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Occupational Deprivation with Individuals Experiencing Homelessness, Mental Illness, Substance Abuse and Addiction

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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

Title: centered, must be less than 18 words

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

By

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### **Abstract**

The effect of individuals in our community experiencing both substance use disorders and homelessness impacts and impairs their occupational performance in their everyday lives (McNaughton, 2008). Occupational therapy (OT) can play a vital and unique role with individuals who are experiencing homelessness and substance use disorders utilizing a holistic outlook to help individuals recognize the effects that addiction has on their life and assist in identifying ways to find and utilize meaningful occupations (Rojo-Mota et al., 2017). The purpose of this Doctoral Capstone Experience (DCE) project was to organize and add to the site's resource binder for potential discharge/placement sites to increase the success of the client's journey to sobriety and implement group programming sessions focused on necessary life-skills needed in daily occupations. This paper describes the need for implementation of these projects, the outcomes, and the discontinuation process for quality improvement of services and sustainability following the DCE. Outcomes from completion of the group programming sessions included increased education and understanding of important life skills and growing confidence in future occupational performance. In addition, improved organizational sustainability resulted from completion of updating the site's resource binder through increased advocacy and new partnerships with various recovery homes and resources throughout the community. Upon completion of the DCE the student gained beyond entry level skills in an emerging area of practice with increased confidence with leadership and professionalism.

### **Occupational Deprivation with Individuals Experiencing Homelessness, Mental Illness, Substance Abuse and Addiction**

The National Alliance to End Homelessness reported that there are approximately 1,682 people experiencing homelessness currently in the city of Indianapolis and approximately 5,438

in the state of Indiana (Point in Time Count, 2018). Individuals experiencing homelessness lack involvement in control of the activities or occupations in their daily life from the dependency of factors that are out of their control; hours of operation of various shelters, daily drop-in centers, meal times, medical centers, etc. impacting their overall empowerment of their occupations (Marshall & Rosenberg, 2014). Occupations are described as activities that are performed regularly that an individual does in their daily life to occupy their time (Wasmuth et al., 2015). Individuals experiencing substance-use disorders and addiction result in deficits in occupations throughout their daily life due to the amount of time that is occupied by using drugs or alcohol (Wasmuth et al., 2015). Occupational deficits are important to address to improve overall satisfaction with life (Fisher & Hotchkiss, 2008).

Experiencing homelessness can be life changing, which can impact an individuals' sense of self or identity and create an occupational imbalance (Marshall & Rosenberg, 2014). A person's identity can be impacted from the experiences an individual endures while being homeless such as; social isolation and decreased availability to engage in typical everyday activities (Marshall & Rosenberg, 2014). An individual's occupational history can be impacted by addiction and substance abuse through changes in their various life roles and the ability to complete their activities of daily living (ADLs) (Rojo-Mota, Pedrero-P'erez, & Huertas-Hoyas, 2017). This literature review investigates the relationship between individuals experiencing homelessness, mental illness, suffering from substance abuse and addiction and the possibility for occupational deprivation or relapse in their everyday lives.

### **Theory & Model**

The model that guided this doctoral capstone experience (DCE) was The Model of Occupational Empowerment. This model describes the importance of occupations in our daily

life and how this can be empowering for an individual's identity and satisfaction with life (Fisher & Hotchkiss, 2008). This model focuses on five stages including; disempowering environment, occupational deprivation, learned helplessness, occupational empowerment, and occupational change (Fisher & Hotchkiss, 2008). Many individuals enduring homelessness are at least experiencing one aspect of a disempowering environment with problems related to; poverty, substance abuse, physical abuse, violence, legal problems, and limited social support (Fisher & Hotchkiss). Individuals experiencing a disempowering environment typically experience occupational deprivation as well, from a lack of involvement of meaningful occupations in their daily lives (Fisher & Hotchkiss). The Model of Occupational Empowerment was utilized as the center of treatment and education in order for the individuals to gain occupational empowerment and life satisfaction.

The frame of reference (FOR) that guided this project was the Psychodynamic FOR. The psychodynamic FOR focuses on improving communication, self-esteem, and self-acceptance (Cole & Tufano, 2008). Interventions throughout the group programming focused on meaningful occupations that helped clients discover their identity and who they are through social participation (Cole & Tufano, 2008). Increasing an individual's self-understanding is important, which impacts their success in daily life by increasing self-esteem, self-acceptance, and self-responsibility (Cole & Tufano, 2008). Increasing an individual's social skills is important to repair relationships, obtain important life roles and life skills to enhance functioning in their everyday lives and grow in their desired identity (Cole & Tufano, 2008). The Model of Occupational Empowerment and the Psychodynamic FOR created the theoretical framework to guide the individual throughout the transition of experiencing homelessness to no longer being homeless.

