



October 2021

## Occupational Therapy and Allied Health Interventions to Promote and Support Client Self-Advocacy: A Systematic Review of the Literature

Theresa Guzaldo

*Rush University - USA, [theresa\\_guzaldo@rush.edu](mailto:theresa_guzaldo@rush.edu)*

Abraham Kim

*Rush University - South Korea, [abraham\\_kim@rush.edu](mailto:abraham_kim@rush.edu)*

Kimberly Lieberman

*Rush University - USA, [kimberly\\_lieberman@rush.edu](mailto:kimberly_lieberman@rush.edu)*

Erin Thrasher

*Rush University - USA, [erin\\_m\\_thrasher@rush.edu](mailto:erin_m_thrasher@rush.edu)*

Laura H. VanPuymbrouck

*Rush University - USA, [Laura\\_vanpuymbrouck@rush.edu](mailto:Laura_vanpuymbrouck@rush.edu)*

Follow this and additional works at: <https://scholarworks.wmich.edu/ojot>



Part of the Occupational Therapy Commons

### Recommended Citation

Guzaldo, T., Kim, A., Lieberman, K., Thrasher, E., & VanPuymbrouck, L. H. (2021). Occupational Therapy and Allied Health Interventions to Promote and Support Client Self-Advocacy: A Systematic Review of the Literature. *The Open Journal of Occupational Therapy*, 9(4), 1-11. <https://doi.org/10.15453/2168-6408.1796>

This document has been accepted for inclusion in The Open Journal of Occupational Therapy by the editors. Free, open access is provided by ScholarWorks at WMU. For more information, please contact [wmu-scholarworks@wmich.edu](mailto:wmu-scholarworks@wmich.edu).

---

# Occupational Therapy and Allied Health Interventions to Promote and Support Client Self-Advocacy: A Systematic Review of the Literature

## Abstract

*Background:* Despite occupational therapy's focus on optimizing participation in society for individuals with disability, self-advocacy has only recently (2008) become an official client factor in the *Occupational Therapy Practice Framework (OTPF)*.

*Method:* This study examined the current evidence in allied health professions addressing self-advocacy skills through exploring the quality, characteristics, and effectiveness of interventions designed to promote client self-advocacy. Multiple electronic databases were used for the literature search, including: PubMed, Ebscohost, PsycINFO, Google Scholar, and Sagepub. Select professional journals were also searched. Key words used in literature review were: self-advocacy, self-determination, occupational therapy, advocacy, empowerment, interventions, allied health, and people with disabilities. The Feasibility, Appropriateness, Meaningfulness, and Effectiveness (FAME) scale (Pearson et al., 2007) was used to determine the quality of current self-advocacy interventions.

*Results:* The studies included in this systematic review showed successful self-advocacy interventions conducted in group and community-based settings that allowed for peer support. Self-advocacy skills have been shown to positively affect clients' quality of life, participation, well-being, and occupational justice.

*Conclusion:* Our study indicates that although literature on self-advocacy interventions has been published in the last 15 years, research on self-advocacy interventions in occupational therapy and other allied health disciplines is still lacking.

## Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

## Keywords

self-advocacy, systematic review, occupational therapy, people with disabilities

## Credentials Display

Theresa Guzaldo, OTS; Abraham Kim, OTS; Kimberly Lieberman, OTS; Erin Thrasher, OTS, Laura VanPuybrouck PhD, OTR/L

Copyright transfer agreements are not obtained by The Open Journal of Occupational Therapy (OJOT). Reprint permission for this Applied Research should be obtained from the corresponding author(s). Click here to view our open access statement regarding user rights and distribution of this Applied Research.

DOI: 10.15453/2168-6408.1796

Self-advocacy is an individual's ability to represent one's own interests when managing disease or disability (Schmidt et al., 2019). The framework of self-advocacy revolves around the foundational concepts of knowledge of self and knowledge of one's rights (Test, Fowler, Wood, et al., 2005). These concepts have origins in the independent living movement, which argued that self-advocacy was necessary for the independence of those living with disabilities (Brooke et al., [1991] as cited in Test, Fowler, Brewer, et al., 2005). Self-advocacy interventions have been a focus of many professions, such as nursing, mental health, and education (Dryden et al., 2014; Hagan & Donovan, 2013; Pickett et al., 2012). The research from these professions finds that self-advocacy interventions and skill development result in an increased sense of empowerment and ability for one to advocate for their health care needs (Hagan & Donovan, 2013). However, there is still a significant lack of research in regard to interventions, specifically in occupational therapy, on the development of these self-advocacy skills. The literature presents the need to address self-advocacy skills. For example, one study that interviewed adults living with cerebral palsy found that participants in the study focused their concerns of their health care experiences around the lack of opportunities to increase their self-advocacy skills (Morgan et al., 2014). Self-advocacy has been found to be an important skill for many disenfranchised groups, including individuals experiencing homelessness (Muñoz et al., 2005), individuals with mental illness (Jonikas et al., 2011; Pickett et al., 2012), and students with disabilities (Dryden et al., 2014). Therefore, there is an ever-increasing need for therapeutic interventions, particularly in occupational therapy, that specifically address the development of these skills.

