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Implementation of an Outreach Support Program for Individuals with Addiction, Family, and
Community Members: A Doctoral Capstone Experience

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A capstone project submitted in partial fulfillment for the requirements of the Doctor of
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A Capstone Project Entitled

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Submitted to the School of Occupational Therapy at University of Indianapolis in partial fulfillment for the requirements of the Doctor of Occupational Therapy degree.

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Abstract

Nearly half a million people died from drug overdoses between 2000-2014, an average of 78 Americans each day (Costa, 2016). Today, Indiana is ranked 15th in the nation for drug overdose (Indiana House Democratic Caucus, 2017). The effect of the epidemic is impacting and impairing the occupational performance of individuals with addiction, their family members, and communities. Occupational therapy (OT) can play a vital and unique role with addiction recovery utilizing a holistic outlook to help individuals recognize the effects that addiction has on their life and assist in identifying ways to replace addiction with meaningful occupations. The purpose of this Doctoral Capstone Experience (DCE) project was to implement an outreach support program at A Better Life – Brianna’s Hope (ABLBH), an addiction support and recovery group, utilizing occupational therapy foundations, implications, and theories as a guide to expand resources available, provide awareness and education, promote community involvement, and increase the sustainability of ABLBH. After completion of a needs assessment and literature, it was determined to include multiple levels of practice within the outreach program including individual/members, the organization, and community. This paper describes the need for implementation of the outreach program, the outcomes, and the discontinuation process for quality improvement of services and sustainability following the DCE. Outcomes for each level of practice included increased education and understanding on life skills for individuals, resulting from a 5-week occupation-based wellness workshop titled “Rediscovering Life”; improved organizational sustainability resulting from leadership training and financial gains; and increased prevention, education, and resources provided to the community through “Connecting the Links”, a resource fair that included 27 individuals as vendors and 60 attendees (87 total).

Literature Review and Background

There has been a drug epidemic spreading and progressing throughout the United States with more deaths in the U.S. from overdose in 2014 than ever recorded in history (Rudd, Aleshire, Zibbell, & Gladden, 2016). Since 2000, the number of overdose-related deaths has increased 137%, including a 200% increase in the rate of overdose deaths involving opioids (Rudd et al., 2016). According to the Substance Abuse and Mental Health Administration (SAMHSA) (2016), “In 2014, an estimated 22.5 million Americans aged 12 and older self-reported needing treatment for alcohol or illicit drug use.” Nearly half a million people died from drug overdoses between 2000-2014, an average of 78 Americans each day (Costa, 2016). The increase in drug abuse and addiction is impacting not only the individuals with the addiction themselves, but their families and communities as well. There is a need to intervene to reduce the risk of drug addiction and the secondhand factors impacting communities.

A Better Life - Brianna’s Hope (ABLBH), a “participant-based, faith-based, and compassion-filled addiction support and recovery group” serving people with addiction and their families throughout east central Indiana, saw a vast need for intervention (ABLBH, 2017). The non-for-profit organization established in 2014 and created their foundations off of a prayer found written on a piece of paper by a local young woman who went missing, and whose remains were found months later. The prayer speaks to God asking to help her create a better life because she had struggled to overcome addiction. ABLBH’s mission is “to provide hope through Christ to individuals and communities battling addiction using support, encouragement, and collaboration” (ABLBH, 2018). ABLBH provides a non-judgmental environment while promoting honesty, transparency, and vulnerability to allow individuals to heal through sharing. What started as a support group for the woman’s local hometown has grown to currently consist

of 25 chapters serving 15 Indiana counties, one Ohio county, and continuously growing.

ABLBH has been blessed with the opportunity to assist more than 450 people with finding and receiving detox and/or rehabilitation services that they otherwise would not have been able to afford (ABLBH, 2018). Research has shown that Indiana is ranked 15th in the nation for drug overdoses (Indiana House Democratic Caucus, 2017). ABLBH has seen where there is potential to make an impact and reduce the amount of drug abuse and effects.

The National Institute on Drug Abuse (NIDA) (2014) defines drug addiction as the following:

A chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain—they change its structure and how it works. These brain changes can be long-lasting, and can lead to the harmful behaviors seen in people who abuse drugs.

There are a multitude of factors that could be the reason why individuals seek and use drugs; for example, they may use to feel good, to cope, as a pain reliever, peer pressure, etc. (NIDA, 2014).

With the drug epidemic, it is important to intervene immediately and effectively, which requires a better understanding of the lifestyle. The American Occupational Therapy Association (AOTA) (2014) defines occupational performance as the ability to carry out activities of daily life (areas of occupation). To further clarify the term occupation in this sense, it is defined as the following: activities people complete, individually, with family, or as part of the community, to fulfill their time and provide one with purpose, meaning, identity, and volition (AOTA, 2014).

People with addiction often experience decreased occupational performance and difficulty with performing activities of daily living, such as working a job or caregiving, while actively emerged in drug abuse because the addiction itself becomes their primary occupation.

“The individual loses the skills necessary to function in life and ultimately exchanges living for his or her addiction” (Martin, Bliven, & Boisvert, 2008). Researchers found that it is common for individuals with addiction to experience a decrease in occupational performance and quality of life (QOL) within the first 4-6 months of recovery (Martin et al., 2008). Most of the time this is the result of the individual leaving the supportive, yet restrictive, environment that a treatment center or a halfway house provides and re-emerging into their familiar environment that is filled with triggers and past routines (Gordon, 2003). Triggers can include old friends, hangouts, spouses, significant others, or family members who are unsupportive, promote unhealthy habits or surroundings, or familiar smells, sights, or sounds that trigger the individual to relapse (Gordon, 2003). It is not uncommon for addicts to fall into a familiar routine because it allows avoidance of overcoming everyday obstacles and hardships, utilizing challenging or new life skills, or living life sober.

Wasmuth, Crabtree, and Scott (2014), reiterated the concept of addiction as a primary occupation noting when a person with addiction enters into recovery, they begin to face challenges that any individual could experience when not able to participate in their primary occupation. Possible difficulties include understanding their purpose in life, identifying their roles, creating routines, or coping with loss or change (Wasmuth et al., 2014). Another major obstacle in the way of recovery that most individuals with addiction face is learning to function and complete activities of daily living while sober. It is not uncommon for an individual with addiction to live with their addiction as their primary occupation for an extended amount of time, increasing the difficulty to remove that activity and environment from their life and replace it with a healthy occupation and new environment. These individuals often face many barriers when attempting to overcome their addiction and create a new, healthy, and supportive

environment to sustain their sobriety. Occupational therapy (OT) has the ability to incorporate a therapeutic role in addiction recovery utilizing a wellness approach to promote an improved wellbeing, prevent drug use, and reduce risk of relapse (Scaffa, Reitz, & Pizzi, 2010). The profession utilizes a holistic outlook to analyze an individual in terms of their environment, occupations, strengths, weaknesses, goals, and limitations, as well as how all factors of their life coincide. “OT is uniquely positioned to assist people who are struggling to recover from substance abuse, by helping them to reestablish the roles and identities most meaningful to them” (Opp, 2018).

