

UNIVERSITY *of* **INDIANAPOLIS**®

School of Occupational Therapy

Pennwood Pals: A Pilot Program to Increase the Quality of Life of Hospice Home Residents

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May, 2019



A capstone project submitted in partial fulfillment for the requirements of the Doctor of Occupational Therapy degree from the University of Indianapolis, School of Occupational Therapy.

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A Capstone Project Entitled

Pennwood Pals: A Pilot Program to Increase the Quality of Life of Hospice Home Residents

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

Problem Statement: Individuals who are homeless and terminally ill experience a loss of meaningful occupation as their illness progresses (Ko & Nelson-Becker, 2014; Lyons et al., 2002). The holistic practice of occupational therapy (OT) allows OT practitioners to provide interventions to increase the quality of life for residents in hospice through engagement in meaningful occupation (Trump et al., 2004).

Implementation: “Pennwood Pals” is a pen pal program between the Abbie Hunt Bryce Home hospice residence and a local senior apartment complex, Pennwood Place. Each week, participants received a list of suggested topics to discuss in their letters to promote life review. Letters were then delivered between corresponding pen pals for a total of six weeks. One Pennwood Place resident and three Abbie Hunt Bryce Home residents participated. Each Abbie Hunt Bryce Home participant took a pre- and post-test, the Missoula-VITAS Quality of Life Index (MVQoLI), to assess quality of life and program outcomes.

Outcomes: Average scores increased by 1.2 points within the interpersonal dimension of the MVQoLI between the pre- and post-test, indicating that participants noted a higher importance and impact of interpersonal relationships on their quality of life after the program. When combining the positive feedback from participants with the increased MVQoLI score, it is evident that the program was effective in increasing quality of life of the hospice residents.

Conclusion: OT practitioners have the skills and expertise to provide meaningful interventions to increase the quality of life of vulnerable populations in hospice care.

Pennwood Pals: A Pilot Program to Increase the Quality of Life of Hospice Home Residents

The main component of this occupational therapy doctoral capstone experience is the creation and implementation of a social participation program to increase the quality of life of individuals receiving hospice care in a hospice residence. The social participation programming involves a pen pal letter exchange program between local older adult volunteers and the terminally ill residents of a hospice home. The following theoretical framework and literature review provided a basis for the creation of the program. The literature review focuses on occupational deprivation within the dying homeless population, occupational therapy's role in working with this unique population, and the impact of life review and social participation on quality of life.

Theoretical Framework

The Canadian Model of Occupational Performance – Engagement (CMOP-E), formally referred to as the Canadian Model of Occupational Performance (CMOP) before an expanding definition was added, was the theoretical basis supporting this capstone project. The CMOP-E is an occupation-based model that analyzes how occupational performance and engagement evolve from an interaction between the person, their environment, and the occupation itself (Cole & Tufano, 2008; Zhang, McCarthy, & Craik, 2008). Function and dysfunction occur as a result of balance or imbalance between the three components, so individuals who experience dysfunction have a decrease in occupational engagement and performance (Cole & Tufano, 2008). With the use of the CMOP-E to guide program development and implementation, the quality of life and human spirit of each hospice resident can improve through engagement in meaningful occupations during the final stages of life.

In addition to the CMOP-E, the psychodynamic theory acted as a guide for this capstone project. The psychodynamic theory is the only theory used within occupational therapy practice that addresses the emotional issues of each client (Cole & Tufano, 2008). While the physical aspect of terminal illness is important to address in hospice settings, a patient's physical condition often cannot improve due to the progressive nature of many terminal diagnoses. However, the mentality and psychological well-being of each resident can remain intact throughout the entire end-of-life process. Psychological well-being and the client's sense of self can be challenged when faced with mortality. Therefore, it is important use a theory that addresses this specific human element of emotion to guide program development. A client's conscious sense of self, also known as the *ego*, is similar to the concept of human spirituality used within the CMOP-E (Cole & Tufano, 2008).