## **Literature Review**

### **Substance Abuse and Addiction**

Substance use whether alcohol or drugs is a common factor amongst many individuals that are experiencing homelessness (McNaughton, 2008). Individuals describe addiction and the use of substances as a way to escape their current reality (i.e. environmental, social, financial, emotional), or as a way to cope and block out past trauma (McNaughton, 2008). Individuals that have experienced homelessness may lose their sense of self or identity due to increased isolation throughout their daily living situation of being homeless and living on the streets (McNaughton, 2008). Losing their sense of identity may increase their feelings of emptiness and the fear of the unknown of their daily routine which can also create a sense of boredom leading these individuals to use substances (McNaughton, 2008). Addiction has been described as being an occupation itself due to how it occupies an individual's time in their daily life impacting their involvement in other occupations creating occupational deprivation (Rojo-Mota et al., 2017). Addiction can be addressed from an occupational level due to the impact it has on change in an individual's daily life roles and participation in typical daily activities (Rojo-Mota et al., 2017). There is a need for support to assist individuals in developing different coping strategies other than using drugs or alcohol, such as; counseling, having a sponsor, creating new healthy hobbies, exercising, etc. any meaningful occupations (McNaughton, 2008). Occupation-based approaches can help individuals who are experiencing substance use disorders understand the benefits of how engagement in various healthy occupations can impact their overall well-being (Wasmuth et al., 2015). The potential for developing new coping strategies could be a large step in their recovery, preventing relapse, and transitioning out of homelessness.

### **Transitioning from Homelessness**

Throughout the transition from homelessness to becoming housed, it may be necessary to provide individuals with support to create a positive sense of their identity of themselves (Marshall & Rosenberg, 2014). It is important to know that when working with this population throughout this transition there is an opportunity for growth in learning life skills and approaches to utilize for solving typical life problems (Wasmuth et al., 2015). Individuals that experience homelessness may have lost the knowledge of what typical occupations are appropriate to engage in and are required to independently function as a person who is not living on the streets and may need support or guidance throughout this transition (Marshall & Rosenberg, 2014). The transition from homelessness to being housed is often related to obtaining employment (Poremski, Whitley, & Latimer, 2014). The main barriers to obtaining employment are related to substance abuse, past criminal record, shelter rules, and adequately being able to obtain psychiatric care (Poremski, Whitley, & Latimer, 2014). To assist this population in gaining employment and initiate increasing other daily occupations, it is important to address self-stigmatization and anxiety about past criminal records and the importance of staying sober (Poremski, Whitley, & Latimer, 2014). Addressing these areas of concern will in result build a more stable environment around a schedule with meaningful activities.

### **Occupational Therapy with the Homeless Population**

“Maximize health, well-being, and quality of life for all people, populations, and communities” (AOTA, 2017, p.7103420010p1) this describes the American Occupational Therapy Association’s Vision 2025, inviting the profession of Occupational Therapy (OT) to achieve this vision through working with underserved populations such as individuals experiencing homelessness, mental illness, substance abuse and addiction. It is essential for occupational therapists to focus on what the barriers are for individuals experiencing

homelessness that are limiting their opportunities for participating in various occupations (Roy, Vallée, Kirsh, Marshall, Marval, & Low, 2017). Occupational therapy interventions have been found to be successful in improving performance in occupations and overall well-being for individuals with a diagnosis related to mental health (Ikiugu, Nissen, Bellar, Maassen, & Van Peursem, 2017). Occupational performance skills, also known as life skills are important to be addressed with individuals that are experiencing homelessness or are transitioning out of homelessness (Roy et al., 2017). Specific occupational performance skills that are necessary to address are; financial management, employment skills, nutrition, general health and wellness, social participation, home management, and participation throughout the community (Roy et al., 2017). *The Occupational Therapy Practice Framework, 3<sup>rd</sup> Edition* (2014) discusses the specific skills that are involved in occupations that are a part of activities of daily living (ADL)/instrumental activities of daily living (IADL) in which occupational therapists as a profession focus on.

### **Occupational Justice and Empowerment**

Occupational justice focuses on the ability to recognize that occupational rights are important for every individual regardless of their age, ability, gender, socioeconomic status, or any other differences (Nilsson & Townsend, 2014). Occupational rights are described as the idea that every individual is meant to be an occupational being and able to participate in occupations to connect socially with others and be a part of a community (Nilsson & Townsend, 2014). Occupational rights focus on enabling individuals to participate in occupations that are meaningful to them resulting in occupational justice (Durocher, Gibson, & Rappolt, 2014). Many individuals that experience homelessness may experience increased social isolation (Marshall & Rosenberg, 2014). Occupational alienation is described as an increased time of being isolated,

disconnected, and lack of knowing ones' identity, this can lead to occupational deprivation (Durocher, Gibson, & Rappolt, 2014). Empowerment can be described as supporting one another in the process of developing independence to make healthy productive decisions throughout everyday tasks (Fisher & Hotchkiss, 2008). Empowering individuals by providing a supportive environment and opportunities to make their own choices through developing a positive self-identity can lead to a healthy occupational change (Fisher & Hotchkiss, 2008). Empowerment provides a connection between individual engagement in occupations that are meaningful and overall well-being (Fisher & Hotchkiss, 2008). A healthy occupational change can lead to an increased satisfaction with life.