For an individual with addiction, OT services could help them identify roles and meaningful occupations and redesign their everyday routine to allow them to focus on and carry out what is important to them.

“According to Stoffel, ‘We want people to find the activities that are meaningful to them and at just the right level of challenge so that, as they redesign their lifestyle, they tap into those things that allow them to move into a state of wellbeing. This is where OT can really make a difference in helping people stay in long-term recovery’” (Opp, 2018).

Occupational therapists use models and theories to help guide their thinking and reasoning.

Those models and theories are used to find the strengths of clients, as well as, potential barriers that could lead to dissatisfaction and lack of success.

The Kawa is an occupation-based model that focuses on addressing the rehabilitation requirements of diverse clientele and on the connections of environment, nature, deity, and persons in the frame of life (Iwama, Thomson, & MacDonald, 2009). It uses a river metaphor to exemplify an individual’s daily life and pinpoint issues disrupting the flow of their river or day. Every individual has various factors that impact their life, both internal (self) and external

(physical and social environment). An individual's goal is to have a smooth flowing river, free from impediments, indicating that there is good and positive interaction between environment, nature, deity, and others. Removing impediments allows space for the flow of river to improve. In order for one to create space, they first have to identify the issues blocking the flow of their river, learn ways and methods to overcome or remove the issue, and apply the modifications to remove the issue from blocking the flow of their river. Water, rocks, driftwood, and river walls are used to represent the various factors that make up one's river and impact one's flow. The water stands for life flow and those things that are going well for one. The river walls represent the physical, social, and cultural environments and dictate the volume of water. Rocks represent problems, difficulties, and obstacles one is experiencing, and lastly, driftwood acts as factors that can have either a negative or positive influence on life. Motivation to remove the impediments and improve flow of river comes from the individual seeking harmony, balance, and interaction of the focus components (Iwama et al., 2009).

Completion of the Kawa is very self-driven, requires self-analysis and can assist in personal goal-setting. The Kawa is applicable to recovering individuals with addiction, or even individuals struggling with their addiction, for it is easily understandable and gives one a visual to see how a negative environment or poor support is impacting their flow of life. On the other hand, it also helps them identify the positive aspect of their life, which is important for confidence and motivation. ABLBH, unknowingly, incorporated an occupational-based foundation within the corporation that also goes hand in hand with the beliefs of the Kawa model. The director of ABLBH stated that he shares with all members, "In order to become clean and stay clean, one must change their persons, places, and things" (R. Davis, personal communication, January 2, 2018). The organization instills in the recovering individuals with

addiction the importance of creating a healthy and supportive environment and filling one's time with meaningful occupations. ABLBH, being participant-based, is able to make a difference by focusing on the priority needs of individuals with addiction to help them become sober and by providing the support to stay sober. The purpose of this doctoral capstone project is to assess the needs of ABLBH, then program plan to create an outreach program addressing those needs utilizing the Kawa model as a foundation to analyze and guide the project.

Screening and Evaluation

To analyze and assess the needs of ABLBH, it was determined through reviewing literature and comparing screening options that the strengths/weaknesses/opportunities/threats (SWOT) analysis should be utilized as the evaluation framework. The SWOT analysis allows one to gather and organize input about an organization as a whole or for each program within an organization (Allison & Kaye, 2014). The purpose of completing a SWOT analysis is to evaluate the strengths/weaknesses (internal factors) and opportunities/threats (external factors) involved within the organization. "It can also involve careful analysis of program evaluation information, competitive analysis, and financial sustainability implications" (Allison & Kaye, 2014). Utilizing the SWOT analysis can promote inter-professional practice or group engagement by having multiple board members or staff complete the analysis together. To further assist in completing the SWOT analysis, the "SWOT Analysis Grid" is an additional exercise to use to organize input and visualize new opportunities for a program. "The grid can help make visible some important dynamics that influence an organization's strategic choices (i.e., the intersection of strengths, weaknesses, opportunities, and threats), and can offer suggestions about actions the organization should consider undertaking" (Allison and Kaye, 2014).

The SWOT analysis was completed by two occupational therapy students and the director of ABLBH to determine the needs and how to best use identified strengths and opportunities to overcome weaknesses and threats. After completion of the discussion and SWOT analysis grid, it was determined that ABLBH would benefit from implementing additional programs to further meet the needs of the participants, family members, and the community (refer to Appendix A for completed SWOT analysis grid). There is a need to reach outwardly towards multiple levels of practice (individual, family members, community, organization, and state). To determine the needs at each population, additional evaluations were needed. Further determination of needs was completed through attending ABLBH meetings, engaging with the participants and family members, attending community drug prevention coalition meetings, research and literature reviews, and additional discussions with the director of ABLBH.

When discussing ABLBH with the director, the main concerns for the organization were sustainability, maintaining support, communication between chapters, and staying true to ABLBH's mission. The organization is self-funded, relying primarily on donations and grants. ABLBH relies heavily on community support and volunteers to operate, which is a strength, weakness, opportunity, and threat within itself. Utilizing volunteers is a no-cost opportunity to promote community involvement and education, but there is a threat for burnout amongst volunteers. Another threat is the relapse of leaders, given multiple chapter leaders are individuals in addiction recovery. ABLBH is also rapidly expanding, going from one to 26 chapters within three years, which requires increased numbers in support. The vast growth again proposes a strength, weakness, opportunity, and threat within itself. Expanding provides the opportunity to reach more individuals, but the amount of growth achieved was originally not of plan to the founder. The unplanned growth led to an organizational structure that does not suit

the size of ABLBH. The director is aware of this and has a plan to propose to the board to minimize the threats and maximize opportunities. This plan includes electing a smaller executive board, improving communication across chapters, and providing increased training to leaders. He believes this plan will be a step towards becoming more sustainable, but he still has concerns for financial sustainability given they are non-for-profit. ABLBH does have opportunities through grants to address multiple needs. Grants could provide improved financial sustainability and offer potential for paid employees, training for leaders, and funds to assist more individuals in receiving detox and treatment. Those factors would greatly benefit weaknesses currently experienced at ABLBH. There are needs to expand and provide increased opportunities and resources for members and leaders, and the director desires to fulfill those needs, but they have currently lacked the time and resources to be able to.

Through completion of a literature review, SWOT analysis, and speaking to members of ABLBH, it was concluded that there are a lack of resources and assistance amongst participants and family members. Referring back to the concept of addiction as primary occupation, people with addiction are unaware of how to replace their addiction with healthy occupations (Wasmuth et al., 2014). These individuals also have a tendency to have difficulty maintaining a job, executing roles, managing money, and experience impairments to their rest and sleep (Brown & Stoffel, 2011). Many participants agreed that they could benefit from workshops to improve their knowledge in these areas. Family members spoke out about a lack of support for families and resources, indicating a huge opportunity for ABLBH to expand to include these services. From attending community meetings, it became apparent that there is a need for increased awareness, education, and resources.