Despite occupational therapy's focus on optimizing participation in society for individuals with disability, self-advocacy has only recently become an official client factor in the *Occupational Therapy Practice Framework* (OTPF) for occupational therapists to address (American Occupational Therapy Association [AOTA], 2008). The OTPF defines advocacy as "efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their daily life occupations" (AOTA, 2008, p. 654). Through promoting and teaching self-advocacy, occupational therapists can aid clients in successfully accomplishing their occupations in the community. However, historically speaking, self-advocacy is a fairly new concept in the OTPF, as it was first added in 2008. To understand the implications and effectiveness of self-advocacy interventions, these interventions need to be better identified and analyzed through research on the commonalities shared by successful intervention designs.

Literature reviews from the profession and across like professions are acknowledged as one method for exploring the quality and efficacy of intervention designs and outcomes (Murphy et al., 2009). Other literature reviews on self-advocacy interventions have been performed (Test, Fowler, Brewer, et al., 2005). The findings of these reviews have identified that self-advocacy skills can be taught and can have an impact on both one's sense of self-control and one's ability to adapt to changes in life. However, no systematic review has been performed to examine self-advocacy interventions in the profession of occupational therapy.

This study examined the current evidence in the scope of occupational therapy practice addressing client development of self-advocacy. This systematic review specifically examines the quality, characteristics, and effectiveness of occupational therapy interventions addressing client development of self-advocacy. The study aimed to determine the key characteristics of occupational therapy interventions designed to promote and support client self-advocacy.

To assess the current research available on self-advocacy interventions in occupational therapy, a review of the current literature was completed to answer the following questions:

1. What are the key characteristics of occupational therapy interventions designed to promote and support client self-advocacy?
2. What is the evidence for the effectiveness of occupational therapy interventions designed to promote and support client self-advocacy?

Answering these research questions will lead to a more informed understanding of how self-advocacy is currently being supported through occupational therapy. This literature review also has the potential to inform future research on the efficacy of self-advocacy interventions, as well as influence the development of future self-advocacy interventions. Research on self-advocacy interventions will help occupational therapists apply evidence-based practice when they address this area of concern with their clients.

### **Self-Advocacy Versus Self-Determination**

Often, the concepts of self-advocacy and self-determination are closely related but distinct, with self-advocacy described as a subskill of self-determination (Test, Fowler, Brewer, et al., 2005). To ensure that the literature examined attends to self-advocacy instead of self-determination, distinct definitions were differentiated prior to the search. According to the AOTA (2014), self-advocacy is defined as:

Advocating for oneself, including making one's own decisions about life, learning how to obtain information to gain an understanding about issues of personal interest or importance, developing a network of support, knowing one's rights and responsibilities, reaching out to others when in need of assistance, and learning about self-determination. (p. S45)

Self-determination, on the other hand, is defined by Field et al. 1998 (as cited in Test, Fowler, Brewer, et al., 2005) as:

A combination of skills, knowledge, and beliefs that enable a person to engage in goal-directed, self-regulated, autonomous behavior. An understanding of one's strengths and limitations together with a belief in oneself as capable and effective are essential to self-determination. When acting on the basis of these skills and attitudes, individuals have greater ability to take control of their lives and assume the role of successful adults. (p. 101)

Therefore, self-advocacy is classified as more of an attainable skill, whereas self-determination is considered to be a philosophy or way of life. For this study, self-advocacy was defined as an attainable skill set of an individual, group, or community.

### **Method**

For the literature search, multiple electronic databases were used, including PubMed, Ebscohost, PsycINFO, Google Scholar, and Sagepub. Select professional journals were also searched using a combination of key phrases. These journals include: *American Journal of Occupational Therapy*, the *Canadian Journal of Occupational Therapy*, the *Scandinavian Journal of Occupational Therapy*, the *Australian Occupational Therapy Journal*, the *British Journal of Occupational Therapy*, and the *Japanese Association of Occupational Therapy*. These journals were selected to include a more comprehensive and thorough search given the present gaps of knowledge in the literature between

occupational therapy and self-advocacy. To ensure that the search included the most relevant articles, the following search words and phrases were used in various combinations: self-advocacy, self-determination, occupational therapy, advocacy, empowerment, interventions, and allied health.