Literature Review

Occupational Deprivation

Individuals who are homeless, as well as individuals who are terminally ill and receiving hospice care, often experience loss of occupation as their illness progresses (Ko & Nelson-Becker, 2014; Lyons et al., 2002; MacWilliams et al., 2014; Podymow, Turnbull, & Coyle, 2006). This progressive loss of meaningful occupation is known as occupational deprivation (Lyons et al., 2002). Despite health or socioeconomic status, older adults have distinct needs during the later stages of life related to psychosocial support, social participation, and engagement in occupations (Wren, 2016). If these needs are not met properly, occupational deprivation can occur (Wren, 2016).

Occupational deprivation can negatively impact how an individual perceives his or her own health and well-being, which leads to a decreased quality of life. Many individuals with life-

threatening illnesses receiving hospice care report difficulties completing once-manageable daily tasks, which causes them to feel bored and isolated in their everyday lives (Lyons et al., 2002). In addition to feelings of boredom and isolation, these individuals also report experiencing a fear of dying anonymously or worrying that no one would know they had died (Ko & Nelson-Becker, 2014; Tobey et al., 2017). These fears likely derive from a lack of engagement in social participation occupations with friends, family, and the community (Fitzpatrick, 2017). Strong social supports are especially critical for individuals at the end of their lives to promote a peaceful and comfortable death experience (Boucher, Kuchibhatla, & Johnson, 2017). The most frequently unmet needs for older adults during the last stages of life are related to social participation, such as engagement in social relationships, leisure, and community life (MacWilliams, Bramwell, Brown, & O'Connor, 2014; Turcotte, Carrier, Roy, & Levasseur, 2018).

The Role of Occupational Therapy

While physical rehabilitation may not always be plausible during end of life care, the unique holistic scope of occupational therapy practice allows practitioners the opportunity to provide treatment to increase the quality of remaining life for residents in hospice (Trump, Zahoransky, & Siebert, 2004). Occupational therapists recognize that providing interventions that encourage continued participation in meaningful occupations can provide both an outlet for self-expression and reflection, as well as a means for making the final stages of life peaceful as an individual prepares for death (Trump et al., 2004). Occupational therapists are pivotal members of the end of life healthcare team because they are able to use their expertise of the individual's living environment and greater community to foster social participation and increased quality of life (Turcotte et al., 2018). Occupational therapists are skilled in adapting the

task and environment to overcome barriers to social participation for clients in hospice (Turcotte et al., 2018). Interventions that not only support the physical functioning of hospice residents, but the cognitive, spiritual, and emotional functioning as well, are reportedly valuable to terminally ill individuals (Lyons et al., 2002). One such intervention is therapeutic life review through engagement in social participation.

Life Review Through Social Participation

Therapeutic life review can be used to address an individual's psychological and existential concerns about the dying process (Keall, Clayton, & Butow, 2015). It can improve quality of life by facilitating reflection and evaluation of one's life to find meaning and purpose as they face death with a sense of peace (Keall et al., 2015). Life review intervention activities have also been shown to effectively reduce feelings of depression, while increasing self-esteem and life satisfaction (Keall et al., 2015).

It is important to foster involvement in social interactions with other members of society, also known as social participation, even during the final stages of life to promote an active and healthy aging process (Turcotte et al., 2018). One of the most commonly reported desires terminally ill patients have as they prepare for death is the strengthening of social relationships (Grewe, 2017). Greater social participation is associated with an increased quality of life and sense of well-being (Levasseur, Dubois, Genereux, Therrien, & Payette, 2015). Therefore, interventions that facilitate the life review process through engagement in social participation activities can improve quality of remaining life for individuals who are terminally ill.

Pilot Program

The program titled "Pennwood Pals" was a pen pal exchange program between residents of the Abbie Hunt Bryce Home and Pennwood Place apartments. The Abbie Hunt Bryce Home

is a non-profit, free of charge residential hospice for low-income or homeless individuals with no appropriate living accommodations to live out their final days. Pennwood Place is a low-income senior housing complex located next door to the Abbie Hunt Bryce Home. The eight-week program aimed to increase social participation and promote life review through the use of a letter exchange program to improve the quality of life of the Abbie Hunt Bryce Home residents.

