants	5	5	5	5	5	4	4	**4.71**	4 – 5	0.48
The curriculum explains how to address issues of diversity, equity and inclusion	5	5	5	4	4	5	5	**4.71**	4 – 5	0.48
Community practicum supports the development of an intervention consistent with the cultural values of the setting and the participants	3	5	5	5	5	5	5	**4.71**	3 – 5	0.75
The community practicum curriculum includes a significant number of OT and related disciplines Latin American authors	3	4	5	5	5	5	3	**4.28**	3 – 5	0.95
The Curriculum is feasible considering duration, resources, and sites available.	5	4	4	3	5	5	4	**4.28**	3 – 5	0.75
This community practicum is relevant and culturally sound for Uruguayan OT students	5	5	5	5	5	5	5	**5**	5	0
Diverse teaching strategies are included	5	5	5	5	5	5	5	**5**	5	0
Diverse evaluation methods are included	5	5	5	5	5	5	5	**5**	5	0
The content and readings are relevant for an OT community practicum in mental health	5	5	5	5	5	5	4	**4.85**	4 – 5	0.37
The contents are well organized	5	5	5	5	5	5	5	**5**	5	0
It is feasible to conduct this Community Practicum in one semester	5	5	4	3	5	5	3	**4.28**	3 – 5	0.9511
The content included considers occupation-based theories and evidence available.	5	5	5	5	5	5	5	**5**	5	0
The planned activities facilitate the application of theory and evidence-based interventions.	3	5	5	5	5	5	4	**4.57**	3 – 5	0.78
Students have many opportunities to interact with participants and staff	5	5	5	4	5	5	3	**4.57**	3 – 5	0.78
Participants are included in planning, implementation, and evaluation.	5	5	5	5	5	5	4	**4.85**	4 – 5	0.37

Table 6 highlights items on the survey that received a lower-than-average score, average and those items that received the total score of 5.

Table 6

Classification of items

Areas that need significant improvement (M<4.5)	Areas that need some improvement (4.5<M<5)	Areas of strength (M=5)
• The community practicum curriculum includes a significant number of OT and related disciplines Latin American authors • The Curriculum is feasible considering duration, resources, and sites available. • It is feasible to conduct this Community Practicum in one semester	• The community practicum curriculum addresses the needs of community setting's participants • The curriculum explains how to address issues of diversity, equity and inclusion • Community practicum supports the development of an intervention consistent with the cultural values of the setting and the participants • The content and readings are relevant for an OT community practicum in mental health • The planned activities facilitate the application of theory and evidence-based interventions. • Students have many opportunities to interact with participants and staff • Participants are included in planning, implementation, and evaluation.	• This community practicum is relevant and culturally sound for Uruguayan OT students • Diverse teaching strategies are included • Diverse evaluation methods are included • The contents are well organized • The content included considers occupation-based theories and evidence available.

Qualitative survey results

Several steps were taken to analyze the qualitative comments. Answers to the open-ended questions on the survey and notes from follow-up questions and conversations were coded to identify main themes. To increase the rigor of this process, two independent coders engaged in an analytic approach to identify codes and themes and discuss agreements and disagreements (see Braun and Clarke, 2006). Themes were categorized based on the survey questions and codes identified. A coding dictionary (see Appendix XII) was developed as part of an iterative process where codes and definitions were refined to better classify and understand experts' ideas. The final version of this dictionary contains eight codes: (1) Feasibility; (2) Benefits and usefulness for students; (3) Benefits for participants; (4) Benefits for community settings; (5) Benefits for agency staff; (6) Benefits for Occupational Therapy Department; (7) Barriers and challenges: (8) Areas of improvement. The main themes identified are described in the following section. The member checking technique was also utilized, in particular with the experts who participated in the follow up conversation or email exchange.

Themes

Feasibility

Overall, the experts agreed that the organization and planning of the Community Practicum makes it a feasible project in the context of Uruguay. They mentioned many aspects to be considered in terms of feasibility: the duration and schedule should be flexible in order to adapt to community settings and students' needs, the program should fit in the current curriculum of the OT program, and funding should be secured to pay the Community Practicum Coordinator role. Table 7 summarizes the main themes and experts' comments related to feasibility.

Table 7

Feasibility

Themes	Examples of experts' comments
The Community Practicum is feasible.	*"The project is very well elaborated, with a concrete plan so that it can be implemented."* [translated from Spanish]
Well-organized.	*"The practicum plan is carefully detailed, realistic, practical and bound to be a wonderful experiential learning activity that will benefit all stakeholders."*
Duration: Appropriateness of the schedule to address complex needs, create change, build partnerships, and fit in the curriculum.	*"For me, it is difficult to think of 8 meetings where they generate a bond, understand the group (...), propose an intervention and make an evaluation. But (...) I also don't know how to include more meetings, and if more meetings solve all [issues]."* [translated from Spanish]
Flexibility when collaborating with the community.	*"The only thing I find as an aspect to improve, or rather to take into account, is to have flexibility in execution times. Knowing that they are highly variable mainly due to external factors."* [translated from Spanish]
Resources: Resources are limited. Partnerships between the University and the community settings could help to potentiate available resources.	*"Uruguay, like other Latin American countries, suffers from problems that are being addressed under these modalities, university-community alliances, allow resources to be potentiated for the resolution of social problems."* [translated from Spanish]
Funding needed to support the development of the program.	*"It can be done, but we have to look for support within the community and for extra funding."*
Fitting in the actual curriculum: The Community Practicum needs to be coordinated with other courses.	*"For me this course has to (...) be linked to the theoretical one and that the [mental health] course dialogues and develop the foundations of what this community practicum proposes"* [translated from Spanish]

Benefits and usefulness for students

The experts identified diverse ways in which this Community Practicum will be beneficial and useful for students. They agreed that this is an innovative format to guide practical

experiences that will enhance students' learning and education. Students would benefit from having practical experiences in mental health (which are scarce) that would also provide more opportunities to collaborate with the communities. Moreover, they would have more opportunities to integrate theory and practice by receiving preparation classes, integration activities, and continued support from the Community Practicum coordinator. Table 8 summarizes the main themes and experts' comments related to benefits and usefulness for students.

Table 8

Benefits and usefulness for students

Themes	Examples of experts' comments
New opportunities for students: The Community Practicum provides practical opportunities that are not currently available for students.	*"Opening this community practicum for students is very important as we currently do not have this possibility in Uruguay"* [translated from Spanish]
Enhance students' learning: The planned structure and organization of the Community Practicum supports students' learning.	*"This is a well-organized and structured activity that will enhance student's participation"*
Supervision by a Coordinator: The role of the Coordinator is innovative and provides a continued support that it is not currently available.	*"I believe that it also contributes to an important change that needs to be implemented, which is that of technical supervision by faculty members and the theoretical-practical articulation"* [translated from Spanish]
Support to integrate theory and practice: The organization, structure, supervision, and planned activities support the integration of theory and practice.	*"The way it is designed will allow the student to go through a learning process, having a place where they can put into practice all the theoretical knowledge acquired during the curricular units* [theoretical courses]*"* [translated from Spanish]
Building relationships and collaboration with the community: The Community Practicum provides practical experiences in mental health community settings and promotes collaboration with the participants.	*"The practice would provide (...) the opportunity to get closer to the community and provide support to the population"* [translated from Spanish]

Benefits for participants

The panel of experts described various potential benefits for participants of the mental health community settings. They mentioned that this Community Practicum would increase the opportunities to access Occupational Therapy services and receive occupation-based interventions in the community which are limited in Uruguay. Moreover, the participatory and empowerment approach would benefit participants as it provides participants the opportunity to be involved in different phases of the program and be reflective about their realities and ways to improve it. Some experts –but specially people with disabilities– emphasized the importance of increasing the opportunities to interact and collaborate with people from outside the setting, as this is a strategy to raise awareness and visibility about mental health and the potential of people with disabilities. Table 9 summarizes the main themes and experts' comments related to benefits for participants.

Table 9

Benefits for participants

Themes	Examples of experts' comments
Access to Occupational Therapy services in the community which are scarce.	*"[It opens] new research areas and treatment opportunities for Mental Health patients"*
Participatory approach: participants are included in different phases of the program.	*"An opportunity [to] provide feedback not just on the activity, but on the planning & evaluation stages"*
Empowerment: Critical reflection about their needs and active role in developing possible solutions.	*"It generates critical thinking in the participants and awareness of their problems and the ability to become key players in solving their problems."* [translated from Spanish]
Interaction and collaboration with other people who do not belong to the community setting or their families.	*"It is an opportunity for socialization and inclusion".* [translated from Spanish]
Awareness and visibility of mental health issues.	*"(...) I hope it can be implemented because it would contribute to make people with psychosocial disabilities visible"* [translated from Spanish]

Benefits for community settings

Experts agreed that the benefits for community settings were mainly related to adding a new discipline and enrich the perspectives to implement their interventions and achieve participants' goals. Moreover, students' interventions and the Coordinator's supervision would represent additional human resources to support the community setting in the development of their interventions. Table 10 summarizes the main themes and experts' comments related to benefits for community settings.