After completion of the screening and evaluation of ABLBH, the following concludes the priority needs for whom ABLBH serves. There is a lack of community outreach and support, education, and action addressing the needs of individuals with addiction and their families. The drug epidemic is also increasing costs of communities and impacting the safety and lives of children (Indiana House Democratic Caucus, 2017). Many times individuals with addiction and their families do not intervene early enough because they are uneducated on the severity of addiction, resources available, or are unaware of healthy coping skills. It is found that communities that do not offer assistance to reduce alcohol and/or drug abuse and to provide opportunities to engage in meaningful opportunities are inadvertently facilitating the isolation or estrangement of people from healthy occupations (Scaffa, Reitz, & Pizzi, 2010). Based off of the priority needs, it was determined that the purpose of this DCE project would be to create an outreach support program partnering with A Better Life - Brianna's Hope to expand resources available through the organization, provide awareness and education, promote community involvement, and increase the sustainability of ABLBH.

ABLBH has no set screening process within their organization, for now they only offer support and recovery group meetings and education to schools when asked. The organization saw a need amidst the drug crisis and decided to intervene by becoming an additional option compared to a 12-step program, in hopes to relate and connect to those who needed a secondary option. While ABLBH's main focus is on drug addiction, they open their doors to any individual. There are no set guidelines on who can or cannot participate or join their meetings. They also strive to connect to youth in schools, families, and the communities they are involved in. Given the wide variety of populations impacted, utilizing the SWOT analysis as the primary screening and evaluation process provided the ability to consider all factors of ABLBH as an organization

and the multiple populations in need. Completion of the SWOT “isn’t just about fixing the things that are wrong but also about nurturing what goes right. During the strategic planning process, the organization wants to figure out how it can best use its resources to take advantage of strengths and opportunities and to overcome weaknesses and threats” (Allison & Kaye, 2014). To fully evaluate ABLBH, utilizing evidence-based literature and informal occupational profiles in addition to the SWOT were a huge part in gathering a holistic view of ABLBH and in analyzing how individuals with addiction experience occupational performance and participation.

OT emerged and established its roots and foundations within the mental health setting (Brown & Stoffel, 2011). Overtime, OT adapted into a medical model approach and lost vision of its roots. OT is now re-emerging within the setting of mental health, which is largely influenced by the drug epidemic the U.S. is currently experiencing. Since ABLBH does not have a licensed occupational therapist on staff, it was not appropriate within this DCE project to complete individualized or group occupational therapy evaluations for the participants of the organization. Screening and evaluating ABLBH as a whole through the lens of OT to determine the needs of who they serve was appropriate to be able to program plan and implement OT based programs to further meet the needs found. In a traditional OT setting, where direct OT services are provided in regards to drug abuse and addiction, occupational therapists are able to evaluate an individual's ability to function in everyday tasks and their likelihood of relapse (AOTA, 2002). There is a vast amount of assessment tools available, including tests, instruments, questionnaires, or systematic interactions such as interviews and observations, to assist in the evaluation process for all different settings and populations. Assessment tools can come in standardized or non-standardized formatting. The use of evaluation and screening tools is

commonly found in settings and at facilities where direct care is performed by occupational therapists, such as, hospitals or inpatient and outpatient therapy clinics (Scaffa & Reitz, 2014). Occupational therapists are trained on multiple methods and encouraged to investigate assessment tools available to determine the appropriate fit for the population being served to meet their needs (Duggan, Gaston, Barr, Lizcano, & Lannigan, 2016). An individual is referred to OT if they are experiencing a developmental delay, physical impairment, mental or behavior limitation, or any factor decreasing their occupational performance and ability to perform meaningful activities. Occupational therapists utilize the different screening and evaluation tools to assess client functions, identify one's occupations, occupational performance, strengths, and limitations, and to distinguish areas of need for interventions.

The evaluation tools used are often dependent on the practice setting and reason for OT referral. For example, if one was referred to OT with decreased occupational performance as a result of addiction it would be important to complete an evaluation that identified healthy occupations meaningful to them, to assess their mental health status, and their readiness for change. The Canadian Occupational Performance Measure (COPM) would be an appropriate selection because it is a client-centered tool that aids an individual in identifying and prioritizing everyday issues that restrict or impact their performance in everyday living through a semi-structured interview (Scaffa, Reitz, & Pizza, 2010). The COPM is designed to initiate conversation with a client about what problems are being experienced and hindering their occupational performance. Once problem areas are identified, the client rates the importance of occupations. It then guides intervention planning by having the client choose the top five most important occupations to them and rating their level of performance and satisfaction with performance of each. Another example is the AUDIT, a questionnaire that assists in assessing the

effects of one's drinking habits. An occupational profile should be utilized as a secondary method to make the evaluation more holistic, to further understand the client factors, and their occupational performance (Scaffa, Reitz, & Pizza, 2010).

Certified Community Behavioral Health Centers (CCBHC) recognized the benefits and skills offered by occupational therapy "when SAMHSA included 'licensed occupational therapists' as a profession that states might require as part of CCBHC staff, in order to best meet the service and quality requirements of the demonstration program" (Duggan et al., 2016). Occupational therapists are trained to view individuals with a holistic outlook, to look beyond their diagnosis, but to also understand mental health diagnoses to better apprehend the client. Their role within an interdisciplinary team is to assess specific occupational based challenges impairing one's performance resulting from behavioral health disorders (Duggan et al., 2016). CCBHCs are required to provide comprehensive diagnostic and treatment planning evaluation(s) for all their consumers. The process of evaluation through occupational profiles allows therapists to create client-centered goals, treatments, interventions, and outcome that facilitate health and wellness (Duggan et al., 2016).

Swarbrick, an occupational therapist, created a wellness model that can be utilized to evaluate an individual or group. He defined wellness as a "conscious, deliberate process that requires a person to become aware of and make choices for a more satisfying life and of adapting patterns of behavior that lead to improved health in the wellness dimensions" (Swarbrick, 2006, p. 311). The wellness approach when used to evaluate and treat individuals with serious mental health diagnoses provides the opportunity for occupational therapists to perform occupation based, client-centered, and holistic evaluations by looking at the 8 domains of wellness:

emotional, financial, social, spiritual, occupational, physical, intellectual, and environmental (Swarbrick, 2006).

Within the context of community based settings, which would include ABLBH, the evaluation process will differ compared to direct care services. Completion of a needs assessment is necessary to “prioritize issues and facilitate the development of interventions to address community concerns” (Scaffa & Reitz 2014). Scaffa and Reitz (2014) also highlight the important of profiling the community collecting demographics to better understand the population, identify gaps, and develop a program plan. A common theme seen throughout all screening and evaluation strategies, when completed by an occupational therapist, is maintaining a holistic view, choosing a method that best meets needs of client or population, and creating plans to improve one’s overall wellbeing.