Needs Assessment

Needs assessments are necessary to document current problems in order to prepare for improvement through program development (Bonnell & Smith, 2018). Important components of a needs assessment include both a literature review to gain a broad understanding of the problem through professional resources available, as well as a SWOT analysis to gain an understanding of the local problem specific to the organization at hand (Bonnell & Smith, 2018).

Following these guidelines, the needs assessment for this program began with a review of the literature to examine the general needs of the target population through the lens of formally conducted studies, as previously noted. The literature review revealed that terminally ill homeless individuals often experience occupational deprivation and need interventions to provide the opportunity to engage in meaningful occupations to increase quality of remaining life (Ko & Nelson-Becker, 2014; Lyons et al., 2002; Wren, 2016). After a thorough literature review, the doctoral capstone student conducted a SWOT analysis utilizing information gathered from informal interviews with the two staff members, two on site personnel, and two residents of the hospice home resulting in a total number of six individuals. A list of questions used to guide these informal interviews can be viewed in Appendix A. Results of the SWOT analysis outlined the strengths, weaknesses, opportunities, and threats of the current programming offered at the hospice home. Strengths include a focus on quality of life and consistent monthly activities

planned and offered to residents. Weaknesses include a lack of partnership with individuals in the community for activities, as well as a lack of life review programming. The biggest opportunity for future programming was the proximity and availability of the Pennwood Place seniors to engage in activities with the hospice home residents. Finally, the main threat of activities at the hospice home was the nature of hospice itself. Many individuals are unable to complete activities that last for several weeks due to their terminal illnesses and uncertain futures. The completed SWOT analysis can be located in Appendix B.

The Abbie Hunt Bryce Home is a non-profit organization whose mission is to serve the terminally ill homeless population. This type of non-traditional community setting is considered an emergent practice area within occupational therapy (Chow, 2015). Traditionally, hospice services are provided to individuals within an inpatient facility, their homes, or a skilled nursing facility (NHPCO, 2009). In more traditional medical settings such as skilled nursing or inpatient facilities, the primary focus of the needs assessment is on the physical needs of the patient (Wijk & Grimby, 2008). Once the patient's physical needs are met, primarily through pain management, other psychological, social, or spiritual needs then arise (Wijk & Grimby, 2008). This is where the needs assessment at the Abbie Hunt Bryce Home differs from that of traditional hospice settings. At the Abbie Hunt Bryce Home, contracted hospice providers deliver the medical hospice services to the residents. Therefore, the primary focus of these hospice providers is on the physical needs of the residents. Since the physical needs of the residents are accounted for by the contracted hospice providers, the primary focus of a needs assessment within the facility is on the other needs relating to social, emotional, psychological, or spiritual factors.

Program Implementation

Life Review Topics

First, a review of the literature was conducted to determine an appropriate list of life review topics to discuss throughout the duration of the program. These topics included aspects from childhood and teenage years, education and young adulthood, work and career endeavors, family, hobbies and leisure, retirement, and other major life events (Boehlmeijer, Smit, & Cuijpers, 2003; Haber, 2006; Haight, 1988; Staudinger, 2001). Pennwood Place residents received a weekly flyer containing suggestions for the different life review topics of the week. The flyers encouraged participants to discuss the suggested topics from their personal view, and to ask questions regarding these suggested topics to their corresponding pen pal at the Abbie Hunt Bryce Home. The purpose of this activity was to provide a means of informal life review for the hospice residents.

Marketing and Recruiting Participants

Recruitment at Pennwood Place occurred via flyers and verbal announcements at weekly activities. Pennwood Place residents first learned of the program through the monthly newsletter. Participants were encouraged to inform the property manager of his or her interest in the program. Once initial interest was determined, residents then received frequent weekly reminders describing the program and what steps to take in order to participate. Recruitment efforts continued throughout the entire duration of the program due to low initial participation response from Pennwood Place residents.