Table 10

Benefits for community settings

Themes	Examples of experts' comments
Inclusion of a new discipline that will contribute an innovative perspective in the setting to better address participants' needs.	*"The inclusion of more professionals and students of Occupational Therapy can implement a new vision and objectives to the setting, which contemplate the needs of the users and promote the creation of new strategies for their development."* [translated from Spanish]
Supervision provided by the University.	*"Have a group of students of the discipline, supervised by a teacher with extensive experience in the area, without having to incur extra expenses."* [translated from Spanish]
Additional human resources to support current interventions.	*"Community staff workloads are often overwhelming, this practicum will provide hands-on support and demonstrate new activity ideas"*

Benefits for agency staff

The experts explained that this Community Practicum is beneficial for agency staff as it enriches interdisciplinary teams. The inclusion of students promotes the development of new strategies, evidence, and updated knowledge, while encouraging critical reflection and analysis

about current practices and how to improve them. Table 11 summarizes the main themes and experts' comments related to benefits for agency staff.

Table 11

Benefits for agency staff

Themes	Examples of experts' comments
Enrichment of interdisciplinary approaches.	*"Promoting a more interdisciplinary work, creation of new strategies and support to meet the objectives."* [translated from Spanish]
Incorporation of new strategies and update of theoretical knowledge and evidence.	*"Updates about modern and evidence-based knowledge"* [translated from Spanish]
Critical reflection about current practices in the setting.	*"(...) the relationship with the staff is very important to build spaces of reflection about the approaches proposed by the institution and the new ones [proposed by students]"* [translated from Spanish]

Benefits for Occupational Therapy Department

According to the panel of experts the Community Practicum would be beneficial for the Occupational Therapy Department because it will help to expand the number of Fieldwork sites in an area of practice that is not fully developed in the country. The Community Practicum is also a new model to guide practical experiences and their integration with theoretical knowledge, which enriches OT education. The experts also mentioned that this is an opportunity to disseminate the role of OT in mental health. Table 12 summarizes the main themes and experts' comments related to benefits for the Occupational Therapy Department.

Table 12

Benefits for Occupational Therapy Department

Themes	Examples of experts' comments
Increase the availability of Fieldwork sites.	*"Establishes fieldwork sites in community mental health"*

Reorganize practical experiences to better support students' learning and integration of theory and practice.	*"Further development of a model of practices articulated with theoretical production."* [translated from Spanish]
Strengthen and disseminate the role of Occupational Therapy in mental health.	*"Expand awareness of the importance of the role of the Occupational Therapist in different settings and in society, not only in the field of rehabilitation."* [translated from Spanish]

Barriers and challenges

The panel of experts was also consulted about possible barriers and challenges in the implementation of the Community Practicum. Many of these challenges were related to the limited number of students in OT programs in Uruguay, lack of practitioners working in mental health, and limited community settings, which should be increased in the future in order to sustain the Community Practicum. Another frequently identified challenge was related to the funding needed to implement this project. Experts also agreed on the complexity of developing a partnership project in community mental health, considering the multiple stakeholders involved, complexity and diversity of participants' need, and the inclusion of multiple settings (each one with different characteristics and requirements). Therefore, many experts emphasized the importance of acknowledging the significant time that takes to develop relationships and address participants' needs in that context. Moreover, given that many readings are in English (and Uruguay is a mostly Spanish-speaking country) there may be some language barriers that may difficult students' access and understanding of readings and materials. Table 13 summarizes the main themes and experts' comments related to barriers and challenges.

Table 13

Barriers and challenges

Themes	Examples of experts' comments
Limited number of students and difficulties with their schedules.	*"the small number of students (...) and the scheduling difficulties of many of them that*

	make it difficult to fulfill the practicum requirements" [translated from Spanish]
Limited availability of resources to fund a Community Practicum Coordinator and compensate people with disabilities' participation.	*"One of the main barriers is the fact that the OT program does not have the funding to pay hours of teaching for the implementation of this model"*
Time: Developing partnerships and relevant interventions implies building relationships that take time.	*"the processes of agreements with the institutions may take longer than planned in the schedule"* [translated from Spanish]
Limited number of sites.	*"In the future more sites may be needed"* [translated from Spanish]
Limited number of occupational therapists working in the country.	*"The lack of inclusion of Occupational Therapists and the lack of knowledge of the role of the Occupational Therapist in Uruguay can mean a barrier to implement the project and expand its scope"* [translated from Spanish]
Inclusion of multiple sites which are different and have unique characteristics and demands.	*"They are three very different settings and that enriches the practice, but also challenges in adapting the workload and the type of intervention to be developed in each setting."* [translated from Spanish]
Language barriers to access materials.	*"What is difficult (...) is the fact that they understand [the texts] and access the information [due to] some language barrier."* [translated from Spanish]
Complexity of participants' needs and diverse characteristics.	*"Keep in mind that there are things that we are not going to be able to solve"* [translated from Spanish]
Multiple stakeholders involved: Difficulty to coordinate actions and develop relevant interventions.	*"propose an idea, and reconcile it with the profile of the [students] and with the profile of the users and with the service profile, that is, is super complex."* [translated from Spanish]

Areas of improvement

The panel of experts also contributed their ideas about how to improve the handbook and the proposed Community Practicum itself. They frequently mentioned the need to increase the number of sites to include new areas of practice and provide more opportunities for students. They also suggested considering the new curriculum of the OT program (which include students'

visits to sites in the first years) and how students taking the Community Practicum could guide the visits required for the mental health theory course. Thus, Community Practicum's students guiding visits from second's years students can be a strategy to promote the coordination with previous courses and fitting the current curriculum. Experts recommended to add more details about requirements and composition of students' teams. Moreover, they identified some contents that would enhance the project and better support students' experiences. In regard to duration and the number of opportunities to interact with the community, some experts suggested to consider adding more experiences in the community and evaluate the program to adapt the number of visits in the future. Another recurring theme was the need to acknowledge the limitations of the interventions, recognizing that they would try to address the needs, but the complexity of the field and the characteristics of the project may challenge the impact of the program. Table 14 summarizes the main themes and experts' comments related to areas of improvement.

Table 14

Areas of improvement

Themes	**Examples of experts' comments**
Expanding the number of sites.	*"Several areas of treatment have recently developed in Uruguay, so once the practicum starts it should see that they can expand to those areas"*
Collaboration and coordination with theory courses and visits. Role of students supervising first years' students.	*"something that can contribute is to think about [this course] in relation to the theoretical courses that are related (…) so students can have access to some of the bibliography, [so] the courses are articulated and there is some instance to meet the settings before practice"* [translated from Spanish]
Details about characteristics of students' teams and requirements for participation.	**"***Have not you stated if participation is required?"* [translated from Spanish]

Additional contents to be considered: information about psychiatric pathologies, political actions and advocacy, more activities related to diversity, equity, and inclusion.	***"****Include in the summary report students' reflections on the implementation of DEI theory/approaches"*
Opportunities for interaction with the community and participants' collaboration.	*"sometimes it is more difficult, depending also on the student's profile, their performance in the Mental Health courses, how the interpersonal relationship occurs, the entry into the setting, and the differences between one place and another."* [translated from Spanish]
Time and duration: Appropriateness of the schedule to address needs, build partnerships, and fit in the curriculum.	*"I suggest considering the real times to establish partnerships"* [translated from Spanish]
Acknowledge the limitations of the interventions.	*"we never address 100% of the needs"* [translated from Spanish]

Discussion

The results from the evaluation of the handbook by the panel of experts showed that this project is feasible and culturally relevant. It was crucial to use a mixed methods approach to complement the scores from the quantitative section of the survey, with the comments from the open-ended questions. This complementary approach allowed me to obtain a rich set of comments and quantitative scores on important dimensions of the proposed project. In general, the panel of experts rated all aspects of the handbook positively. The evaluation of the project also contributed important information about the strengths, potential challenges, and areas for improvement of the project.

Feasibility

The feasibility of the project was one of the main areas of concern in the quantitative section, however –when asked in open ended questions– all experts considered this is a feasible project (including those who assigned the lowest scores quantitatively). Analyzing the main themes identified regarding feasibility, this inconsistency may indicate that although it is a

feasible project, there are some important aspects to consider in order to guarantee the feasibility of the project.