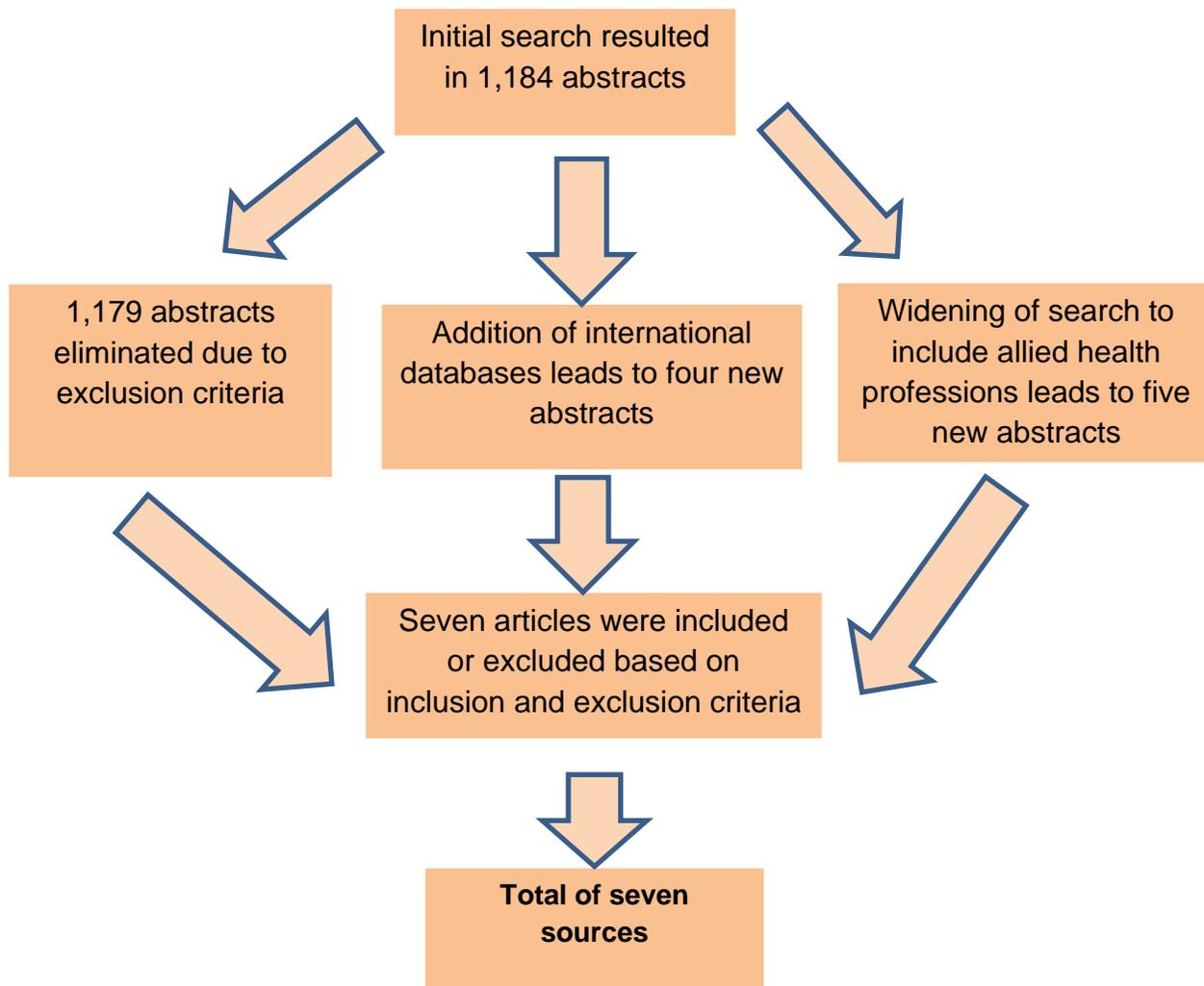
To eliminate any articles that were non-applicable for the research, the inclusion and exclusion criteria below were established before conducting the review. To be included in this literature search, the articles were to be peer-reviewed and published from 2008 to present, involve occupational therapy, and consist of an intervention that specifically addressed clients' self-advocacy skills. The exclusion criteria consisted of articles published before 2008, studies that were in a language other than English, dissertations, and interventions related to self-determination rather than self-advocacy as defined above in the introduction.

Figure 1 represents the methods followed during the literature search to decide if the articles were eligible for this study. Using combinations of the aforementioned search terms and phrases, the initial search resulted in 1,184 abstracts. During the process of eliminating ineligible abstracts, it was determined that it was necessary to widen the search to include allied health professions and international databases since it was found that there were limited sources on occupational therapy specific interventions related to self-advocacy in American databases. All allied health specific interventions were analyzed to determine that they could be reasonably conducted within the scope of occupational therapy based off of the format of the intervention, topics covered, goals addressed, and the population to which the intervention was offered. Initially, the inclusion criteria required articles to be published from 2008 to present, since this was when self-advocacy was first introduced in the OTPF (AOTA, 2008). However, other allied health professions had begun to research self-advocacy interventions prior to the occupational therapy profession. Therefore, the year was pushed back to 2005 to gain a more comprehensive look into the literature. These additions to the inclusion criteria led to a result of nine new abstracts. Ultimately, 1,179 abstracts were eliminated from the search because of the exclusion criteria with the addition of four new international abstracts and five new allied health professions abstracts. Seven articles were then eliminated based on the inclusion and exclusion criteria, leaving seven abstracts to be included in the review.