Letter Delivery

Each Pennwood Place participant received topic suggestions for writing their initial introduction letter. Once the introductory letters were completed, the letters were delivered next

door to the Abbie Hunt Bryce Home. Each Abbie Hunt Bryce Home resident was offered the opportunity to participate in the pen pals program, and those interested were randomly assigned a pen pal. Each hospice resident was offered additional assistance with reading or writing their letters, if needed, to ensure that every resident was able to participate if they desired, regardless of their state of health. One participant took advantage of this offer and an average of one hour was spent with the resident each week to assist in letter writing. Once the Abbie Hunt Bryce Home residents completed their response letters, the letters were then delivered back to their respective Pennwood Place pen pal partner, along with a new list of topic suggestions for life review. The letter writing portion of the program continued for a total of six weeks with a total of four participants – one from Pennwood Place and three from the Abbie Hunt Bryce Home. Throughout the three-month duration of the doctoral capstone experience, the average census of the Abbie Hunt Bryce Home was at about 60% of the 12-room capacity. This means that the average census at any given time during the three months was seven residents, so three participants equates to 43% of residents participating in the program. Each resident wrote and received anywhere from two to four letters, depending on the time it took to write a response letter. The typical time lapse between letters was one to two weeks.

Missoula-VITAS Quality of Life Index

Each participating Abbie Hunt Bryce Home hospice resident anonymously filled out the Missoula-VITAS Quality of Life Index (MVQoLI) as a pre-test. The MVQoLI is a tool designed specifically for use in palliative care and hospice settings (Namasango, Katabira, Karamagi, & Baguma, 2007). This 25-item tool breaks down quality of life into five dimensions including symptoms, function, interpersonal, well-being, and transcendence (Schwartz, Merriman, Reed, & Byock, 2005). The MVQoLI was found to have internal consistency, divergent validity, test-

retest stability, and relevance when used with the terminally ill population (Byock & Merriman, 1998; Schwartz et al., 2005). The scores of the MVQoLI were calculated so the pre-test and post-test trends could be compared to assess the program outcomes. The MVQoLI responses were kept anonymous in order to ensure participant privacy. The trends were assessed instead of individual outcomes to account for the possibility of participants passing away throughout the duration of the program rendering them unable to complete both a pre- and post-test, as well as to ensure the overall effectiveness of the program was being assessed versus individual participation.

Leadership and Staff Development

Leadership on behalf of the occupational therapy student was necessary throughout the implementation phase to ensure proper carry out of the program. Specific leadership skills such as communication, advocacy, organization, self-directed learning, flexibility, and constructive criticism and feedback were utilized to promote program success. Communication with key staff, on-site personnel, and potential participants was vital to provide education on the goals of the pen pals program in relation to occupational therapy to gain interest during recruitment. Constructive criticism and feedback were sought throughout all stages of program development to promote successful implementation of the program. Advocacy was necessary to highlight the need for occupational therapy and the specific social participation program at the Abbie Hunt Bryce Home. Throughout the development and implementation phases of the program, it was important to remain flexible and self-directed to allow for effective problem solving when potential barriers to success were present.

Staff development was promoted throughout the creation and implementation of the program in several ways. Staff members were educated on the general scope of occupational

therapy practice, as well as the specific role of occupational therapy within hospice settings, to enhance their working knowledge of the profession. Additionally, staff members were educated on the specific occupations of social participation and the prevalence of occupational deprivation within the terminally ill homeless population. The benefits of life review and social participation, as well as information on how to promote life review during program implementation were shared with staff members to promote staff development.

Program Discontinuation

At the conclusion of the program, the participants were invited to an event held at the Abbie Hunt Bryce Home. This event was open to residents who did not participate in the pen pals program, as well, to increase participation outcomes and opportunities for social participation. At the event, residents of both facilities worked together to bake and decorate cookies and were encouraged to engage in conversation with their pen pals. A total of six residents attended the event – two from Pennwood Place, three from Abbie Hunt Bryce Home, and one close friend of an Abbie Hunt Bryce Home resident. Each Abbie Hunt Bryce Home resident who participated in the pen pals program was then given the MVQoLI to complete once again as a post-test measure. Additionally, feedback was sought from each participant regarding the program. Participants expressed their desires for a longer program, continuation of correspondence with their pen pals, and opportunities to write to more pen pals in the future. Sustainability of the program was discussed with staff members and a detailed plan for continuation of the letter correspondence between the two facilities was created with tasks delegated to appropriate staff members.