The first aspect is duration, various experts considered that the schedule should be flexible when working with community settings and students. Moreover, they stated that the proposed number of group sessions with participants would be appropriate to address some general needs, but there are some structural inequalities that will need more time to be addressed to truly create change in people's lives. Also, time plays a key role in building mutual trust, and strong and sustainable partnerships with community settings. Therefore, in order to build a feasible program, the inherent time that takes to develop these relationships with the settings should be considered. Some experts suggested that the way to establish the appropriate duration to develop relationships and implement groups in the community is implementing and piloting the program.

The considerations about time and duration were incorporated into the Handbook. First, I clarified that the schedule is flexible and would be adapted considering the needs of each community setting. Secondly, experts' comments reflected that it was necessary to emphasize that the Community Practicum is part of an ongoing partnership with a continued improvement approach (the format of the schedule was modified from a six-month to a twelve-months table to illustrate this aspect). This approach implies that the program is going to be implemented and evaluated with all stakeholders in order to identify areas of improvement (see Logic Model, appendix I). To refine the evaluation, a question regarding the duration of the program was added to the evaluation forms from students and community settings: "Was the duration of the program appropriate? Please comment if the number of sessions was appropriate to address participants' needs and promote students' learning" (see Appendices IV and V).

Another aspect to consider was to define how many students per team is feasible for each community settings. Although the Community Practicum was designed considering students teams of two or three member, it is important to be flexible and consider each setting's needs and preferences, as well as establishing a number that would support students' learning. Furthermore, the OT Program at the university in Uruguay is implementing a new curriculum and expecting to significantly increase the number of students per cohort. Therefore, the step of discussing and agreeing on the number of students with the community settings, was added to the *Pre-engagement and planning phase of the program*.

Similarly, the number of community sites was another aspect mentioned by various experts. The experts suggested that in the future more sites and areas of practice can be included (such as adolescents or autism). One expert suggested other community settings recently opened or planned to be opened in the future. Thus, it was emphasized that the three community settings included in the design are potential partners and the actual number of community partners will be agreed with the department faculty in the Pre-engagement and planning phase (which will be also subject to sites' availability). This suggestion also indicates that this Community Practicum organization and structure could be adapted to be implemented in other settings.

The three faculties from the OT Degree in Uruguay who were part of the panel (the program Director, fieldwork coordinator, and mental health course professor) pointed out that this program should fit the current curriculum and that may require extra funding to sustain the Coordinator's role. Accordingly, some funding alternatives were discussed during the follow-up meeting with the program Director, where it was agreed that this program could also be understood as a research project or an extension program (University programs designed to serve the community), what would represent an asset for the Department and would secure funding.

In regard to fitting the proposed community practicum into the curriculum, the three faculties from Uruguay included in the panel agreed that this project could be part of the Fieldwork hours required for graduation. Moreover, they agreed that this program could be coordinated with other courses, especially those related to mental health. This would increase the feasibility of the project as well as improve students' opportunities to integrate theory and practice. To promote the coordination with previous courses, the planning meetings in the *Pre-engagement and planning phase* of the program were modified to include a step where faculties from first-years courses are included to discuss and coordinate actions. To evaluate the complementation with previous courses and contents, the question: "Which contents from previous courses helped you to complete this Community Practicum? Please describe which previous courses, theoretical contents, or resources were more useful for the Community Practicum" was added to the students' evaluation form (see Appendix V). To evaluate how the Community Practicum could serve future practices in other settings the question: "Do you think you could apply what you have learned in the Community Practicum to other settings? Please describe how you can build on this experience." was added to the students' evaluation form (see Appendix V).

Cultural relevance

Eight items in the quantitative section assessed the cultural relevance of the program. The two weakest items were "The Curriculum is feasible considering duration, resources, and sites available" and "The community practicum curriculum includes a significant number of OT and related disciplines from Latin American authors".

The item "The Curriculum is feasible considering duration, resources, and sites available" is related to feasibility, which was addressed previously, but was included twice in the

survey to assess aspects of feasibility that are related to the cultural relevance of the program (the second time the item was only related to its one-semester duration). In fact, including two items helped to analyze the consistency of experts' responses; however the classification of the items could be an aspect to improve in the future.

The second item "The community practicum curriculum includes a significant number of OT and related disciplines from Latin American authors" was discussed with two faculty experts who agreed that although most of the authors included are not Latin Americans, this is not a problematic area. Indeed, they recognized the value of exposing students to new evidence and considered that the current percentage of Latin American authors included is an appropriate number (half of the readings have at least one Latin American author).

However, they suggested to add Mariel Pellegrini's work, so four chapters authored by Pellegrini were added as required readings. Moreover, they recommended to consider language barriers that could challenge students' comprehension of the materials as they are in other languages. In fact, experts mentioned some experiences using materials in Portuguese and the challenges they faced. In my experience as a student and faculty in the OT program in Uruguay, we frequently include materials in other languages as they are the best resource for a certain topic (unfortunately, evidence is not always available in Spanish). In those cases, we sometimes provide translated versions, and other encourage student' collaboration to translate the resources and share them with future generations. This represents a learning opportunity for students who – as future OTs– need to prepare to find the best evidence available (even if it is in other language) and collaborate with their teams to develop problem-solving skills. To facilitate and evaluate the comprehension of the readings, a discussion activity was added to the preparation classes and added to students' requirements. This activity implies that the Coordinator will provide guiding

questions that orientate students while reading the materials, and then there would be a time in class to discuss those questions or any further questions that students have. This activity could be added to integration meetings if needed.

Another aspect that was assessed as needing improvement was the degree to which the Community Practicum addressed participants' needs. In regard to participants' needs, experts with disabilities confirmed that the gaps and needs that motivated the design of this Community Practicum were accurate. However, they and other experts recognized that some needs are difficult to address in the context of a Community Practicum, because they are structural and require social change. Accordingly, experts agreed that the sustainability of the project will help to work on those needs, as students' interventions can be oriented to generate greater impacts than previous teams. Moreover, many experts identified the participatory approach as a benefit, where participants reflect and identify their needs and possible solutions.

Furthermore, experts from Uruguay agreed that this is an historical moment regarding mental health and that the new legal framework is an opportunity to promote the development of OT in community mental health.

Another area of improvement was addressing issues of diversity, equity, and inclusion. Following an expert's suggestion, the summary report will require students' reflections on the implementation of diversity, equity, and inclusion approaches. Also, an item about diversity, equity, and inclusion considerations was added to the documentation form (see Appendix II), in order to regularly support students to reflect about these issues and consider them when planning activities.

Benefits

The results also demonstrated that this Community Practicum may benefit students, participants, community settings, staff, and the Occupational Therapy department and faculties. This information is valuable to advocate for the implementation of this program and could be an excellent resource to expand the number of community partner sites. As some experts mentioned, it is complex to build partnerships and demonstrate the value of these experiences, especially with community settings that may not be aware of the contributions that OT interventions could make. Therefore, a list of the various benefits is an important resource that could be used in the future, particularly considering that it was developed by gathering the perspectives of diverse stakeholders related to mental health, not only from Uruguay, but also from other countries.

Barriers and challenges

Experts mentioned a few barriers and challenges that may impact the implementation of the Community Practicum. Yet, knowing from the beginning when I started this project that this was not going to be easy, motivated me in the first place to pursue this project. The program was designed to provide a structure that would help to address a shortage in the provision of OT services and limited practical experiences for students. Although this is a challenging scenario, this project aims to start to change this reality. The evaluation of this project was a confirmation that including many stakeholders and settings is challenging and takes time. Accordingly, including experts from Uruguay implied adapting the evaluation methods. To gather their inputs, it was needed to translate the handbook and evaluation forms, offer different ways to be contacted, and be flexible with the schedule (the evaluation process of the handbook took longer than planned as some experts needed more time). However, the richness of including diverse

stakeholders (specially people with disabilities and students) is a distinct value of the project, that is just a reflection of the complex reality of community mental health OT practice.

As stated by some experts, it is important to acknowledge the limitations of our interventions and recognize that –despite our efforts– there will be always areas of improvement and needs that we are not going to be addressed. In the case of the Community Practicum, the evaluation methods of this project are not standardized and were developed to assess certain areas that were prioritized by the author. Also, the evaluation data collection methods were adapted to different stakeholders, and the information was collected in different formats diminishes the rigor of the evaluation findings. As stated before, it is necessary to apply this project in order to completely assess its feasibility and identify areas of improvement.

Conclusion

This project aimed to improve practical experiences in OT education in Uruguay, in order to address gaps in the provision of community mental health services and promote the participation of people with psychosocial disabilities. Accordingly, a Community Practicum in mental health was designed to diminish the theory-practice gap and sustain university-community partnerships. The project was evaluated by a panel of experts, who assessed the program and contributed ideas to improve it. The results of this evaluation allow to conclude that this Community Practicum is a culturally-relevant and a feasible way to improve OT education and benefit various stakeholders including people with mental health issues. The experience will provide OT students new learning opportunities to integrate theory and practice in mental health, and collaborate with communities. Participants will mostly likely benefit from the group sessions to be implemented by team of students by increasing their participation and learning new skills. Community settings' staff will benefit as they realize a new perspective to develop their

interventions; and for the OT Department it will reorganize the structure of fieldwork experiences in mental health and increase the number of practical opportunities for students. However, some barriers and challenges should be considered to improve the feasibility and benefits of this project once it is implemented. As such the need to use a flexible schedule and the efforts required to coordinate actions between different stakeholders.