### **Study Characteristics**

Of the seven manuscripts that were included in this study, all but one was published in the United States with the remaining article having been published in Ireland. The professionals that were delivering the self-advocacy intervention included occupational therapists (three), independent facilitators (one), mental health specialists (one), peer mental health advocates (one), and other undefined specialists (one). Of these seven manuscripts, two interventions were conducted in school settings, while the rest of the interventions were conducted in community-based settings. All interventions were performed in a group format. Four of the interventions focused on the mental health population, two focused on intellectual disabilities, and one study included multiple diagnoses, including intellectual and physical disabilities. Of the seven interventions, six were based on a curriculum or were manualized, while one intervention was not based on a curriculum. Five interventions ranged between 8 to 12 weeks, while two were over 12 weeks. One intervention was statistically significant, five reported significant qualitative results, and one study used a mixed methods approach in data analysis.

**Figure 1**  
*Literature Review Process*



Following the literature search, the seven articles were then assessed using the Feasibility, Appropriateness, Meaningfulness, and Effectiveness (FAME) scale to assess the interventions addressed in the studies (Pearson et al., 2007). This scale was selected to determine the quality of the interventions used in the articles that were assessed. The scale was previously used by Murphy et al. (2009) as a means of conducting an occupational therapy focused systematic review. The authors found that use of this scale helped reduce bias and increase the validity of systematic reviews (Murphy et al., 2009). Furthermore, it was noted that systematic reviews should include evaluation elements outside of just study quality that would influence translation into practice, such as feasibility, appropriateness, meaningfulness, and ethical considerations (Murphy et al., 2009). As the study conducted by Murphy et al. (2009) suggested the validity of the FAME scale, we chose to use the scale. Through the use of the FAME scale, the interventions presented in the articles received a grade between “A” and “E” in each of the four categories mentioned to determine the quality of the interventions and whether they would align with the scope of occupational therapy practice as an intervention to address self-advocacy skill development.

Each section in the FAME scale had designated criteria for each letter grade to ensure accurate scoring among the articles (Pearson et al., 2007). In regard to feasibility, an article was scored an “A” if it was immediately practicable, or a “B” through “E” if it required additional training or resources that would deem it more impractical to implement. Appropriateness was scored based on whether or not an intervention was considered both ethically acceptable and justifiable. The meaningfulness of each intervention was determined based on the strength of the reasoning for changing one’s practice. Finally, effectiveness was graded based on the degree in which the findings were considered applicable.

Each paper was assessed by four reviewers individually and ranked on the FAME scale. Pairs of reviewers independently scored approximately half of the articles each before coming to a consensus through discussion of the merits and shortcomings of the various interventions. The articles were then exchanged and assessed by the remaining two reviews. Following this discussion process, the principal investigator was consulted in cases in which there was a discrepancy in final scores. This procedure was modeled after a previous systematic review that used the FAME scale (Pearson et al., 2007).

### **Occupational Therapy Interventions**

A study by Kramer (2015) focused on understanding the specific strategies that occupational therapists use when implementing self-advocacy interventions with transition-aged youth with various disabilities through a program called Project TEAM (Teens making Environment and Activity Modifications). Twenty-one individuals participated in the study and were coached by occupational therapists on how to improve their self-advocacy. Nineteen different strategies were identified based on a qualitative review of the therapists’ field notes and documentation. These strategies included: facilitate attention, encourage, learning resources, directive, simplify/break down, support literacy, validate, give feedback, associate, demonstrate/model, examples, orienting questions, restate/rephrase, peer support, choice, physical action on behalf, explain, negotiate, and advise (Kramer, 2015). This study selected and classified these strategies as most pertinent for promoting change in group interventions for young adolescents with developmental disabilities. This study provides specific examples that clinicians may implement when working on developing self-advocacy skills with clients.

Another study that focused on at-risk youth assessed the outcomes of interventions designed to encourage youth to select their own interests and meaningful occupations in which they would like to engage (Shea & Jackson, 2015). The study found that the youth involved in this study ( $n = 5$ ) identified self-advocacy as a skill that they were able to develop through the assistance of an occupational therapist while engaging in meaningful activities. Specifically, the article mentions that youths were able to develop assertive communication skills with the help of an occupational therapist who supported their performance in important occupations, such as school (Shea & Jackson, 2015). The results of this study indicate that occupational therapists may play a significant role in the development of self-advocacy skills for adolescents and is a promising result to support the vital role of occupational therapy to fulfill the needs of the youth population.

Project EMPLOY was developed by occupational therapists to address the many concerns of individuals experiencing homelessness (Muñoz et al., 2005). In this program, occupational therapists worked on skill development with individuals who experienced homelessness throughout their lives. Skill development included skills such as anger management, self-esteem, budgeting, and self-advocacy. Of the participants who were a part of this study, 96% were able to gain employment or enroll in school with the assistance of occupational therapists (Muñoz et al., 2005). Project EMPLOY is an important example of the impact that occupational therapy interventions can have on supporting the development

of productive roles for clients. This study suggests that self-advocacy skills can be supported through occupational therapy interventions for the population of individuals experiencing homelessness.