Outcomes

The pre-test and post-test scores of the MVQoLI were calculated using the excel spreadsheet provided by the creators of the tool (Byock and Merriman, n.d.). Each of the five dimensions of the MVQoLI feature two items for assessment, two items regarding satisfaction, and one item to measure importance (Byock & Merriman, n.d.). Assessment refers to the measurement of the actual circumstance itself, satisfaction refers to the level of acceptance on behalf of the resident, and importance measures the degree to which each dimension impacts one's overall quality of life (Byock & Merriman, n.d.). Once entered into the Excel spreadsheet, each response was given a numerical score to assist in overall scoring. The assessment items ranged from -2 to +2, satisfaction items ranged from -4 to +4, and importance items were scored from 1 to 5 (Byock & Merriman, n.d.). The total score within each dimension was calculated using these numerical figures, and a bar graph was created to demonstrate the results. The results of the pre-test can be viewed below in Table 1 and the bar graph of the average scores can be viewed in Figure 1.

Table 1. MVQoLI Pre-Test Dimension Scores

	Participant 1	Participant 2	Participant 3	Averages
<i>Symptom</i>	8	4	3.5	5.2
<i>Function</i>	-3	25	13.5	11.8
<i>Interpersonal</i>	7.5	1.5	0	3
<i>Well-Being</i>	20	27.5	15	20.8
<i>Transcendent</i>	20	30	25	25

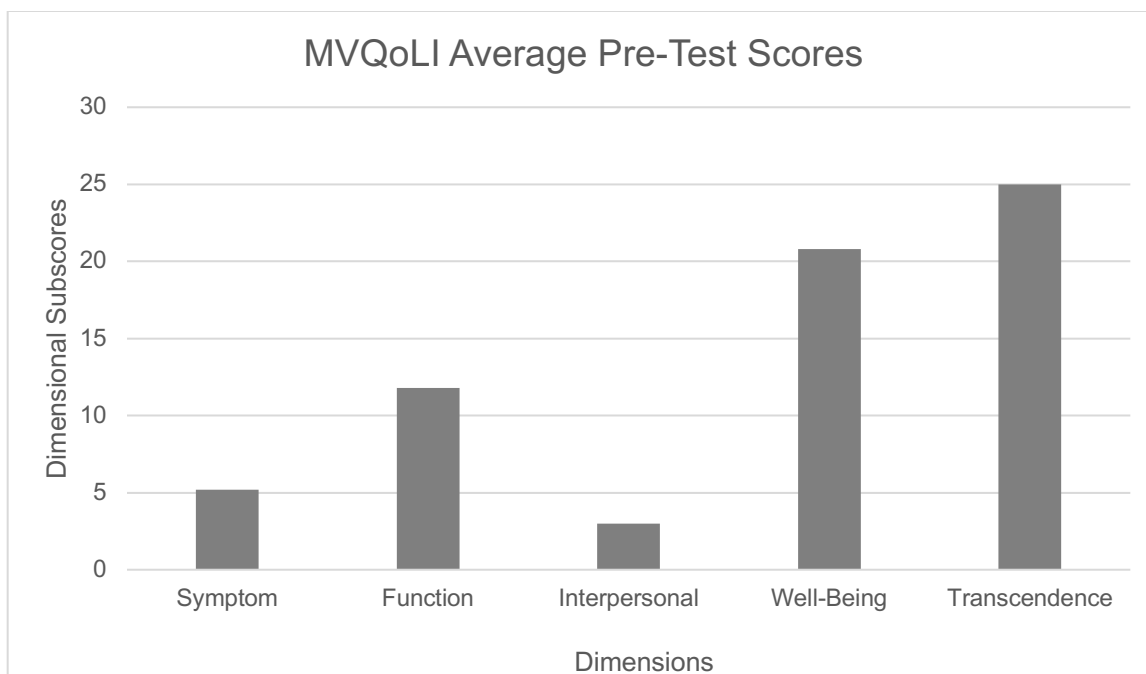


Figure 1. MVQoLI average pre-test scores. This figure illustrates the average pre-test scores of each dimension of the MVQoLI between the three participants.