In regard to limitations, the Community Practicum was designed and evaluated remotely, so piloting the project in the future will allow to assess its relevance, feasibility, and impact, as well as refining the content and evaluation methods. Moreover, contents and activities are planned to collaborate with a specific group: adults with psychosocial disabilities. The continuous improvement and evaluation of the project will help to address these limitations once program is implemented.

In the future, this program could be adapted to reach new areas of practice and other age groups, contributing to expand the role of OT and improving the community services provided in the country. The information gathered during the evaluation of this project, can be used to generate resources that allow advocate for the inclusion of OT in more community mental health services. In addition, they are an invitation to continue improving occupational therapy education, developing programs that not only allow to structure Fieldwork experiences and promote the integration of theory and practice, but also to document and evaluate processes. The documentation and evaluation of practical experiences can inform future research on the effectiveness of occupational therapy interventions in mental health.

References

Abelenda, J., Kielhofner, G., Suarez-Balcazar, Y., & Kielhofner, K. (2005). The Model of Human Occupation as a conceptual tool for understanding and addressing occupational apartheid. In F. Kronenberg, S. Simó Algado, & N. Pollard (Eds.), *Occupational therapy without borders*, (1st. ed., Vol. 1, pp. 183-196). Churchill Livingstone Elsevier.

Alegria, M., Atkins, M., Farmer, E., Slaton, E., & Stelk, W. (2010). One size does not fit all: Taking diversity, culture, and context seriously. *Administration and Policy in Mental Health and Mental Health Services Research, 37,* 48-60. https://doi. org/10.1007/s10488-010-0283-2

Ardila-Gomez, S., Agrest, M., Fernandez, M. A., Rosales, M., Lopez, L., Velzi Diaz, A. R., Vivas, S. J., Ares Lavalle, G., Basz, E., Scorza, P., Stolkiner, A. (2019). The mental health users' movement in Argentina from the perspective of Latin American collective health. *Global Public Health, 14*(6-7), 1008-1019. doi:10.1080/17441692.2018.1514063

Balcazar, F., & Suarez-Balcazar, Y. (2017). Promoting empowerment among individuals with disabilities. In M. A. Bond, I. Serrano-García, C. B. Keys, & M. Shinn (Eds.), *APA handbook of community psychology: Methods for community research and action for diverse groups and issues,* (pp. 571–585). American Psychological Association. https://doi.org/10.1037/14954-034

Centro Martínez Visca. (n.d.). *Centro Martínez Visca*. http://www.centromartinezvisca.org.uy/

De Felipe, V., Vílchez, F. & Larrosa, A. (2018). Análisis cualitativo sobre los vectores del cono invertido en psicoterapia grupal. *Área 3. Cuadernos de temas grupales e institucionales, 3,* 1-20.

Bernal, G., Jimenez-Chafey, M. I., & Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice, 40,* 361-368. https://doi. org/10.1037/a0016401

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

Charlton. J. I. (1998). Nothing about us without us: Disability Oppression and Empowerment. University of California Press.

Cramm, H., White, C., Krupa, T. (2013). From periphery to player: strategically positioning occupational therapy within the knowledge translation landscape. *American Journal of Occupational Therapy, 67*(1), 119–125. https://doi.org/10.5014/ajot.2013.005678

De las Heras, C.G. (2011). Promotion of Occupational Participation: Integration of the Model of Human Occupation in Practice. *The Israeli Journal of Occupational Therapy*, *20*(3), 67-88.

Duhalde, J., Landaburu, P. & Rey, M. (2014). Construyendo una perspectiva de salud instituyente [Tesis de grado]. Universidad Nacional de Mar del Plata.

Gallo, P. (2018). *Discapacidad y empleo en Uruguay. Análisis de actualidad, modelo de empleo con apoyo y experiencia española.* [Bachelor Final Project]. Universidad de la República.

Goldner, E. M., Jeffries, V., Bilsker, D., Jenkins, E., Menear, M., & Petermann, L. (2011). Knowledge translation in mental health: a scoping review. *Healthcare policy = Politiques de sante, 7*(2), 83–98.

Gusich, R.L., & Silverman, A.L. (1991) Basava day clinic: The model of human occupation as applied to psychiatric day hospitalization. *Occupational Therapy in Mental Health, 11*(2-3*),* 113-134. 10.1300/J004v11n02_08

Hall, G. C. N., Ibaraki, A. Y., Huang, E. R., Marti, C. N., & Stice, E. (2016). A metaanalysis of cultural adaptations of psychological interventions. Behavior Therapy, *47*(6), 993–1014. https://doi.org/10.1016/j.beth.2016.09.005

Hann, K., Pearson, H., Campbell, D., Sesay, D., & Eaton, J. (2015). Factors for success in mental health advocacy. *Global Health Action, 8*(1), 28791-9. doi:10.3402/gha.v8.28791

Ibercultura (2016). Radio Vilardevoz: comunicación participativa, salud mental y autonomía. *Iberculturaviva.* https://iberculturaviva.org/portfolio/radio-vilardevoz-comunicacion-participativa-salud-mental-y-autonomia/?lang=es

Ikiugu, M. N., & Nissen, R. M. (2016). Intervention strategies used by occupational therapists working in mental health and their theoretical basis. *Occupational Therapy in Mental Health, 32,* 109. doi:10.1080/0164212X.2015.1127192

Ikiugu, M. N., & Smallfield S. (2011). Ikiugu's eclectic method of combining theoretical conceptual practice models in occupational therapy. *Australian Occupational Therapy Journal, 58*(6), 437–446. doi: 10.1111/j.1440-1630.2011.00968.x

Ikiugu, M. N., & Smallfield, S. (2015). Instructing occupational therapy students in use of theory to guide practice. *Occupational Therapy in Health Care*, *29*(2), 165-177. https://doi.org/10.3109/07380577.2015.1017787

Ikiugu, M. N., Nissen, R. M., Bellar, C., Maassen, A., & Van Peursem, K. (2017). Clinical effectiveness of occupational therapy in mental health: A meta-analysis. *American Journal of Occupational Therapy*, *71*(5), 7105100020p1-7105100020p10.

Ikiugu, M. N., Plastow, N. A., & van Niekerk, L. (2019). Eclectic application of theoretical models in occupational therapy: Impact on therapeutic reasoning. *Occupational Therapy in Health Care*, *33*(3), 286-305. https://doi.org/10.1080/07380577.2019.1630884

Ikiugu, M. N., Smallfield, S., & Condit, C. (2009). A framework for combining theoretical conceptual practice models in occupational therapy practice. *Canadian Journal of Occupational Therapy*, *76*(3), 162-170. https://doi.org/10.1177/000841740907600305

Kehilá. (2020, May 26). *Inclusión de la Kehilá.* https://kehila.org.uy/inclusion/

Kielhofner, G. (2009). Conceptual foundations in practice: Creating a personal conceptual portfolio. In *Conceptual foundations of occupational therapy practice* (4th ed., pp. 268-278). F.A. Davis.

Kielhofner, G., de las Heras, C. G., & Suarez-Balcazar, Y. (2011). Human occupation as a tool for understanding and promoting social justice. In F. Kronenberg, N. Pollard, & D. Sakellariou (Eds.), *Occupational therapies without borders* (1st. ed., Vol. 2, pp. 209-216). Churchill Livingstone Elsevier.

Law N° 19.529 “Mental health” (2017). https://legislativo.parlamento.gub.uy/temporales/docu3484987866653.htm

Law Nº 9.581 “Psychopaths” (1936). https://tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/URY/INT_CAT_ADR_URY_16764_S.pdf

Law Nº18,651 “Comprehensive protection of persons with disabilities” (2008). https://www.impo.com.uy/bases/leyes/18651-2010

Law Nº19,691 “Promotion of work for people with disabilities” (2018). https://www.impo.com.uy/bases/leyes/19691-2018

Lee, S. W., Kielhofner, G., Morley, M., Heasman, D., Granham, M., Willis, S., Parkinson, S., Forsyth, K., Melton, J., & Taylor, R.R. (2012). Impact of using the Model of Human Occupation: A survey of occupational therapy mental health practitioners’ perception. *Scandinavian Journal of Occupational Therapy*, 19(5), 450-456. https://doi.org/10.3109/11038128.2011.645553

Melton, J., Forsyth, K., Prior, S., Maciver, D., Harrison, M. Raber, C., Quick, L., Taylor, R., & Kielhofner, G. (2017). Applying MOHO to individuals with mental illness. In Taylor, R. R. (Ed). *Kielhofner’s Model of Human Occupation* (5th ed., pp. 349-361). Wolters Kluwer.