Implementation

Dunn (1988) defines three service provision models utilized by occupational therapists: direct, monitoring, and consultation. Direct service is providing specific techniques and approaches to a single individual or small group. Monitoring service requires diagnostic skills to identify needs, planning of programs to address identified needs, and teaching and supervisory skills to assist individuals working in the immediate environment carry out the program. Consultation service model is the last service model and is the least utilized in traditional OT. With the consultation service, the therapist utilizes their expertise to address all needs involved in a system (Dunn, 1988). “Occupational therapy knowledge is used efficiently when it is applied through consultation approaches to adapt environments and alter teaching and learning strategies to facilitate better outcomes” (Dunn, 1988). The consultation service model was the primary model used to guide this DCE project by focusing on meeting the needs of the

organization, members of ABLBH, and surrounding community. The monitoring service model will be utilized as a secondary method once chapter leaders begin to implement the training material.

The screening and evaluation process at ABLBH indicated the need for further program development to address needs at three different levels of practice: individual/member, organization, and community. The director, secretary, intern, and writer (OT student) collaborated to determine programs and projects that would best fit the needs at each level. It was important to address each level of practice to maintain the holistic perspective of OT and to incorporate OT foundations within the programs.

Program Planning for Each Level of Practice

Members of ABLBH. A main concern voiced by the chapter leaders and members of ABLBH was the lack of training available for individuals with addiction to assist their recovery, promote increased knowledge, skills, and improved occupational performance. To address this identified need, creation and implementation of a 5-week workshop titled “Rediscovering Life” was performed. “Rediscovering Life” is aimed to improve participants’ wellness and life skills through training and education. This 5-week workshop curriculum was based on the eight dimensions of wellness as defined by Substance Abuse and Mental Health Service Administration (SAMHSA): emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual (2017). It is important to one’s quality of life to have a healthy balance in each wellness category. The dimensions go hand-in-hand and contribute to each other. The workshop was designed to assist individuals in becoming aware of their current perceived quality of life, identifying areas of personal strengths and weaknesses, and utilizing occupation-based sessions along with life skills training to improve their overall wellness. Each

session covered two areas of wellness for the first four weeks and then the fifth week was an overall reflection and reassessment on the topics. An outline of “Rediscovering Life” can be found in Appendix B. To measure the outcome of the workshops, a short, internally developed pre/post survey was given the four weeks assessing the participant’s confidence level in their abilities with regards to that session’s topic (Appendix C). For example, session one’s survey asked “How confident are you in your ability to self evaluate?”, and week two asked “How confident do you feel in your ability to create a budget and manage money?” and “How confident do you feel in creating a resume?”. There is a 3-point rating scale in response to the survey questions: not confident, somewhat confident, or I got this down. There is also an open ended question of “What did you learn?” at the end of each survey. For the fifth and final week of the workshop, an internally developed satisfaction and effectiveness survey was created (Appendix D).

In addition to hosting the workshop at two different chapter sites, a curriculum guide over “Rediscovering Life” was developed for sustainability. The curriculum guide describes the purpose of the workshop and provides a consistent outline session to session. Each session outline includes description of the formation, supplies and equipment needed, purpose and goals of group, warm up/icebreaker, educational concept, and questions to facilitate discussion. The curriculum guide is to serve as a resource for leaders by preparing them on important topics and concepts and providing quick access of useful tools to assist the members of ABLBH.

Organization. Increasing sustainability of ABLBH was of high importance to the director. A local United Way grant was completed to increase funding and sponsorship as part of the DCE project. The grant, if approved, will increase funds to allow for expansion of programs offered at the organization and improved financial sustainability. The United Way

grant is intended to be used for a community outreach program on behalf of ABLBH for funding that would allow eight individuals to be sent to detox and treatment, and that would also cover the costs of hosting workshops, a secondary program called High Impact, promotional products, and food for events. To further assist with financial sustainability, a fundraiser was planned partnering with State of the Heart Care for April 28, 2018 in which half of the proceeds will go directly to ABLBH.

Also, for the organization, leadership training for chapter leaders was offered and completed. The training focused on the “Rediscovering Life Workshop Curriculum Guide” created for the organizational use. The training session went over the information, education, and resources provided within curriculum guide allowing the leaders to have hands on experience with the material. In addition, it provided the chapter leaders the opportunity to ask any questions in regard to the material. The training session allowed for a great opportunity to advocate for OT’s role in mental health and addiction. An internally developed 5-point Likert scale post survey (Appendix E) was provided to participants over the training to assess the relevance of material, handouts, and workshop. There was also an open-ended section on the post survey for participants to free write any additional comments, suggestions, or feedback.

Furthermore, per request of the director, the office staff has been working hard to update the ABLBH website to include more information and resources. The remodel of the website has included offering immediate access to pertinent information such as Indiana and out of state treatment centers, homeless shelters, and sober living facilities. These resources play a huge role in the recovery of individuals with addiction and having the information readily available can benefit the health and wellness of individuals with addiction, family members, and persons working with the population. Another section added to the website is an informational section

with details of services provided, including new programs and events offered. To benefit the chapter leaders of ABLBH, a password protected link was added to the website that allowed leaders access to important documents of the company including financial documents, outlines and training guides for session topics, and resources to benefit them. Lastly, a video was added to advocate for OT and provide education on the role of occupational therapists in the mental health field, specifically with addiction.

Community. Across the state, there is a lack of knowledge that brings stigma and poor associations to addiction. ABLBH will be hosting a community event titled "Connecting the Links" in March, 2018. "Connecting the Links" will be a community resource fair with the goal to provide all community members education, awareness, and resources offered through local organizations. "Connecting the Links" is also aimed at promoting community involvement, decreasing stigma on addiction, and increasing community members' knowledge and understanding on addiction by having various speakers share their personal experience with addiction and/or working with the population. At the event, there will also many be resources available including information packets on Indiana treatment centers, sober living homes, homeless shelters, and support meetings for individuals with addiction and family members, as well as any additional information the vendors provide. ABLBH believes there is power in connecting as community organizations to help individuals gain the tools and resources to live a meaningful and purposeful life. The outcome of the event will be measured through attendance and a satisfaction survey (Appendix F).

Leadership

Beginning the DCE in an emerging field at an organization with abundant room for growth, it was no question that leadership would play a large part of the project. To conduct

successful projects at ABLBH, it has been a requirement to branch out and become involved as a representative of ABLBH throughout the community. To make connections that allow opportunities for partnerships and assistance, I have attended monthly Drug Prevention Coalition meetings and the Community's Resource and Systems of Care meetings. These meetings have pushed me to improve my leadership skills by overcoming my fears of speaking out and by improving my communication skills to be effective. These meetings have also provided a great opportunity to promote and practice inter-professional collaboration. The various meetings involve a great deal of collaboration between multiple disciplines to discuss the needs of the town and how each organization can play a role.