The positive numbers indicate an increase in quality of life of the resident and the negative numbers indicate a reduction, while the size of each dimension indicates the depth of the impact each item has on the resident (Byock & Merriman, n.d.). Each participant reported an overall increase in quality of life within each dimension apart from one resident who reported that their ability to physically function negatively impacted their quality of life, as seen in Table 1. Transcendence and well-being were most important and impactful to each resident, as reflected in the size and direction of each bar in Figure 1, and symptoms and interpersonal relationships had the smallest positive impact. The results of the post-test can be viewed below in Table 2 and the averages are illustrated in Figure 2.

Table 2. MVQoLI Post-Test Dimension Scores

	Participant 1	Participant 2	Participant 3	Averages
<i>Symptoms</i>	9	4	3.5	5.3
<i>Function</i>	-2.5	25	13.5	12
<i>Interpersonal</i>	10	2.5	0	4.2
<i>Well-Being</i>	20	27.5	15	20.8
<i>Transcendence</i>	20	30	25	25

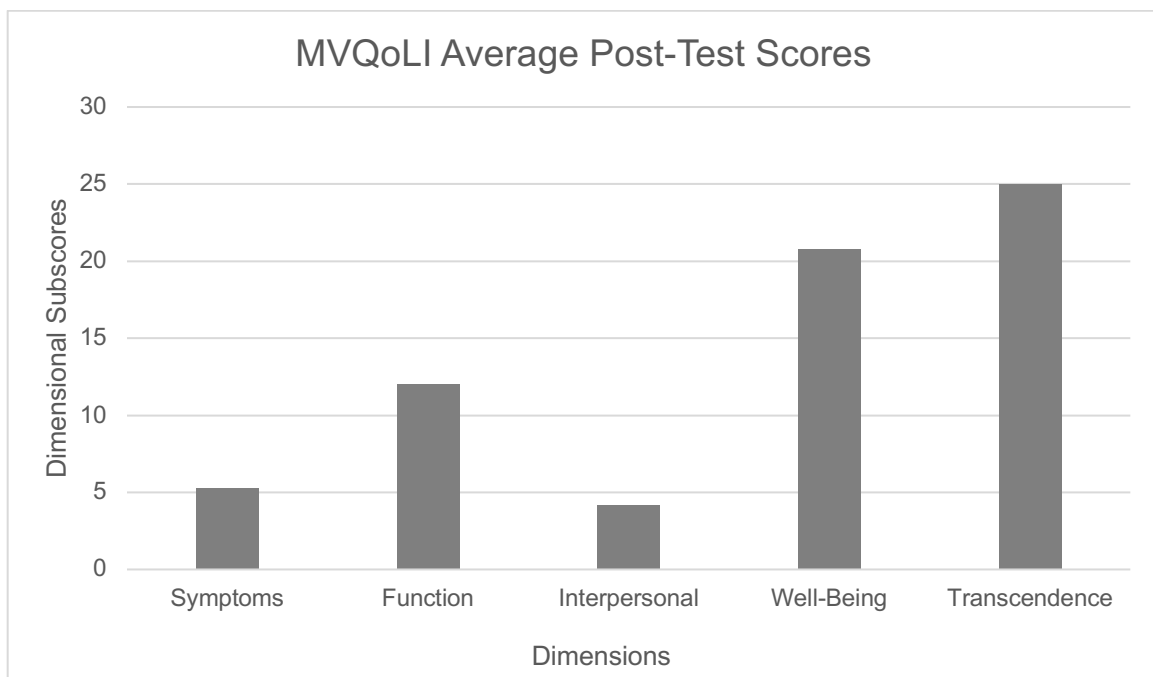


Figure 2. MVQoLI average post-test scores. This figure illustrates the average post-test scores of each dimension of the MVQoLI between the three participants.