### **Non-Occupational Therapy Specific Literature**

Outside of occupational therapy practices, there have been studies that focus on advocacy among allied health practices. For instance, a study done by Jonikas et al. (2013) presented findings in which a sample of people were given an intervention known as the Wellness Action Recovery Planning, or WRAP, to see its effects on patients and higher self-advocacy. The sample consisted of 555 patients, all in the state of Ohio, who were all 18 years of age and had a chronic mental illness that lasted over 12 months. The WRAP plan was taught throughout eight classes for 2 months teaching the importance of taking personal responsibility for their wellness and education. After these classes were completed, patients were assessed with Brasher's Patient Self Advocacy Scale (PSAS), which was a scale that showed how likely patients were to engage in self activism during any health care related issues. Subscales of this assessment measure self-advocacy, assertiveness, and mindful non-adherence. Hopefulness was also measured in each patient using the Hope Scale as well as quality of life through the World Health Organization Quality of Life Brief Instrument (WHOQOL-BREF). Finally, the patients were then given the Brief Symptom Inventory (BSI), an instrument that showed psychiatric symptom severity. Overall, WRAP had no significant difference in the sample size as a whole compared to a controlled no-WRAP group. However, findings indicated that WRAP participants were more likely to report engagement in self-advocacy behaviors with their health providers (Jonikas et al., 2013). Though limited in its overall findings, this study presents a variety of assessments to effectively measure self-advocacy as a whole, which can be beneficial for future studies to reference and use.

At a day program in Ireland, 13 adults with intellectual disabilities were interviewed after participating in a self-advocacy group at their day program for at least 6 months (Gilmartin & Slevin, 2010). The group program focused on activities such as discussions and implementing self-advocacy activities. For example, one activity included the group writing a letter to the day center staff to request changes. Qualitative data were collected with findings that all participants reported positively about the group experience. Participants expressed that they had a greater sense of self confidence and control. Some participants did express frustration at the length of time required to make any changes as well as the fact that even when individuals advocate for themselves, the results of their actions may not always go their way (Gilmartin & Slevin, 2010). This study highlights how simple activities, such as writing letters to advocate for change, can enhance an individual's confidence and advocacy skills. This approach is an example of how self-advocacy intervention can easily be woven into traditional clinical contexts.

A study by Dryden et al. (2014) focused on the effects of a group intervention designed to increase safety awareness and self-advocacy skills in students with disabilities called IMPACT: Ability. Fifty-seven high school students with intellectual and physical disabilities from five Boston Public Schools were identified by teachers and administrators as individuals who would most benefit from safety and self-advocacy training. To participate in the intervention, students were required to be able to separate role play from reality and be receiving employment or transition services or expecting to receive these services in the near future (Dryden et al., 2014). Ten 90-min weekly class sessions were held at each school and consisted of groups of 9–12 students. Each group was led by two facilitators, one who ran the instruction and debriefing and another who participated in the role-playing portion. Following the intervention, paired samples *t*-tests revealed that students reported significantly greater

safety and self-advocacy knowledge ( $p < .0001$ ), increased confidence in their ability to defend themselves in an unsafe situation ( $p = .0075$ ), and increased confidence to speak out against unwanted attention ( $p = .004$ ) (Dryden et al., 2014). This group intervention emphasizes the importance of building self-advocacy skills, particularly in regard to enhancing the safety of students with disabilities.

The Building Recovery of Individual Dreams and Goals through Education and Support (BRIDGES) peer-led education intervention efficiency was studied to empower individuals with psychiatric disabilities to develop the necessary skills to become stronger advocates for their own care (Pickett et al., 2012). Four hundred-twenty-eight adults with a serious mental illness were randomly assigned to either an intervention or control group. The BRIDGES intervention consisted of an 8-week peer-led educational class aimed to enhance empowerment and recovery in individuals with a serious mental illness. Each group was led by two experienced peer leaders and consisted of 12 to 15 participants. Random regression results suggest that involvement in BRIDGES improved the overall sense of empowerment and self-efficacy in the intervention participants (Pickett et al., 2012). Over time, BRIDGES participants reported significant increases in self-advocacy assertiveness.

### Results of Literature Quality

Following the review process, it was found that the FAME scores ranged between “A” and “C” for each area of assessment. Effectiveness for those groups using qualitative data analysis were rated “C”, because of their descriptive nature that reviewers found to be considerable for application rather than meriting application of the findings. The feasibility of all but one study (Muñoz et al., 2005) received a score of “A” or “B”. Appropriateness was found to be acceptable across all studies assessed, scoring a “B” or higher. Meaningfulness was also found to be acceptable for almost every study, however, it was not found to be supported in the Jonikas et al. (2013) study as the rationale for alternative practices was not considered strong enough.

The following table (see Table 1) was modeled after a similar scoping review (Lindsten-McQueen et al., 2014) to provide a further summary for the selected articles.