Planning the community event, "Connecting the Links", has required a lot of organization and planning. I have had to make a lot of connections and advocate for myself, ABLBH, and the benefits of being a part of the community event. I have had to complete a lot of research to have up to date information on resources throughout the state and community and be able to justify the need to intervene. The event has required organizational skills, time management, and marketing in order to complete the necessary components in a timely manner, to have available resources to meet the needs of community, and to promote the event to bring awareness.

The hosting of workshops has provided a new experience and practice of leadership skills. It required a shift of being a student, relying on the teachers for information and resources when in need, to being the teacher or lead role. To fulfill the role as leader at the workshops, I have had to prepare myself to be confident and competent in material. I have had to be flexible, open-minded, and provide consistent empathy to best meet the needs of the participants in the moment.

Staff Development

Promoting staff development and increasing the opportunities available for staff was established need by the director of ABLBH and the chapter leaders. It been a request heard over and over again by the director but the organization has not had the means, time, or opportunity to increase the amount of training available to staff. This was an aspect appropriate to include as part of the DCE project and therefore became a priority. To promote staff development, a colleague and myself offered a training session to all chapter leaders at ABLBH over the “Rediscovering Life Workshop Curriculum Guide”. The training included providing education on each topic, discussing the need to complete the workshops with individuals with addiction, and hands on experience completing the activities to build competence with the material. Evidenced-based literature was incorporated throughout the training course and curriculum guide. Implementing evidence-based practice with the leaders will promote them to utilize it within their chapters, helping the leaders to focus on needs and having interventions and topics to increase the occupational performance of their participants. Another staff training will take place in April discussing the benefits of narrative based medicine. This training again increases the resources available, increases their knowledge, and provides an opportunity to include evidence-based practice at the support meetings.

Discontinuation and Outcomes

The main focus of this DCE and project was program planning and providing education with long-term goals to improve practice, ensure quality services, and increase organizational sustainability. After determining the needs of the organization and completing a literature review to assess needs in regards to the current drug epidemic being experienced, it was determined that creation of an outreach support program addressing needs at multiple levels of practice could fulfill the goals of the DCE project and needs of ABLBH. It was necessary to

plan accordingly with the outreach support program to provide and include continuous quality improvement (QI) within the programs and ongoing sustainability following the completion of the DCE. QI is “an ongoing effort to address and document outcomes to improve the health of the community” (Bonnell and Smith, 2018, p. 46). QI is an ongoing process involving multiple components such as reflecting and evaluating, receiving feedback, teamwork, and responding to changing needs (Bonnell and Smith, 2018).

Outcome Measure Analysis

To incorporate QI and ensure improved practice, creating and completing outcome analysis for the different implemented projects was necessary. Outcome measures are a vital part of QI for they allow one to assess the effectiveness and benefits of programs; they can help one identify challenges and means for improvement. Completion of outcome measures allow one to identify appropriate modifications to best fit the needs of the population being served.

Rediscovering Life Workshop. “Rediscovering Life” consisted of a 5-week workshop focused on educating and practicing on important life skills. The goal of the workshop was to assist members of ABLBH learn and practice life skills to improve their occupational performance and overall wellness. The first four sessions consisted of a short, internally developed pre/post-survey assessing the participant’s confidence on the skills addressed (Appendix C). The participants could respond to the survey questions with not confident, somewhat confident, or I got this down. There was an additional open-ended question on each survey asking, “What did you learn?”.

Session one focused on emotional and environmental aspects of wellness utilizing the Kawa river activity and SWOT analysis to help participants self-analyze and set personal goals. Session one had the pre/post question, “How confident are you in your ability to self evaluate?”.

Eighty percent of participants maintained the same level of confidence and the remaining 20% noted an increased confidence level.

Session two focused on financial and intellectual aspects of wellness and activities which included budgeting and money management practice, review of resume building and interview skills, and providing information on where to apply for continuing education courses or the High School Equivalency (formerly known as GED). The first question was “How confident do you feel in your ability to create a budget and manage money?”. Fifty-seven percent noted an increase in confidence. The remaining 43% remained at same confidence level. The second question was “How confident do you feel in creating a resume?”. Fifty-seven percent noted an increase in confidence. The remaining 43% remained at same confidence level. The third question was “How confident do you feel in your interview skills?”. Forty-three percent noted an increased confidence level. Fifty-seven percent remained at current confidence level.

Session three focused on occupational and physical wellness with activities including completion of a roles checklist and activities wheel for time management practice, as well as a discussion of the importance of replacing addiction with a routine of healthy occupations. Session two included two survey questions with the first question asking, “How confident are you in your ability to identify your roles and routines?”. Sixty percent noted an increased confidence level. The second question asked, “How confident are you with time management?”. Seventy percent remained at same level of confidence and 30% the noted increased confidence.

Session four focused on social and spiritual aspects of wellness with the activities focused on identify coping skills and emotional regulation. The first survey question asked, “How confident do you feel on balancing your social and spiritual wellness?”. Thirty-six point four percent noted increased confidence with the remaining 63.6% maintaining same level of

confidence. The second question was, “How confident are you on your ability to cope and regulate emotions?”. Fifty-four point five percent experienced an increased confidence level and 45.5% remained the same. Refer to Appendix F for full outcomes and the open-ended “what did you learn?” responses.

Session five focused on discussion of the changes of stage and completing the University of Rhode Island Change Assessment (URICA) questionnaire to assist the participants in identifying the stage of change being experienced. Each member created a goal to assist in carryover of the information presented to them throughout the sessions. Participants were provided an overall post workshop survey (Appendix D) to complete. The survey included a 5-point Likert scale for nine statements and four open ended questions to analyze the benefits of attending, the effectiveness of “Rediscovering Life”, and areas for change to improve the workshop. Appendix H shows the results of post survey.

Through completion of the workshop, outcome analysis, and review of feedback, it was determined that modifications to the original curriculum guide were needed to include more information. The modifications included further explaining educational concepts to meet the identified needs of participants and include additional specific topics that were not well explained in the original curriculum guide. The updated curriculum guide was distributed to all chapter leaders of the organization. Leaders were asked to review the updated guide and to ask any questions if necessary. QI was utilized through the modification of the curriculum to adjust the material to better meet the participants need, provide increased education on concepts to leaders, and increase the effectiveness for future use within the organization.

Connecting the Links. Connecting the Links was a Jay County community resource fair hosted on March 17, 2018 that included 19 local organizations serving as vendor booths with

resources and information on assistance available, as well as seven speakers providing education and sharing their experience relative to addiction. To assess the outcome of the event, a satisfaction survey (Appendix F) was developed and attendees were encouraged to complete it when leaving. Forty individuals (46%) completed and returned the survey. Eighty percent noted they were completely satisfied with the event. The satisfaction survey included four open-ended questions to gather input and opinions on the event to better understand the benefits for events and note areas for improvement for future reference. Appendix I shows the detailed outcomes from the survey.