Fortunately, each Abbie Hunt Bryce Home resident who completed the pre-test was able to complete a post-test, as well. The individual participant responses are not matched between the pre-test and post-test to allow for anonymity, therefore individual dimensional score changes cannot be assessed. However, as shown in Table 2, the trends remained relatively unchanged.

Participants still reported that transcendence and well-being were the dimensions that held the greatest importance and impact on their quality of life, while the dimensions of function and interpersonal had the smallest impact. The average scores for the interpersonal category, however, increased from 3 to 4.2, indicating that since the pre-test, participants noted a higher importance and impact of interpersonal relationships on their quality of life. When comparing the positive feedback received via informal discussions during the discontinuation event with the increased average score on the interpersonal dimension of quality of life, a possible link can be made between the two outcomes. It can therefore be concluded that the pen pals program was effective in providing an outlet for social participation for the residents at the Abbie Hunt Bryce Home, and that this increased social participation had a positive impact on the overall quality of life of the residents. These findings support existing literature that states that individuals most frequently desire an increase in social participation near the end of life, and that engagement in social participation promotes increased quality of life (Grewe, 2017; Levasseur et al., 2015; Turcotte et al., 2018). Additionally, existing literature regarding the importance and effectiveness of occupational therapy interventions that focus on social, cognitive, and emotional factors, versus physical rehabilitation within end of life care is supported by these program outcomes.

Response to Societal Needs

Individuals who are homeless, as well as individuals who are terminally ill, experience a decrease in quality of life and social participation (Ko & Nelson-Becker, 2014; Podymow et al., 2006). This is especially true for those who fall into both categories (Lyons et al., 2002). There is a societal need for interventions to allow homeless individuals who are terminally ill to engage in meaningful occupations such as social participation to increase their quality of remaining life. This pen pal letter exchange program was created as a direct response to this need. The doctoral

capstone project provided a social participation intervention in the form of a pen pals program to the residents of the Abbie Hunt Bryce Home, a free hospice residence for terminally ill individuals with no other place to live out their final days. Studies show that engagement in social participation near the end of life can increase the quality of life for terminally ill individuals (Grewe, 2017; Turcotte et al., 2018). The outcomes of this pilot program support the findings of these studies; therefore, it can be said that this program effectively met the societal needs of the Abbie Hunt Bryce Home community.

Overall Learning

Communication and Client Education

Communication and client education were vital components in ensuring the program ran smoothly from start to finish. Communication occurred with site staff and volunteers, board members consisting of community members and health providers, residents, and other occupational therapy student colleagues. Effective communication was key in the program design stage to select an appropriate site for the doctoral capstone experience, collaborate with staff personnel to create objectives and plan a program to meet the unique needs of the population, and to implement the program effectively with the help of site staff and volunteers. This communication took place verbally during meetings with staff members and residents, and nonverbally via written or electronic communication. Without the use of effective communication to coordinate a pen pals program between two separate buildings and two separate sets of residents and staff members, the program would not have been successful.

The client throughout this doctoral capstone experience not only includes the individuals who participated in the pen pals program, but the other residents at the site, and staff and volunteers, as well. Staff and volunteers were educated on occupational therapy's general scope

of practice, occupational therapy's role within hospice settings, and the specific role of occupational therapy and the doctoral capstone program at the Abbie Hunt Bryce Home. Additionally, education to the staff and volunteers was provided on the concepts of occupational deprivation, social participation, and life review, and how the pen pals program aimed to use social participation and life review to decrease occupational deprivation within the residents at the Abbie Hunt Bryce Home.