Ministerio de Salud Publica (2020). *Plan Nacional de Salud Mental 2020-2027*. https://www.gub.uy/institucion-nacional-derechos-humanos-uruguay/sites/institucion-nacional-derechos-humanos-

uruguay/files/documentos/noticias/Plan%20Nacional%20de%20Salud%20Mental%20%202020-2027%20aprobado.pdf

Muñoz, J. & Balskowtiz, M. (2019). Sociocultural perspective in mental health practice. Brown, Stoffel, V., & Muñoz, J. P. (2019). *Occupational therapy in mental health: a vision for participation* (Brown, V. Stoffel, & J. P. Muñoz, Eds.; Second edition.). F.A. Davis Company.

Necco, C. (2010). *Terapia Ocupacional en tercera edad, cartografías de una clínica* [Tesis de grado]. Universidad Nacional de Mar del Plata.

Nuñez, S. (2013). *Cuidados en limitaciones: Analisis descriptivo de los datos del censo 2011*. Ministerio de Desarrollo Social. http://guiaderecursos.mides.gub.uy/innovaportal/file/23305/1/13.05_-_snc_informe_censo_-_limitaciones.pdf

Pan American Health Organization (2013). *WHO-AIMS Regional Report on Mental Health Systems in Latin America and the Caribbean*. World Health Organization. https://www.paho.org/hq/dmdocuments/2013/ENG-WHOAIMSREG-(For-Web-Apr-2013).pdf

Pellegrini, M. (2013a). Modelos teóricos en terapia ocupacional: modelos en salud mental. In: Sánchez, O., Polonio, B. & Pellegrini, M. (Eds.), *Terapia Ocupacional en Salud Mental: Teoría y técnicas para la autonomía personal,* (1st ed., pp. 111 – 123). Panamericana.

Pellegrini, M. (2013b). El proceso de terapia ocupacional. In: Sánchez, O., Polonio, B. & Pellegrini, M. (Eds.), *Terapia Ocupacional en Salud Mental: Teoría y técnicas para la autonomía personal*, (1st ed., pp. 135 – 154). Panamericana.

Pellegrini, M. (2013c). Proceso de evaluación para el diagnóstico ocupacional. In: Sánchez, O., Polonio, B. & Pellegrini, M. (Eds.), *Terapia Ocupacional en Salud Mental: Teoría y técnicas para la autonomía personal*, (1st ed., pp. 186 – 195). Panamericana.

Pellegrini, M., Capua, R. N., & Sánchez, Ó. (2011). Desarrollo profesional en personas con trastornos psicóticos. In Sánchez, Ó (Ed.), *Desarrollo profesional e inserción laboral en personas con enfermedad mental: procesos para la recuperación y promoción de la autonomía personal* (pp. 455-477). Ciclo Grupo 5.

Programa Nacional de Discapacidad (2014). *Uruguay y la convención sobre derechos de las personas con discapacidad.* Ministerio de Desarrollo Social. http://pronadis.mides.gub.uy/innovaportal/file/33704/1/convencion_enero_2014.pdf

Programa Nacional de Discapacidad (2015). *Discapacidad y Trabajo en el Uruguay: Perspectiva de Derecho.* Ministerio de Desarrollo Social. http://pronadis.mides.gub.uy/innovaportal/file/40851/1/pronadis---discapacidad-y-trabajo-en-uruguay_web.pdf

Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology, 15*(2), 121–148. 10.1007/BF00919275

Riger, S. (1993). What's wrong with empowerment. *American Journal of Community Psychology, 21*(3), 279–292. https://doi.org/10.1007/bf00941504

Shor, I., & Freire, P. (1987). Chapter 4: What is the "dialogical method" of teaching? In: I. Shor & P. Freire, *A pedagogy for liberation: Dialogues on transforming education* (pp. 97-119). Greenwood Publishing Group.

Suarez-Balcazar, Mirza, M. P., & Hansen, A. M. W. (2015). Unpacking University-Community Partnerships to Advance Scholarship of Practice. *Occupational Therapy in Health Care, 29*(4), 370–382. https://doi.org/10.3109/07380577.2015.1037945

Suarez-Balcazar, Y. (2020). Meaningful engagement in research: Community residents as Co-creators of knowledge. *American Journal of Community Psychology*, 65(3-4), 261-271. doi:10.1002/ajcp.12414

Suarez-Balcazar, Y., Balcazar, F., Miranda, D. E., Velazquez, T., Arcidiacono, C., & Garcia-Ramirez, M. (2022). Promoting justice through community-based research: International case studies. *American Journal of Community Psychology*, 1-13. https://doi.org/10.1002/ajcp.12584

Suarez-Balcazar, Y., Hoisington, M., Orozco, A. A., Arias, D., Garcia, C., Smith, K., & Bonner, B. (2016). Benefits of a culturally tailored health promotion program for Latino youth with disabilities and their families. The American Journal of Occupational Therapy, *70*(5), 7005180080p1-7005180080p8. https://doi.org/10.5014/ajot.2016.021949

Suarez-Balcazar, Y., Muñoz, J. P., & Fisher, G. (2006). Building Culturally Competent Community-University Partnerships for Occupational Therapy Scholarship. In Kielhofner, G. (Ed.), *Research in Occupational Therapy: Methods of Inquiry for Enhancing Practice* (pp. 632-641). F.A. Davis Company

Taylor, J., Mynard, L., & Farnworth, L. (2021). Occupational Therapists' Experiences Using the Model of Human Occupation in Forensic Mental Health. *Occupational Therapy in Mental Health*, 1-19.

Techera, A., Apud, I., Borges, C. (2009). *La sociedad del olvido: un ensayo sobre enfermedad mental y sus instituciones en Uruguay*. Universidad de la República.

Townsend, E. A. (1998). Exploring Empowerment. In E. Townsend, *Good intentions overruled: A critique of empowerment in the routine organization of mental health services,* (pp. 3-29). University of Toronto Press.

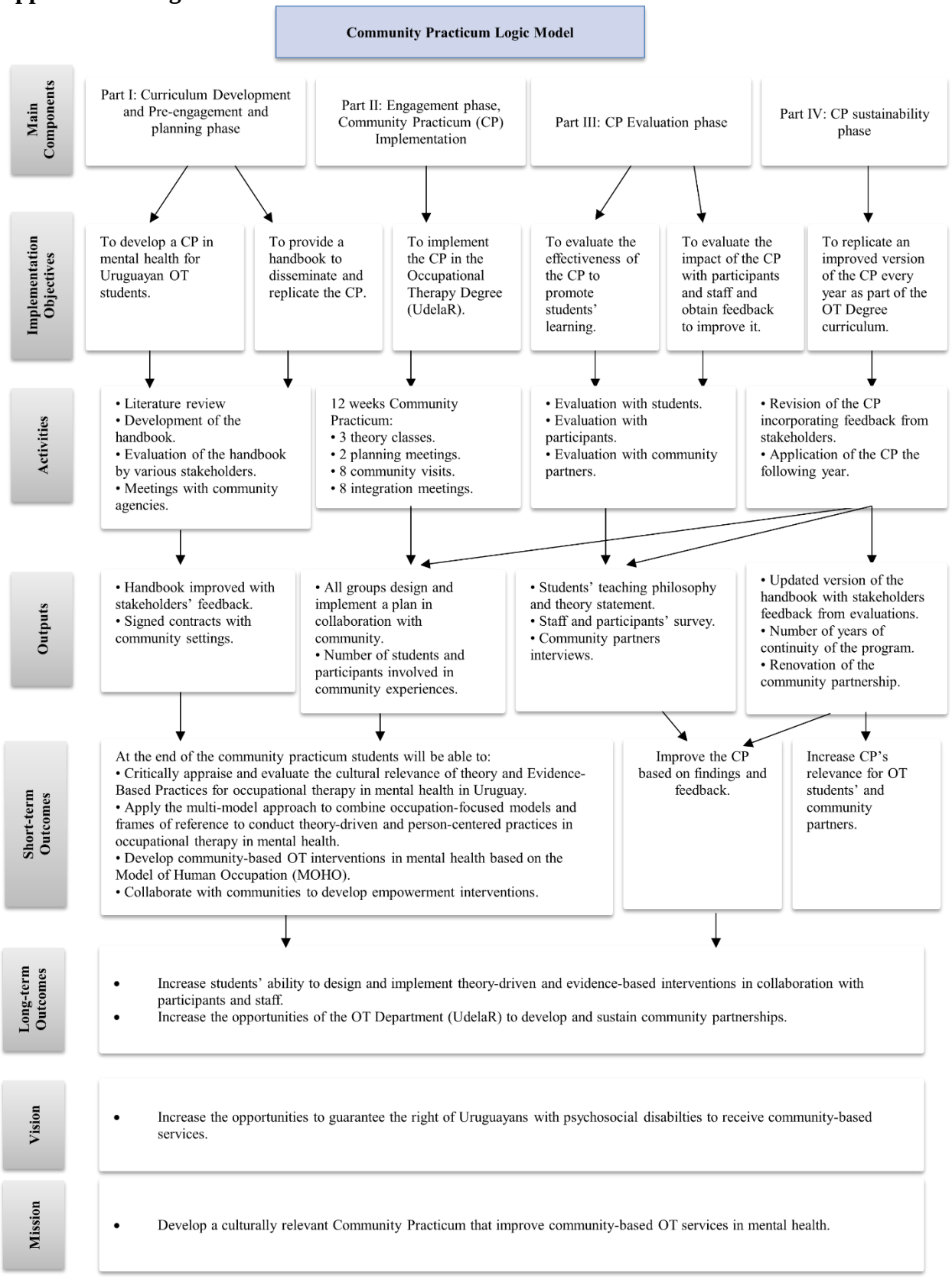
Townsend, E. A. (1998). Exploring Empowerment. In *Good intentions overruled: A critique of empowerment in the routine organization of mental health services.* University of Toronto Press.