**Table 1**

*Summary of Occupational Therapy Interventions that Promote and Support Client Self-Advocacy*

Study	Study Design	Participants	Intervention	Results	Ratings: FAME
Dryden, Desmarais, & Arsenaault (2014): United States	Quasi-Experimental Design	<b>Treatment Group</b> (n = 21): Age = 17 (ranging from 13–21), Diagnoses = Intellectual and physical disabilities; <b>Control group</b> (n = 36): Age = 16 (ranging from 13–21), Diagnoses = Intellectual and physical disabilities	IMPACT: Ability: 10-week safety and self-advocacy training	Students receiving the intervention showed greater improvements in the following categories when compared to the control group: self-advocacy and safety knowledge ( $p < .0001$ ), confidence in their ability to defend themselves ( $p = .033$ ), and speaking up to stop unwanted attention ( $p = .017$ ).	F = B A = B M = B E = A
Gilmartin & Slevin (2010): Ireland	Phenomenological Methodology	<b>Treatment Group</b> (n = 13): Age = 32–60 years of age, Diagnoses = Intellectual disabilities	Self-advocacy group conducted at a day center	Qualitative data suggests that participants felt an increased ability to assert oneself, be able to affect change, and make decisions.	F = B A = A M = B E = B

Study	Study Design	Participants	Intervention	Results	Ratings: FAME
Jonikas, Grey, Copeland, Razzano, Hamilton, Floyd, Hudson, & Cook (2013): United States	Randomized Control Trial	<b>Treatment Group</b> (n = 5–12): Age = 18+, Diagnosis = Serious mental illness	WRAP: Wellness Recovery Action Planning	Participation in the WRAP program seemed to result in significant increased self-advocacy attitudes and behaviors.	F = B A = A M = C E = B
Kramer (2015): United States	Pilot Study	<b>Treatment Group</b> (n = 21): Age = 15–17, Diagnoses: Intellectual disability, blindness and autism, and multiple disabilities, deafness, and speech/language impairment	Project Team: Teens making Environment and Activity Modifications	The study results identified 19 therapeutic techniques that can be used to address self-advocacy skills; however, the significance could not be determined because of the lack of a control group.	F = A A = A M = B E = C
Muñoz, Reichenbach, & Hansen (2005): United States	Experimental Design	<b>Treatment Group</b> (n = 32): Age = 18+, Diagnosis: Mental illnesses or drug/substance abuse issues	Project Employ: Offers group and individualized life skills and professional development training (including self-advocacy), and client-centered support and retention services to address the needs of people who are homeless	96% of the clients that participated in this study were to be involved in productive roles, such as worker, student, or volunteer.	F = C A = A M = B E = B
Pickett, Diehl, Steigman, Prater, Fox, Shipley, Grey, & Cook (2012): United States	Randomized Control Trial	<b>Treatment Group</b> (n = 212): Age = 18+, Diagnosis: Serious mental illness  <b>Control Group</b> (n = 216): Age = 18+, Diagnosis = Serious mental illness	BRIDGES: 8-week, manualized peer-led education course	Participants who received the intervention reported significantly greater improvements over time in overall empowerment, in empowerment-self-esteem, and self-advocacy assertiveness.	F = B A = A M = B E = B
Shea & Jackson, (2015): United States	Pilot Study	<b>Treatment Group</b> (n = 5): Age = 16–18, Diagnosis = A mental health diagnosis	Community-based occupational therapy program designed by OTTP (Occupational Therapy Training Program)	The participants of this study indicated that occupational therapy services positively affected their self-advocacy skills and enhanced their perceptions of the future.	F = B A = A M = A E = C

## Discussion

The intent of this paper was to review literature that investigated the quality of current self-advocacy interventions conducted by both occupational therapists and related professionals, such as mental health professionals. Although not all interventions were conducted by occupational therapists, this study aimed to include interventions that could be feasibly incorporated by occupational therapists based on the profession's scope of practice. This was determined based on the format of the

intervention, the population addressed, and the topics covered during the intervention. Of interest, all studies included interventions that were conducted in a group format. This indicates the significance of peer learning opportunities with therapeutic interventions. However, more sensitive topics may best be covered in a private, rather than a group, setting.

The interventions were primarily developed from previous research that aligns with occupational therapy's drive to implement evidence-based practice (Jonikas et al., 2013; Kramer, 2015; Munoz et al., 2005). In addition, the average length of successful interventions were 8–12 weeks, and the majority of the interventions followed a manual that had been developed specifically for this intervention that was informed by previous research.

The majority of the interventions were designed for individuals with mental health needs. While working with this population, occupational therapists can use self-advocacy interventions to encourage clients to become more involved in their mental health care and interactions with treatment providers. However, the literature was not limited to the mental health sector. Other populations, including individuals with intellectual disabilities, autism, physical disabilities, and multiple diagnoses, also benefited from interventions documented in the literature, which implies the widespread potential for implementation of self-advocacy interventions (Dryden et al., 2014; Gilmartin & Slevin, 2010; Kramer, 2015).