Residents of both sites were educated on all the aforementioned concepts, as well. In addition, residents were educated on the importance of engaging in social participation even at the end of life to increase life quality. This was done not only to gain interest and participation in the pen pals program, but to empower individuals to find ways to engage in meaningful social participation even outside of the program. All this education was done verbally with the aid of literature to cite the information provided.

Leadership and Advocacy

Leadership and advocacy skills are important when providing effective communication and education. In order to be a leader, one must first be confident in their knowledge and abilities to provide education and advocacy. Using literature on existing studies and peer reviewed information to support the staff and resident education topics facilitated a natural increase in confidence of the knowledge. Advocacy is crucial when acting as an outside consultant, especially for a site that does not currently employ occupational therapists like the Abbie Hunt Bryce Home. It was important to advocate for the profession of occupational therapy and how the holistic scope of practice allows practitioners to work with a wide variety of clients, in both traditional and emerging areas of practice. Without advocacy for the profession, occupation-

based programs, such as Pennwood Pals, would be unable to exist and provide the needed interventions to vulnerable populations, such as the residents of the Abbie Hunt Bryce Home.

Implications for Occupational Therapy Practice

While the Abbie Hunt Bryce Home does not have an occupational therapist on staff, the inclusion of a program created through the lens of occupational therapy was valuable and impactful to residents during their end of life care. Social participation is an area of occupation that can and should be addressed by occupational therapists in practice (American Occupational Therapy Association [AOTA], 2014). Social participation is incredibly important during the final stages of living, and engagement in social participation can increase one's quality of remaining life (Turcotte et al., 2018). The outcomes of this pilot program support the notion that occupational therapists have the skills and expertise necessary to provide effective quality of life interventions to individuals in hospice through the holistic scope of practice of occupational therapy.

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Appendix A

Informal Interview Question Guides

Staff Questions

1. What kinds of activities and programs are currently offered at Abbie Hunt Bryce Home?
2. How often are activities and programs offered?
3. What are the strengths and weaknesses of the current activities offered?
4. Are there any types of activities that seem to be favorites of the residents?
5. How do you determine what activities are planned and offered?
6. How many participants do you typically have at activities?
7. Are your current activities intended for more active residents, for more ill residents, or for a variety of resident health statuses?
8. How are participants recruited for activities?
9. How is scheduling and timing of activities determined?
10. Who plans the activities?
11. Do you ever include outside community members in activities, or are activities only for residents?

Resident Questions

1. Do you participate in the currently offered activities?
2. Which activities do you enjoy the most?
3. Which activities do you enjoy the least?
4. What are some strengths and weaknesses of the current activities offered?
5. What kind of future activities would you like to engage in at Abbie Hunt Bryce Home?
6. What are some hobbies or leisure activities you participate in to pass the time?
7. Are you satisfied with the current number of activities offered?
8. Would you be interested in participating in a letter exchange program with individuals in the community?

Appendix B

Results of SWOT Analysis

Strengths

1. Monthly programming and activities are scheduled and offered to residents.
2. The Morning Light mission statement has a focus on improving or maintaining quality of life of residents.
3. Staff plan activities with quality of life in mind.
4. Staff are familiar with the residents and able to cater activities to their specific hobbies and interests.

Weaknesses

1. Activities are planned for residents only and do not involve outside partnerships with individuals in the communities.
2. There is a lack of programming with a focus on life review.
3. Activities are often catered to the residents who are most active and well at the time, and activities are not being graded to include those residents who are more ill and unable or unwilling to leave their rooms.

Opportunities

1. Several residents have expressed interest in opportunities for increased interaction with others.
2. Pennwood Place is owned and operated by Morning Light, the same company that owns and operates the Abbie Hunt Bryce Home.
3. Pennwood Place is in close proximity to the Abbie Hunt Bryce Home.
4. The Pennwood Place residents are active, social, and willing to participate in activities.

Threats

1. Some Abbie Hunt Bryce Home hospice residents are unable to participate in activities that last several weeks due to the nature of hospice itself.
2. Pennwood Place residents may not want to begin social relationships with individuals who are terminally ill due to the knowledge that they may pass away before the conclusion of the program.