Leadership Training. ABLBH chapter leaders were offered training over the Rediscovering Life workshop curriculum guide led by two OT students, including the writer. The curriculum guide was created for the leaders to have the opportunity to implement the workshop at their chapter as appropriate or needed. Training over the curriculum guide took place following a quarterly board meeting. Ten leaders participated in the training and completed an internally developed survey (Appendix C) to assess effectiveness of training. The survey contained a 5-point Likert scale for ten statements and three open ended questions (outcomes in Appendix J).

Ensuring Quality Practice

Ensuring quality practice was completed through the previously described events and training but also through creating adaptations to administration aspects were also completed to improve the service delivery at ABLBH. This included modifying the organization's website by updating details about the organization, ABLBH's mission statement and foundational document, as well as contact information to various in-state and out-of-state treatment center

options, homeless shelters, and sober-living homes. Making this information quickly accessible can be a huge asset to the individuals they serve and their families and to the community as well.

Another way to ensure quality practice and increase sustainability was through completion of a United Way grant. United Way approved \$4,000.00 to assist in providing detox and rehab for individuals and for promotional products, meals for members, and office supplies including the required ink and paper needed to print the Rediscovering life materials and guide. To also increase the financial sustainability, a benefit quarter auction partnering with State of the Heart Care will take place April 28, 2018. Half of the proceeds will go directly to ABLBH to use as needed. The profits gained from both the grant and fundraiser allow ABLBH to be more secure.

Lastly, providing education, resources, and training in multiple ways provided a way to promote accurate carryover following completion of the DCE. These aspects also allowed implementation of OT foundations and evidenced-based implications to improve quality of services. Implementing a variety of programs and events aimed at different level of practice allowed the ability to meet society's changing needs from various angles and perspectives. As part of the DCE it was important to incorporate OT, which was initiated immediately utilizing an occupation-based model to assess the needs and guide the implementation phase of the program. Completing the DCE project as a student OT consultant with the Kawa as primary guide allowed for the needs of members, staff, communities, and the organization to be continuously identified and addressed.

Overall Learning

Communication was a key to being effective throughout all aspects of the DCE. Within all the completed projects, it was required to utilize different forms of communication with a

variety of individuals and populations. During the “Rediscovering Life” workshop, it was important to be able to demonstrate verbal and non-verbal communication to provide empathy and sincerity to build rapport and connect with the members and their families who were being transparent and vulnerable. It was necessary to provide efficient and professional written communication via emails to colleagues, other disciplines, and the public to promote events, provide education and awareness, and maintain a professionally acceptable manner. Written communication was also utilized through advertisement, flyers, the organizational website, and the local newspaper. Oral communication was demonstrated through speaking at events, training, hosting workshops, and phone calls. The opportunity was provided to advocate for the need of OT within this field by connecting with and having direct interaction with individuals such as Mr. Jim McClelland, Indiana’s Executive Director for Drug Prevention, Treatment, and Enforcement, and Mr. Ortiz from Senator Donnelly’s office. I had to learn to be calm and speak slowly to be more effective and understandable. I had to remember the benefits of utilizing multiple forms of communication to connect, earn respect, and be heard.

Completing the DCE at ABLBH was highly beneficial to me, personally and professionally. Through the time spent at the organization, I was able to further develop and gain invaluable skills such as effective communication, building rapport, empathy, management skills, and leadership skills. Working directly with the individuals recovering from addiction has provided the chance to improve my client-centered skills and flexibility in both direct and indirect service delivery. Multiple times I would have to adjust and adapt the plan to accommodate for the in-the-moment needs while maintaining client-centered, occupation-based, and evidenced-based services. The projects I collaboratively created and implemented boosted my leadership skills and confidence immensely. Prior, I struggled with confidence relative to my

education, knowledge, and skills, but through leading workshop courses and being the host of events, I had to learn to trust in myself and my abilities.

The population ABLBH serves allowed me to see hands on how the environment plays a huge role with one's occupational performance. ABLBH's director, the chapter leaders, and members all advocate and encourage one another to change their people, places, and things to improve their environment and support to decrease the likelihood of relapse. To me that is highly occupation-based, whether it was intended to be or not. Relating to the Kawa river model, often times people, places, and things make up the bulk of the barriers disrupting one's river flow, or in other words, decreasing their occupational performance. I have had ample amounts of experience advocating for the profession, the role of OT, and providing education to explain the concept of addiction as occupation. To be able to explain the profession to various populations, it has required speaking clinically and in layman's terms. This is a skill that can be useful in future practice. The skills developed and improved during the DCE at ABLBH have brought me to a new level professionally. Every experience through program planning and implementation can carryover to future practice for the skills are now ingrained within me and have bettered me. Therapeutic use of self, open-mindedness, empathy, and providing a non-judgmental environmental are priceless life skills that have improved, on top of leadership and management skills, communication skills, as part of completion of the DCE.

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Appendix A

SWOT Analysis Grid of an A Better Life – Brianna’s Hope

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> - What advantages does your organization have? - What can you offer that other organization do not? - What unique or lowest-cost resources can you draw upon that others can't? - What do people in your market see as your strengths? - What is unique about your organization? o passion from chapter to chapter for growth- 25 chapters as of January 8, 2018 o they are originally, timely, and where the action is o able to provide meals at each meeting o nonjudgmental, accepting o previous addicts as leaderships allow for ability to relate o financially transparent o director is able to train leadership in each chapter o designed on the need of the individual <ul style="list-style-type: none"> ▪ participant driven ▪ no set curriculum o community support and availability 	<ul style="list-style-type: none"> - What could you improve? - What should you avoid? - What are people in your market likely to see as weaknesses? - What factors negatively impact your organization? o Structuring – need structure to meet all needs <ul style="list-style-type: none"> ▪ Company grew beyond vision o Budgeting o trainings per quarter o ability to provide resources o no set curriculum o financially self-sustaining o support for family o relapse of individuals placing bad name on brand
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> - What good opportunities can you spot? - What interesting trends are you aware of? - Useful opportunities can come from such things as: Changes in technology and markets on both a broad and narrow scale. Changes in government policy related to your field. Changes in social patterns, population profiles, lifestyle changes, and so on. Local events. o grants <ul style="list-style-type: none"> ▪ 3 paid employees ▪ trainings for benefits ▪ funds for detox/treatment placement o sustainability o partnering with other agencies to provide more services o interns o continuously growing due to dire need 	<ul style="list-style-type: none"> - What obstacles do you face? - What are your competitors doing? - Are quality standards or specifications for your job, products or services changing? - Is changing technology threatening your position? - Do you have bad debt or cash-flow problems? - Could any of your weaknesses seriously threaten your business? o loss of funding o leadership relapse o financial transparency o burnout in leadership o decrease in volunteer support o decreased community support

Appendix B

Session Outline for Rediscovering Life

Session 1: Rediscovering Life: The Dam to the River

1. Spiritual Wellness — Expanding a sense of purpose and meaning in life
2. Environmental Wellness — Good health by occupying pleasant, stimulating environments that support well-being
 - SWOT- identify strengths/weaknesses and opportunities/threats
 - Kawa river of life metaphor and visual
 - Personal goal setting
 - Understanding one's sense of purpose