United Nations (2006). *Convention on the Rights of Persons with Disabilities.* https://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf

Wong, S. & Fisher, G. (2015). Comparing and using occupation-focused models. *Occupational Therapy in Health Care, 29*(3), 297–315. https://doi.org/10.3109/07380577.2015.1010130

Zimmerman M.A. (2000) Empowerment Theory. In J. Rappaport & E. Seidman (Eds.) *Handbook of Community Psychology*, (pp. 43-63). Kluwer Academic / Plenum Publishers. https://doi.org/10.1007/978-1-4615-4193-6_2

Appendix I – Logic model



Appendix II – Documentation form

COMMUNITY PRACTICUM DOCUMENTATION FORM	
Date:	Setting:
Team organization for this week	
Student Name:	Role and tasks:
Student Name:	Role and tasks:
Student Name:	Role and tasks:
Activity plan	
Number of participants:	Participants names:
Goals:	
Activity description:	
Observations and progresses made:	
Considerations about diversity, equity, and inclusion:	

Appendix III – Student attendance form and student tracking form

Key:

- PC = Preparation class
- IM = Integration meeting
- EC = Experience in the community
- PM = Planning meeting
- CE = Summary of evaluation with the participants and staff
- GP = Team presentations of the experiences
- J = Justified absence
- U = Unjustified absence

	Week 1	Week 2	Week 3	Week 4		Week 5		Week 6			Week7		Week 8		Week 9		Week 10		Week 11			Week 12			J	U
Student	PC 1	PC 2	PC 3	IM 1	EC 1	PM 1	IM 2	PM 2	EC 2	IM 3	EC 3	IM 4	EC 4	IM 5	EC 5	IM 6	EC 5	IM 7	EC 6	IM 8	CE	EC 7	GP 1	GP 2		

STUDENT PERFORMANCE TRACKING FORM

Name:	**Pronouns:**
Semester:	Year:
Setting:	
Team:	

Attendance

Justified absence	**Unjustified absence**	**Approved / Disapproved**

Assignments

Assignment	**Percentage obtained**	**Final grade**
Participation		
Philosophy and theory statement		
Activity analysis		
Intervention plan		
Documentation		
Summary report of the evaluation		
Team presentation with the participants and staff		
Team open presentation		

Student performance: Feedback from community setting staff

	Strongly disagree				**Strongly agree**
Student	**1**	**2**	**3**	**4**	**5**
Student demonstrated knowledge about occupational therapy, mental health, and community-based interventions					
Student performance was excellent					
Student was sensitive to the needs of participants					
Student developed an intervention plan relevant to the site's participants					
Student developed a respectful relationship with participants					
Student considered participants and staff's feedback during their intervention planning					
Any other comments/feedback you would like to share about the student?					

Appendix IV - Evaluation of the program: Feedback from participants and staff

Adapted from Community Practicum 420, University of Illinois Chicago.

COMMUNITY PRACTICUM
COMMUNITY SETTING EVALUATION

Name of staff member or participant:	
Semester:	Year:
Setting:	
Name of students evaluated:	

	Strongly disagree				**Strongly agree**
Coordinator	**1**	**2**	**3**	**4**	**5**
Overall quality of support and assistance provided by the OT coordinator was excellent					

	Strongly disagree				**Strongly agree**
Students	**1**	**2**	**3**	**4**	**5**
Students demonstrated knowledge about occupational therapy, mental health, and community-based interventions					
Students' performance was excellent					
Students were sensitive to the needs of participants					
Students developed an intervention plan relevant to the site's participants					
Students developed a respectful relationship with participants					
Students considered participants and staff's feedback during their intervention planning					

Students were sensitive to the needs of the staff and the community setting					

	Strongly disagree				**Strongly agree**
Community Practicum / Partnership	**1**	**2**	**3**	**4**	**5**
Community practicum is aligned with organizational culture and values					
The Community Practicum (students' projects) meets the participants goals					
The Community Practicum supports staff role/interventions to promote participants' autonomy and participation					
The partnership can be sustained over time					
The partnership is relevant for our organization					

Questions

1. What are the major strengths of the Community Practicum?	
2. What aspects of this Community Practicum were most beneficial to the staff and participants?	a. Staff b. Participants

3. What are the benefits of this partnership?	
4. How can the community practicum be improved?	
5. How can students be better supported to implement the interventions?	
6. Was the duration of the program appropriate? Please comment if the number of sessions was appropriate to address participants' needs and promote students' learning	
7. Any other comments/feedback you would like to share?	

Appendix V – Student individual Survey

Adapted from Community Practicum 420, University of Illinois Chicago.

COMMUNITY PRACTICUM
STUDENT EVALUATION

Name:	**Pronouns:**
Semester:	Year:
Setting:	
Team:	

	Strongly disagree				**Strongly agree**
OT Coordinator	**1**	**2**	**3**	**4**	**5**
Practicum materials prepared by instructor were excellent					
Elicited student participation during integration meetings (weekly meetings to integrate theory and practice)					
Related to students in ways which promoted mutual respect					
Was conscientious about being well prepared to deliver content (during introduction classes and facilitation of integration meetings)					
Overall effectiveness of course coordinator was excellent					

	Strongly disagree				**Strongly agree**
	1	**2**	**3**	**4**	**5**

Community practicum students' experience					
My experience reflects the objectives stated on syllabus					
The onsite experience was excellent					
I learned new knowledge and skills through the development of the intervention					
I learned knowledge and skills applicable to my career					
Onsite staff supported my knowledge					
I had real opportunities to collaborate with the participants					
Working in groups supported my learning					
Integration meetings helped me to integrate theory, research, and practical experiences					

Questions

1. What are the major strengths of the Community Practicum? What did you like the best?	

2. What aspects of this Community Practicum were most beneficial to you?	
3. What can be improved? (On site, integration meetings, planning, presentations, content).	
4. Was the duration of the program appropriate? Please comment if the number of sessions was appropriate to address participants' needs and promote students' learning.	
5. Which contents from previous courses helped you to complete this Community Practicum? Please describe which previous courses, theoretical contents, or resources were more useful for the Community Practicum.	

6. Do you think you could apply what you have learned in the Community Practicum to other settings? Please describe how you can build on this experience.	
7. Any other feedback?	

Appendix VI – OT Coordinator activities checklist

	Completion status		
Activity	**In progress**	**Completed**	**Comments**
First meeting with Program Director and Fieldwork Coordinator			
Community setting 1			
First meeting at the community setting 1			
Second meeting at the community setting 1			
Agreement about spaces and materials required at the community setting 1			
Signed contract with community setting 1			
Third meeting with fieldwork coordinator and community setting 1staff (engagement phase)			
Community setting 2			
First meeting at the community setting 2			
Second meeting at the community setting 2			
Agreement about spaces and materials required at the community setting 2			
Signed contract with community setting 2			
Third meeting with fieldwork coordinator and community setting 2 staff (engagement phase)			
Community setting 3			
First meeting at the community setting 3			
Second meeting at the community setting 3			
Agreement about spaces and materials required at the community setting 3			
Signed contract with community setting 3			
Third meeting with fieldwork coordinator and community setting 3 staff (engagement phase)			

Appendix VII – Panel of experts evaluation: Survey

COMMUNITY PRACTICUM CURRICULUM
EXPERT EVALUATION

	Date:
Nationality:	
Areas of expertise (indicate all that apply): ☐ Person with disability ☐ Staff member in a mental health community setting	☐ Occupational Therapy Student ☐ Occupational Therapy Professor ☐ Occupational Therapy Practitioner

	Strongly disagree				**Strongly agree**
Cultural relevance	**1**	**2**	**3**	**4**	**5**
The community practicum curriculum addresses the needs of community setting's participants					
The curriculum explains how to address issues of diversity, equity and inclusion					
Community practicum supports the development of an intervention consistent with the cultural values of the setting and the participants					
The community practicum curriculum includes a significant number of OT and related disciplines Latin American authors					
The Curriculum is feasible considering duration, resources, and sites available.					
This community practicum is relevant and culturally sound for Uruguayan OT students					
Diverse teaching strategies are included					

Diverse evaluation methods are included					
Organization and clarity of the content of the practicum curriculum					
The content and readings are relevant for an OT community practicum in mental health					
The contents are well organized					
It is feasible to conduct this Community Practicum in one semester					
Promotion of theory-driven, occupation-based, and evidence-based practice					
The content included considers occupation-based theories and evidence available.					
The planned activities facilitate the application of theory and evidence-based interventions.					
Opportunities for collaboration with the community					
Students have many opportunities to interact with participants and staff					
Participants included in planning, implementation, and evaluation.					