Two studies were conducted in a school setting, indicating the efficacy of teaching self-advocacy at a young age in order to implement these skills throughout the lifespan. One of these studies demonstrated positive results in the areas of self-advocacy and self-knowledge for students who received the intervention, which indicates that occupational therapists in a school setting can incorporate these intervention techniques to improve the safety and self-advocacy skills of students with disabilities (Dryden et al., 2014). The other study conducted in a school setting identified 19 therapeutic techniques that can be used to address self-advocacy in the school setting; however, whether or not these techniques have a significant impact on students' ability to self-advocate was not specified (Kramer, 2015). Therefore, further research may be conducted to determine the efficacy of these strategies.

All of the articles assessed had interventions designed for people residing in the community. While this shows that there have been successful self-advocacy interventions in community-based settings, this may indicate a lack of discussion on self-advocacy for individuals who do not live independently in the community. Of importance, self-advocacy interventions in rehabilitation, outpatient, or skilled care facilities were not identified. These areas of clinical practice often target interventions for return to the community, and self-advocacy interventions might play an important role in return to previous occupations. A lack of understanding of if and how self-advocacy is addressed in these contexts warrants future study for the profession. Because self-advocacy falls under the scope of practice of occupational therapy, it is essential that therapists continue to research the efficacy of interventions addressing self-advocacy to ensure that occupational therapy continues to meet the needs of clients as an evidenced-based profession.

This study indicates that through time, more literature about self-advocacy has been introduced to scientific writing; however, this study shows that self-advocacy literature in occupational therapy is still lacking. While literature in self-advocacy has increased in other health care settings, there are still gaps in occupational therapy sources for this topic. Only a fraction of the articles read and studied were about self-advocacy and occupational therapy with many of the articles being from allied health sources. Based on the results of this literature review, there is a significant gap in the literature addressing the

efficacy and impact of self-advocacy interventions conducted by occupational therapists. Therefore, it would be beneficial to conduct future studies to further explore occupational therapy interventions as they pertain to client self-advocacy. As client-advocacy is the duty of occupational therapists, to uphold the standards of the *Occupational Therapy Practice Framework* (AOTA, 2008, 2014), it is essential to ensure that occupational therapists are addressing all topics that fall under the profession's jurisdiction.

### Limitations

The study had several limitations. Some articles were not accessible via open access or university resources. The articles assessed were also limited based on databases and research terms. Only English language articles were included, which limited information from other countries. Scoping reviews were not included because of the nature of the FAME scale. In addition, the FAME scale may have limited accuracy for measuring qualitative research.

### Conclusion

This systematic literature review creates a foundation for exploring occupational therapy self-advocacy interventions. By addressing self-advocacy studies in occupational therapy and other allied health professions, a better understanding of the current literature and what is missing was gathered. While various studies surrounding self-advocacy have been conducted, this concept was only considered an area of intervention in the OTPF beginning in 2008 (AOTA, 2008). Just as the study done by Test, Fowler, Brewer, et al. (2005) showed, it is still difficult to find articles and studies about self-advocacy. This study has determined that there is currently a lack of evidence surrounding self-advocacy interventions in occupational therapy. Although it is unclear as to why this topic has not been a focus of research among occupational therapists, future researchers may consider embracing the subject matter of self-advocacy to further promote the profession. As self-advocacy is a principle addressed in the OTPF (AOTA, 2008, 2014), research must be conducted to ensure that occupational therapists have the skills and strategies necessary to properly meet the needs of their clients as well as the fundamentals of occupational therapy practice.

---

**Theresa Guzaldo, OTS**, is an occupational therapy doctoral student at Rush University. She has served as a volunteer for the Road Home Program and as a volunteer delivering personal protective equipment to people with disabilities during the COVID-19 pandemic. During her graduate school career, Theresa has held the positions of graduate assistant in the Rush University Department of Occupational Therapy and secretary of the Student Occupational Therapy Association.

**Abraham Kim, OTS**, is an occupational therapy doctoral student and an Asian/Pacific Asian Medical Association Fellow. He has engaged in work with Asian community partners in neighborhoods in the Chicagoland area and has advocated for occupational therapy in the Asian community. He is contracted as a content creator for DiaTV and is passionate about bringing creative approaches to the occupational therapy field. He also plans on practicing occupational therapy in South Korea.

**Kimberly Lieberman, OTS**, is an occupational therapy doctoral student at Rush University. She has volunteered and held leadership positions at various organizations throughout the Chicagoland area, including at the University of Chicago Medicine Comer Children's Hospital, By Your Side, Pathways, and as a court appointed special advocate of Cook County. She is passionate about being an advocate for those who face occupational injustice.

**Erin Thrasher, OTS**, is an occupational therapy doctoral student at Rush University. She has held a variety of professional and volunteer positions in the Chicagoland area, including at the Shirley Ryan AbilityLab, Advocate Pediatric Developmental Center, and Amy Zier & Associates Pediatric Occupational Therapy. She also acts as a student liaison in the occupational therapy program at Rush University and is committed to being an advocate for both students and therapists in this field.