Session 2: Rediscovering Life: The Balance of Life and Money

1. Financial Wellness — Satisfaction with current and future financial situations
2. Intellectual Wellness — Recognizing creative abilities and finding ways to expand knowledge and skills
 - Budgeting and money management
 - Education on HSE and further education
 - Resume building and interview skills

Session 3: Rediscovering Life: Active and Busy

1. Occupational Wellness — Personal satisfaction and enrichment from one's work
2. Physical Wellness — Recognizing the need for physical activity, healthy foods, and sleep
 - Identifying roles and routines
 - Time management
 - Discussion: Importance of replacing addition with new healthy roles and occupations

Session 4: Rediscovering Life: The Power of Positive Thinking

1. Social Wellness — Developing a sense of connection, belonging, and a well-developed support system
2. Emotional Wellness — Coping effectively with life and creating satisfying relationships
 - Discussion:
 - Importance of healthy and supportive relationship
 - Creating positive social experiences
 - Coping skills and emotional regulation

Session 5: Realizing How Well You Are: Life in Balance

- Reflection of previous sessions
- Re-evaluate Kawa river from session 1
- Discuss stages of change
- Complete URICA questionnaire
- Celebrate through fellowship

Appendix C

Pre/Post-Survey Questions for Rediscovering Life Sessions

SESSION 1:

How confident are you in your ability to self evaluate?

- Not Confident
- Somewhat Confident
- I Got This Down

- What did you learn?

SESSION 2:

How confident do you feel in your ability to create a budget and manage money?

- Not Confident
- Somewhat Confident
- I Got This Down

How confident do you feel on creating a resume?

- Not Confident
- Somewhat Confident
- I Got This Down

How confident do you feel in your interview skills?

- Not Confident
- Somewhat Confident
- I Got This Down

- What did you learn?

SESSION 3:

How confident are you in your ability to identify your roles and routines?

- Not Confident
- Somewhat Confident
- I Got This Down

- What did you learn?

SESSION 4:

How confident do you feel on balancing your social and spiritual wellness?

- Not Confident
- Somewhat Confident
- I Got This Down

How confident are you on your ability to cope and regulate emotions?

- Not Confident
- Somewhat Confident
- I Got This Down

- What did you learn?

Appendix D

“Rediscovering Life” Post Survey

EFFECTIVENESS OF THE WORKSHOP					
	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
The workshop sessions were relevant to me.					
The workshop sessions were interesting.					
The workshop content was meaningful to me.					
The content was related to the skills and knowledge needed in recovery.					
The topics made me think about my own actions.					
The sessions motivated me to take action.					
The training provided me the confidence to use the knowledge gained in the workshops.					
The handouts/material provided in the workshops are found to be beneficial and useful.					
I was satisfied with the overall workshop.					

How did the workshops help you?

What are your big takeaways?

What should we do differently next time with the workshops (How could we improvement it)?

What other topics do you feel would be beneficial to include?

Appendix E

Rediscovering Life Workshop Curriculum Post Training Survey

QUESTIONS ON THE EFFECTIVENESS OF THE CURRICULUM TRAINING					
	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
The training was relevant to me.					
The training was interesting and effective.					
The training content was meaningful to me.					
The training met my purpose in attending.					
The training content was related to the skills and knowledge needed as an ABLBH chapter leader.					
The training made me think about my own actions.					
The sessions motivated me to take action.					
I want to tell others about what was presented.					
The training provided me the confidence to use the knowledge gained and conduct the workshop.					
The training has given me ways to make my chapter more sustainable.					
The handouts/material provided in the guide are found to be beneficial and useful.					

What are the strengths of the workshop?

How could the workshops be improved?

Additional comments/suggestions/feedback:

Appendix F

Connecting the Links Satisfaction Survey

Thank you for attending Connecting the Links! We hope the event met your reason for coming. Please take a second to complete this survey to help us better understand what we did right and how we could improve.

How did you hear about this event?

- Radio
- Newspaper
- Employer
- Family/friend
- Facebook
- Word of mouth
- Other: _____

What interested you in attending?

- Speakers
- Vendors
- Both
- Food
- Other: _____

Please check your age range:

- 12 - 17 45 - 54
- 18 - 24 55 - 64
- 25 - 34 65 - 74
- 35 - 44 75 & older

How satisfied were you with the overall event? (Circle one)

Completely	Somewhat	Somewhat	Completely
Satisfied	Satisfied	Dissatisfied	Dissatisfied

What was your favorite part of the event?

Was there anything about the event you think we could have done better?

How did you benefit from attending “Connecting the Links”?

Additional Comments/Suggestions:

Appendix G

“Rediscovering Life” Pre/Post-Survey Outcomes

Rediscovering Life Pre/Post-Survey Outcomes for Sessions 1-4					
Session	# of Completed Surveys	Pre/Post Question/s	% of Increased Confidence	% of Maintained Confidence	What did you learn quotes
1	20 out of 23 participants Participants: • 2 leaders • 2 volunteers • 2 family members • 17 recovering individuals	How confident are you in your ability to self evaluate?	20% (n=4) • 4 increased from somewhat confident to I got this down	80% (n=16) • 12 remained at somewhat confident • 4 remained at I got this down	<ul style="list-style-type: none"> • “another way to evaluate pros and cons” • “Just about the Kawa River of Life example” • “That this meeting was much needed” • “Listen to your heart and mind” • “Today I learned to follow my heart and to keep on pushing. As long as I do that I can make anything happen” • “Its not gonna be an easy journey but keep going and be true & honest to myself & others” • “It will be overwhelming but it will be worth it” • “How to analyze my life” • “know faults/strengths, carry on”
2	7 individuals in recovery out 16 participants Participants: • 4 leaders • 2 volunteers • 3 parents • 1 spouse • 10 individuals with addiction	How confident do you feel in your ability to create a budget and manage money?	57% (n=4) • 2 increased from not confident to somewhat • 2 increased from somewhat confident to I got this down	43% (n=3) • 1 remained at somewhat confident • 2 remained at I got this down	“I learned that we need to realize what is important needs and what isn’t important. Some things we can live without like our internet & TV”
		How confident do you feel on creating a resume?	57% (n=4) • 1 increased from not confident to I got this down • 3 increased from somewhat confident to I got this down	43% (n=3) • 1 remained at somewhat confident • 2 remained at I got this down	
		How confident do you feel in your interview skills?	43% (n=3) • 1 increased from not confident to I got this down • 2 increased from somewhat	57% (n=4) • 2 remained at somewhat confident • 2 remained at I got this down.	