Questions

1. How useful is this community practicum for Uruguayan students? Provide some examples of how the students could benefit from this experience	

2. Is this community practicum feasible for the Uruguayan context? (considering duration, resources, sites available)	
3. Please briefly describe the benefits that this community practicum may represent to: a. Participants b. Community settings c. Agency staff d. Occupational Therapy Department	a. Participants b. Community settings c. Agency staff d. Occupational Therapy Department
4. What implementation barriers and challenges can you anticipate? Describe some barriers that you anticipate that could challenge the implementation of this project	
5. What are areas of improvements? Please share any ideas about how to improve this community practicum	

Appendix VIII – Panel of experts: Planned questions to gather further information

a. What are your overall impressions about the Community Practicum?
b. What aspects of the Community Practicum best support Uruguayan OT students' learning?
c. What aspects could be improved to better support students learning?
d. What aspects of the Community Practicum best support Uruguayans with psychosocial disabilities?
e. What aspects could be improved to better support Uruguayans with psychosocial disabilities?What considerations should the Community Practicum coordinator have to support the success of the program?
f. What barriers might hinder the implementation of the Community Practicum? Do you have any ideas on how to address them?
g. What authors or contents may be missing in the Curriculum?
h. Do you have any ideas about how this Community Practicum could better support community settings participants?
i. Do you think the Community Practicum's design promote a participatory approach when working with participants?
j. Do you think the Community Practicum design promotes a participatory approach when working with the staff?
k. Are any other organizations that could partner with the University?

Appendix IX – Community Practicum readings and resources

Week 1

Readings

- Alegria et al. (2010)
- AOTA (2016)
- Ikiugu et al. (2009)
- Kielhofner (2009) [Spanish]
- Muñoz & Balskowtiz (2019)
- Pellegrini (2013), Chapter 8 [Spanish]
- Suarez-Balcazar et al. (2016)
- Wong & Fisher (2015)

Additional resources

- Grupo de Estudios sobre Discapacidad (GEDIS) Facultad de Ciencias Sociales https://cienciassociales.edu.uy/departamento-de-trabajo-social/investigacion/gedis/
- Mapeo de la Sociedad Civil Uruguay [list of community organizations working in Uruguay]: https://www.mapeosociedadcivil.uy/organizaciones/
- Ted Talk: The urgency of intersectionality | Kimberlé Crenshaw https://www.youtube.com/watch?v=akOe5-UsQ2o

Week 2

Readings

- De las Heras (2015) [Spanish];

- De las Heras (2011);
- De las Heras et al. (2017) [Spanish];
- Forsyth et al. (2005) [Spanish];
- Gusich & Silverman (1991);
- Ikiugu and Nissen (2016);
- Lee et al. (2012);
- Melton, et al. (2017).

Additional resources

- Conversation in Occupational Therapy with Carmen Gloria de las Heras de Pablo https://www.youtube.com/watch?v=L6qd0sV80Q4
- MOHO web https://moho-irm.uic.edu/default.aspx

Week 3

Readings

- Abelenda et al. (2005) [Spanish];
- Fawcett et al. (1994)
- Freire (1970) [Spanish];
- Kielhofner et al. (2011) [Spanish];
- Shor & Freire (1987) [Spanish];
- Townsend (1998);
- Zimmerman (2000).

Additional resources

- FCE | 27/09 - Paulo Freire em terapia ocupacional social https://www.youtube.com/watch?v=sn4btHxn2C4&t=495s
- “Del manicomio al parlamento” - Por una Nueva Ley de Salud Mental en Uruguay- Vilardevoz” ["From the asylum to Parliament "- For a New Mental Health Law in Uruguay- Vilardevoz"] https://www.youtube.com/watch?v=UGdAv1-aRu4
- Les Otres podcast

Week 4

Readings

- Activity analysis readings [Spanish, in coordination with OT foundations course];
- Forsyth et al. (2005) [Spanish];
- Freire (1970), Chapter 3 [Spanish];
- Suarez-Balcazar et al. (2005);
- Suarez-Balcazar et al. (2015);
- Pellegrini (2013a, 2013b), Chapters 10 and 13 [Spanish];
- Vargas & Bustillos, (1990) [Spanish]

Additional resources

- Grupo de trabajo en Salud Mental Comunitaria https://www.facebook.com/grupodetrabajoensaludmentalcomunitaria/
- Locura al aire [“Madness on air”, movie Radio Vilardevoz]
- Occupational Therapy in mental health journal https://www.tandfonline.com/journals/womh20

Week 5

Readings

- Chang et al. (2020);
- Chinman et al. (2014);
- D'Amico et al. (2018);
- De las Heras et al., 2017 [Spanish]:
- Druss et al. (2010);
- Duhalde et al., (2014) [Spanish];
- Gibson et al. (2011);
- Höhl et al. (2017);
- Ikiugu et al. (2017);
- Necco (2010); Noyes and Griffin (2019);
- Noyes et al. (2018);
- Pellegrini et al. (2011) [Spanish];
- Rees et al. (2021);
- Taylor (2017) Chapter 14;
- Testa (2010) [Spanish];
- Vizzotto et al. (2021).

Additional resources

- Brazilian Journal of Occupational Therapy

  https://www.cadernosdeterapiaocupacional.ufscar.br/index.php/cadernos

- Revista Argentina de Terapia Ocupacional https://www.terapia-ocupacional.org.ar/revista/
- Revista Chilena de Terapia Ocupacional https://revistaterapiaocupacional.uchile.cl/
- Revista de Terapia Ocupacional da Universidade de Sao Paulo https://www.revistas.usp.br/rto
- Revista Ocupación Humana https://latinjournal.org/index.php/roh/index

Week 6

Readings

- Bardón et al. (2018) [Spanish],
- Vargas & Bustillos, (1990) [Spanish].

Additional resources

- Ayudas Extraordinarias Banco de Previsión Social https://www.bps.gub.uy/3555/ayuda-extraordinaria.html#:~:text=Las%20Ayudas%20extraordinarias%20son%20contribuciones,Locomoci%C3%B3n
- Comisión Nacional Honoraria de Discapacidad http://www.cnhd.org.uy/
- Programa Nacional de Discapacidad https://pronadis.mides.gub.uy/
- Secretaría de la Discapacidad Intendencia de Montevideo https://montevideo.gub.uy/institucional/dependencias/secretaria-de-discapacidad
- Solicitud - Tarjeta de Gestión Social (TGS) https://montevideo.gub.uy/tramites-y-tributos/solicitud/tarjeta-de-gestion-social-tgs

Weeks 7, 8, 9, 10

Readings

- Palacios (2017);
- Suarez-Balcazar et al. (2018)
- Suarez-Balcazar (2020);
- Townsend (1996).
- More readings will be selected to support students' learning according to their experiences and concerns.