**Laura VanPuymbrouck PhD, OTR/L**, is an assistant professor at Rush University in Chicago. She earned her PhD in Disability Studies and a degree in OT from the University of Illinois at Chicago. Her research and teaching interests included weaving disability studies principles into OT professional education and evaluating structural barriers to health and wellness for people with disabilities.

---

## References

- American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain and process (2nd ed.). *American Journal of Occupational Therapy*, 62, 625–683. <https://doi.org/10.5014/ajot.62.6.625>
- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, 68(Suppl. 1), S1–S48. <https://dx.doi.org/10.5014/ajot.2014.682006>
- Dryden, E. M., Desmarais, J., & Arsenault, L. (2014). Effectiveness of the IMPACT: Ability program to improve safety and self-advocacy skills in high school students with disabilities. *Journal of School Health*, 84(12), 793–801. <https://doi.org/10.1111/josh.12211>
- Gilmartin, A., & Slevin, E. (2010). Being a member of a self-advocacy group: Experiences of intellectually disabled people. *British Journal of Learning Disabilities*, 38(3), 152–159. <https://doi.org/10.1111/j.1468-3156.2009.00564.x>
- Hagan, T. L., & Donovan, H. S. (2013). Ovarian cancer survivors' experiences of self-advocacy: A focus group study. *Oncology Nursing Forum*, 40(2), 140–147. <https://doi.org/10.1188/13.ONF.A12-A19>
- Jonikas, J. A., Grey, D. D., Copeland, M. E., Razzano, L. A., Hamilton, M. M., Floyd, C. B., Hudson, W. B., & Cook, J. A. (2013). Improving propensity for patient self-advocacy through wellness recovery action planning: Results of a randomized controlled trial. *Community Mental Health Journal*, 49(3), 260–269. <https://doi.org/10.1007/s10597-011-9475-9>
- Kramer, J. M. (2015). Identifying and evaluating the therapeutic strategies used during a manualized self-advocacy intervention for transition-age youth. *OTJR: Occupation, Participation and Health*, 35(1), 23–33. <https://doi.org/10.1177/1539449214564146>
- Lindsten-McQueen, K., Weiner, N. W., Wang, H. Y., Josman, N., & Connor, L. T. (2014). Systematic review of apraxia treatments to improve occupational performance outcomes. *OTJR: Occupation, Participation and Health*, 34(4), 183–192. <https://doi.org/10.3928/15394492-20141006-02>
- Morgan, P., Pogrebnoy, D., & McDonald, R. (2014). Health service experiences to address mobility decline in ambulant adults ageing with cerebral palsy. *Journal of Intellectual and Developmental Disability*, 39(3), 282–289. <https://doi.org/10.3109/13668250.2014.927841>
- Muñoz, J. P., Reichenbach, D., & Hansen, A. M. W. (2005). Project employ: Engineering hope and breaking down barriers to homelessness. *Work*, 25(3), 241–252.
- Murphy, S. L., Robinson, J. C., & Lin, S. H. (2009). Conducting systematic reviews to inform occupational therapy practice. *American Journal of Occupational Therapy*, 63, 363–368. <https://doi.org/10.5014/ajot.63.3.363>
- Pearson, A., Laschinger, H., Porritt, K., Jordan, Z., Tucker, D., & Long, L. (2007). Comprehensive systematic review of evidence on developing and sustaining nursing leadership that fosters a healthy work environment in healthcare. *International Journal of Evidence-Based Healthcare*, 5(2), 208–253. <https://doi.org/10.1111/j.1479-6988.2007.00065.x>
- Pickett, S. A., Diehl, S. M., Steigman, P. J., Prater, J. D., Fox, A., Shipley, P., Grey, D., & Cook, J. A. (2012). Consumer empowerment and self-advocacy outcomes in a randomized study of peer-led education. *Community Mental Health Journal*, 48(4), 420–430. <https://doi.org/10.1007/s10597-012-9507-0>
- Schmidt, E. K., Faieta, J., & Tanner, K. (2019). Scoping review of self-advocacy education interventions to improve care. *OTJR: Occupation, Participation and Health*, 40(1), 50–56. <https://doi.org/10.1177/1539449219860583>
- Shea, C. K., & Jackson, N. (2015). Client perception of a client-centered and occupation-based intervention for at-risk youth. *Scandinavian Journal of Occupational Therapy*, 22(3), 173–180. <https://doi.org/10.3109/11038128.2014.958873>
- Test, D. W., Fowler, C. H., Brewer, D. M., & Wood, W. M. (2005). A content and methodological review of self-advocacy intervention studies. *Exceptional Children*, 72(1), 101–125. <https://doi.org/10.1177/001440290507200106>
- Test, D. W., Fowler, C. H., Wood, W. M., Brewer, D. M., & Eddy, S. (2005). A conceptual framework of self-advocacy for students with disabilities. *Remedial and Special Education*, 1(1), 43–54. <https://doi.org/10.1177/07419325050260010601>