			confident to I got this down		
3	<p>10 (2 family members and 8 individuals in recovery) out of 27 participants</p> <p>Participants:</p> <ul style="list-style-type: none"> • 2 future leaders in training • 3 leaders • 1 volunteer • 3 family members • 18 individuals with addiction 	How confident are you in your ability to identify your roles and routines?	<p>60% (n=6)</p> <ul style="list-style-type: none"> • 2 increased from not confident to somewhat confident • 4 increased from somewhat confident to I got this down 	<p>40% (n=4)</p> <ul style="list-style-type: none"> • 3 remained at somewhat confident • 1 remained at I got this down 	<ul style="list-style-type: none"> • “Spend time wisely, work on goals/roles” • “I learned to always have positive things to do with your idle time. Find positive Hobbies. Also take an hour out for yourself everyday to relax and rest your mind & give yourself a Break.” • “Make time for yourself. Find your interests” • “Anything can occupy your time you just have to do it” • “Have to keep myself busy with positive things”
		How confident do you feel about time management?	<p>30% (n=3)</p> <ul style="list-style-type: none"> • 1 increased from not to somewhat confident • 2 increased from somewhat confident to I got this down 	<p>70% (n=7)</p> <ul style="list-style-type: none"> • 1 remained at not confident • 5 remained at somewhat confident • 1 remained at I got this down. 	
4	<p>11 individuals in recovery out of 25 participants</p> <p>Participants:</p> <ul style="list-style-type: none"> • 2 leaders • 2 volunteers • 6 family members • 15 individuals with addiction 	How confident do you feel on balancing your social and spiritual wellness?	<p>36.4% (n=4)</p> <ul style="list-style-type: none"> • 3 from not to somewhat confident • 1 from somewhat confident to I got this down 	<p>63.6% (n=7)</p> <ul style="list-style-type: none"> • 1 remained at not confident • 4 remained at somewhat confident • 2 remained at I got this down 	<ul style="list-style-type: none"> • “Things I can do to be more productive so that I don’t have the chance to use and what ways I can do if I get a craving and have the want to use.” • “How my relationships are toxic for me and my recovery I try.” • “People, places, and things” • “Use journal to collect data to try to figure triggers out” • “How others see me”
		How confident are you on your ability to cope and regulate emotions?	<p>54.5% (n=6)</p> <ul style="list-style-type: none"> • 5 increased from not to somewhat confident • 1 increased from somewhat confident to I got this down 	<p>45.5% (n=5)</p> <ul style="list-style-type: none"> • 3 remained at somewhat confident • 2 remained at I got this down 	

Appendix H

“Rediscovering Life” Overall Effectiveness/Satisfaction Outcomes

9 completed surveys					
Statement Outcomes					
Statement	% strongly agree	% agree	% neutral	% disagree	% strongly disagree
The workshops were relevant to me.	22.2%	44.4%	33.3%	0	0
The workshop sessions were interesting.	33.3%	55.5%	11.1%	0	0
The workshop content was meaningful to me.	33.3%	55.5%	11.1%	0	0
The content was related to the skills and knowledge needed in recovery.	33.3%	33.3%	33.3%	0	0
The topics made me think about my own actions.	22.2%	55.5%	11.1%	11.1%	0
The sessions motivated me to take action.	22.2%	55.5%	11.1%	11.1%	0
The training provided me the confidence to use the knowledge gained in the workshops.	11.1%	66.6%	11.1%	11.1%	0
The handouts/material provided in the workshops are found to be beneficial and useful.	22.2%	44.4%	33.3%	0	0
I was satisfied with overall workshop.	44.4%	44.4%	11.1%	0	0
Open-ended Responses					
How did the workshop help you?	What are your big takeaways?	What should we do differently next time with the workshops to improve them?	What other topics do you feel would be beneficial to include?		
<ul style="list-style-type: none"> • “Listening to others” • “Helped me realize I’m on the right path” • “Helped me think, gave knowledge and resources” • “They helped me understand myself a lot better” • “Look at money management” • “Realize my problems and help me to make my next step” • “They made me think about the person I want to be” 	<ul style="list-style-type: none"> • “Triggers, and overcoming them. What to do with free time” • “I can change, I can cope” • “Work on budget” • “Money management, goal setting/achievements, etc” • “That improvement is up to me” • “Keep focused on triggers” 	<ul style="list-style-type: none"> • “Add more hands on activities, less surveys” • “More skittles” • “More powerpoints” • “Nothing, Mariah and Aubri were AWESOME” • “Keep it same” • “Nothing loved it” • “Examples of how to get into another life style” 	<ul style="list-style-type: none"> • “No other topics needed” • “Introductions to recognizing” 		

Appendix I

Connecting the Links Outcomes

Connecting the Links Event Satisfaction Survey Outcomes				
How satisfied were you with the event?	Completely satisfied	Somewhat satisfied	Somewhat dissatisfied	Completely dissatisfied
Vendors	12	4	0	0
Attendees	20	3	0	0

Age Range:	18-24	25-34	35-44	45-54	55-64	65-74
Attendees	2	3	2	6	6	4

How did you hear of the event?	Radio	Newspaper	Family/friend	Facebook	Word of mouth	other
Attendees	1	2	10	6	4	8

Themes for improvement:	<ul style="list-style-type: none"> • Shorter time frame • Better marketing • Different tables for vendors • Smaller venue/less chairs • Host in better weather
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“How did you benefit from event” Themes:	
Vendors	<ul style="list-style-type: none"> • Networking • Providing education • Connecting to those in need • Better understanding of addiction • Agency exposure
Attendees	<ul style="list-style-type: none"> • Receiving help • Increased knowledge/information on resources • Made connections • Increased understanding of addiction

“What was your favorite part of event” Themes:	
Vendors	<ul style="list-style-type: none"> • Networking • Speakers • Testimonies • Informing/educating
Attendees	<ul style="list-style-type: none"> • Speakers • Fellowship • Obtaining info/ vendors • Organized • Connecting with others who care/ understand

Appendix J

Leadership Training Outcomes

10 completed surveys					
Statement Outcomes					
Statement	% strongly agree	% agree	% neutral	% disagree	% strongly disagree
The training were relevant to me.	100%	0	0	0	0
The training sessions were interesting.	100%	0	0	0	0
The training content was meaningful to me.	100%	0	0	0	0
The training met my purpose in attending.	100%	0	0	0	0
The content was related to the skills and knowledge needed as an ABLBH chapter leader.	90%	10%	0	0	0
The trainings made me think about my own actions.	60%	40%	0	0	0
The training motivated me to take action.	80%	20%	0	0	0
I want to tell others about what was presented.	100%	0	0	0	0
The training provided me the confidence to use the knowledge gained in the workshops.	70%	30%	0	0	0
The training has given me ways to make my chapter more sustainable.	80%	20%	0	0	0
The handouts/material provided in the workshops are found to be beneficial and useful.	100%	0	0	0	0
Open-ended Responses					
What were the strengths of the workshop training?	How could the workshop training be improved?		Additional comments/suggestions/feedback:		
<ul style="list-style-type: none"> • “Showing struggles” • “How to prioritize and be responsible” • “Info” 	<ul style="list-style-type: none"> • “Maybe broken it down into groups w/more individual time” 		<ul style="list-style-type: none"> • “Very well done!” 		