Additional resources

- American Journal of Occupational Therapy https://research.aota.org/ajot
- Australian Occupational Therapy Journal https://onlinelibrary.wiley.com/journal/14401630
- British Journal of Occupational Therapy https://journals.sagepub.com/home/bjo
- Canadian Journal of Occupational Therapy https://www.caot.ca/site/pd/can_journal_of_OT
- Conocimiento Libre Repositorio Institucional Universidad de la República https://www.colibri.udelar.edu.uy/jspui/
- Foco Timbó https://foco.timbo.org.uy/home
- Occupational Therapy in Mental Health https://www.tandfonline.com/toc/womh20/current
- Open Journal of Occupational Therapy https://scholarworks.wmich.edu/ojot/
- OTJR: Occupation, Participation and Health https://journals.sagepub.com/home/otj

- Scandinavian Journal of Occupational Therapy https://www.tandfonline.com/loi/iocc20
- South African Journal of Occupational Therapy https://www.sajot.co.za/index.php/sajot

Week 11

Readings

- Taylor (2017) Chapter 15, 16, 17, 18.
- Additional resources
- Canva https://www.canva.com/
- Menti https://www.menti.com/
- Prezi https://prezi.com/
- Web Accesibility Initiative https://www.w3.org/WAI/cognitive/

Week 12

Readings

- Cramm et al. (2013)
- Goldner et al. (2011)

Additional resources

- Formación permanente Facultad de Psicología https://psico.edu.uy/ensenanza/formacion-permanente/cursos-inscripciones-abiertas
- Educación permanente Facultad de Ciencias Sociales https://cienciassociales.edu.uy/educacion-permanente/
- Educación permanente Escuela Universitaria de Tecnología Médica http://www.eutm.fmed.edu.uy/blog%20direcccion/educacion.permanente.html

Appendix X – Institutional Review Board Letter

Notice of Determination
Activity Does Not Represent Human Subjects Research

May 25, 2022

Juliana Peraza Cabrera
Occupational Therapy

RE: **Protocol # 2022-0506**
"A Handbook for a mental health Community Practicum for occupational therapy students in Uruguay"

Sponsor: **None**

Dear Mx. Peraza Cabrera:

The UIC Office for the Protection of Research Subjects received your application, and has determined that this activity **DOES NOT meet the definition of human subject research** as defined by 45 CFR 46.102(e)/ 21 CFR 50.3(g) and 21 CFR 56.102(e).

Specifically, this project is intended as a Quality Improvement project as it addresses the gaps identified in OT education and mental health services through the design of a handbook

You may conduct your activity without further submission to the IRB.

Please note:

- If this activity is used in conjunction with any other research involving human subjects, prospective IRB approval or a Claim of Exemption is required.
- If this activity is altered in such a manner that may result in the activity representing human subject research, a NEW Determination application must be submitted.
- The results of activities conducted as non-research related QA/QI projects **may NOT be published**, presented or otherwise disseminated as being "research" as defined under 45 CFR 46.102(l). Such publications/presentations must clearly be identified as being QA/QI projects.

Sincerely,

Barbara Corpus
Associate Director, IRB # 7
Office for the Protection of Research Subjects

cc: Yolanda Suarez-Balcazar, Occupational Therapy, M/C 811

UNIVERSITY OF ILLINOIS AT CHICAGO
Office for the Protection of Research Subjects
201 AOB (MC 672)
1737 West Polk Street
Chicago, Illinois 60612
Phone (312) 996-1711

Appendix XI – Guidelines for questions for experts with disabilities

Lineamientos para la evaluación con las expertas con discapacidad

Introducción al proyecto:

En poco tiempo me voy a recibir como Doctora en Terapia Ocupacional y para que me den el título tengo que hacer un proyecto.

Mi proyecto se llama "Una práctica comunitaria en salud mental para estudiantes de terapia ocupacional en Uruguay".

Lo que hice fue diseñar un curso de tres meses para que los estudiantes tengan prácticas en instituciones (como la Kehilá), al mismo tiempo que tienen clases en la Universidad para analizar y mejorar las intervenciones que estén realizando.

Parte de lo que me motivó a hacer este proyecto fue mi experiencia trabajando en Avodatí. Para mí es muy importante que el proyecto cuente con la visión de las personas con discapacidad porque sus experiencias y conocimiento son fundamentales para poder mejorar la inclusión en Uruguay.

Además, uno de los grandes objetivos del proyecto es que los estudiantes aprendan a trabajar en colaboración con las personas con discapacidad. Es decir, que las personas con discapacidad participen en el desarrollo de las intervenciones, definiendo cuáles son sus objetivos y de qué forma desean lograrlos.

Por todo esto es que me interesa contar con ustedes para evaluarlo.

¿Qué esperar de la evaluación?

En la evaluación nos vamos a conectar por videollamada, yo les voy a contar sobre el proyecto y les voy a hacer algunas preguntas para que puedan dar sus opiniones y aportes. Va a ser una charla para que aporten lo que les parezca, no un interrogatorio.

Estimo que duraría una hora. Aunque si están con muchas ganas de hablar o necesitan más tiempo para expresar sus ideas, puede ser más rato.

Temas de los que hablaríamos:

1. **NECESIDADES/BRECHAS:** Dialogar sobre las necesidades identificadas.

   Corroborar si ustedes entienden que el diagnóstico de necesidades de las personas con discapacidad es adecuado.

2. **ENFOQUE DE EMPODERAMIENTO:**
   a. *Preguntarles si están de acuerdo con la colaboración entre profesionales/estudiantes y las personas con discapacidad. Cómo les gustaría que fuese ese trabajo?*
   b. *Qué desigualdades creen que dificulta su participación?*

3. **CONTARLES OBJETIVOS DEL PROGRAMA.**

4. **CONTARLES SOBRE LAS FASES DEL PROGRAMA.**

a. Dialogar sobre los métodos de evaluación del programa. Contarles cómo se estipula que las personas con discapacidad participen. *Preguntarles si están de acuerdo con esas formas, si se le ocurre otras formas que podrían aportar.*

5. COMPONENTES DE LA PRÁCTICA COMUNITARIA.

El curso dura 12 semanas.

Les parece bien esa duración?

SEMANA 1 A 3

3 semanas los estudiantes tienen clase para prepararse para la práctica.

Les gustaría participar de esas clases? Cómo participarían? Qué temas les parece importante que los estudiantes sepan antes de empezar?

A la institución los estudiantes van a ir en subgrupos de 2 o 3 estudiantes y van a hacer actividades grupales con temáticas que le interesen a los participantes.

Les parece bien esa cantidad de estudiantes? Qué les parecen las actividades grupales? Qué temáticas podrían tener los grupos?

SEMANA 4

Los estudiantes hacen la primera visita para charlar con los participantes y observarlos haciendo alguna actividad de su interés. De esta forma los estudiantes van a conocer a los participantes y empezar a evaluar cuáles pueden ser sus necesidades y objetivos.

SEMANA 5

Los estudiantes no van a la institución porque están trabajando en procesar lo que charlaron y observaron.

SEMANA 6

Los estudiantes hacen una actividad grupal para confirmar las necesidades que identificaron. Los estudiantes trabajan con las personas con discapacidad para definir los objetivos y el plan de intervención.

> *Les parece que de esa forma están participando? Qué otras estrategias se pueden implementar para aumentar la colaboración de las personas con discapacidad? Por ejemplo: Establecer que a veces coordinen la intervención?*

SEMANA 7, 8, 9, 10

Los estudiantes implementan el plan que desarrollaron con las personas con discapacidad para cumplir los objetivos.

> *Qué tipos de actividades les gustaría hacer? Qué habilidades tienen que tener los estudiantes para desarrollar un buen vínculo con ellas?*

SEMANA 7, 8, 9, 10

Los estudiantes implementan el plan que desarrollaron con las personas con discapacidad para cumplir los objetivos.

SEMANA 11

Los estudiantes evalúan la intervención con las personas con discapacidad.

SEMANA 12

Los estudiantes presentan los resultados con los participantes y el personal. También lo presentan en la Universidad, a donde está invitada la comunidad.

Cómo les gustaría que les presenten los resultados? Les gustaría ser ellas las que presenten los resultados? Cómo se sentirían presentando en la Universidad?

6. **EVALUACIÓN DE UN PROGRAMA QUE SE VA A HACER TODOS LOS AÑOS.**

   Cómo les gustaría que se les consulte sobre sus opiniones (formularios, entrevista)?

   Qué sienten ellas sobre el hecho de recibir estudiantes todos los años (les gusta la idea, les aburre)?

   Creen que un programa así podría mejorar algo en sus vidas?

   Cómo creen que este proyecto se podría mejorar o ser más participativo?

Appendix XII - Coding dictionary

Code	Definition
#1_Benefits and usefulness for students	Comments and examples about benefits and usefulness that the Community Practicum may represent for students.
#2_Feasibility	Comments and examples referring to aspects associated with the feasibility of the project: duration, how it fits in the curriculum, sites available, organization and planning.
#3_Benefits for participants	Comments and examples about benefits that the Community Practicum may represent for participants.
#4_Benefits for community settings	Comments and examples about benefits that the Community Practicum may represent for community settings.
#5_Benefits for agency staff	Comments and examples about benefits that the Community Practicum may represent for agency staff.
#6_Benefits for Occupational Therapy Department	Comments and examples about benefits that the Community Practicum may represent for the Occupational Therapy Department.
#7_Barriers and challenges	Comments and examples referring to barriers and challenges that may difficult the implementation of the project (currently happening or future issues).
#8_Areas of improvement	Specific comments and suggestions about how to improve the Community Practicum.