### **Project Aim**

As shown in the literature, an individual experiencing homelessness with substance abuse and possibly a mental health diagnosis experience a wide variety of issues related to their occupational deprivation in their daily lives. Because the researchers found that having stable housing and support on engaging in typical life skills (Roy et al., 2017) and support to create a positive sense of their identity of themselves (Marshall & Rosenberg, 2014), the project aimed to create various group programming to engage individuals in daily life skills that are experiencing homelessness and substance abuse. The Reuben Engagement Center (REC) takes in clients who are homeless or at risk for homelessness and are experiencing substance use disorders. REC focuses on getting clients detoxed, medically stable, connected to services, and then transitioned to placement at a recovery home to continue their journey into sobriety. In addition, this project aimed to complete research to ensure that there are various discharge/placement options for individuals to go to and receive supportive housing after detox that are the best fit for them to be successful at. The programming provided education about various life skills and daily

occupations, while also enhanced their social participation. Individuals experienced ways to utilize life skills which empowered their occupations and understanding of their identity with sobriety and enhanced the quality of life for individuals in this population.

### **Screening and Evaluation**

To analyze and assess the needs of REC, the review of literature, a needs assessment, and comparing the strengths/weaknesses/opportunities/threats (SWOT) analysis were utilized as the evaluation framework. The needs assessment was completed first through discussion between the occupational therapy student, two resource coordinators, and the executive director of REC. From the completion of the needs assessment, it was found that there are needs or gaps between the current condition of the site and the desired condition. The SWOT analysis was also completed throughout this discussion to determine the identified strengths and opportunities to overcome weaknesses and threats and decide the needs of the doctoral capstone experience (DCE). The completion of a SWOT analysis evaluates the strengths/weaknesses (internal factors) and opportunities/threats (external factors) that are within a program or organization (Van Wijngaarden, Scholten, & Van Wijk, 2012). A SWOT analysis is appropriate to focus on a program's strengths, minimize threats and take opportunities to improve weaknesses (Van Wijngaarden et al., 2012).

After the needs assessment and discussion were completed, the SWOT analysis was completed. It was determined that REC would benefit from adding to the site's resource binder for potential future discharge/placement sites for the clients and implementation of programming with the clients to increase the benefits of their time spent at the facility. Refer to Appendix A for details of the SWOT analysis. There was an identified need to organize and add to the facility's resource binder by reaching out to various discharge/placement sites (recovery homes) and

update information on each recovery home. This was an essential part of the DCE because the facility has a lack of employees to fulfill this need due to having only two full-time resource coordinators who are extremely busy with the number of clients they work with on a daily basis. It was important to make new connections to various recovery homes and re-engage the relationships that have previously been made with various recovery homes. By doing this, it decreased the amount of readmission rates and ensured that clients were discharged to sites that they would be most successful at based on their characteristics and what that site provides. The site expressed other concerns in regard to funding and transportation. REC has already focused their efforts on these concerns and has found answers to solve these problems through grant funding and receiving their own car to utilize as transportation for the clients therefore this was not a focus on the DCE project. The capstone student focused efforts on client programming and updating the site's resource binder while making new connections with recovery homes or re-engaging the relationships already made with various recovery homes.

To bring attention to the concept of addiction as an occupation, many individuals with addiction are unaware of how to replace their addiction with occupations that are healthy (Rojo-Mota et al., 2017). Individuals who are experiencing homelessness and have a substance use disorder have difficulties with experiencing increased social isolation and loss of self-identity, impacting their ability to utilize healthy coping strategies often referring to drugs or alcohol (McNaughton, 2008). Many clients at REC benefitted from group programming on various topics related to; coping skills, stress management, time management, health & wellness, and community resources which increased their social interaction and knowledge in these areas. Occupational rights are to ensure that every individual is able to participate in occupations that are meaningful to them and persons experiencing homelessness and are suffering from substance

use disorders may be experiencing occupational injustices (Durocher, Gibson, & Rappolt, 2014). It is important to address these injustices, empower and support individuals to make occupational changes during this vulnerable time in their lives. Throughout the transition of an individual experiencing homelessness to being housed, REC is the middle-man in this process. Throughout this transition it is important to take advantage of this opportunity for these clients to develop growth in learning life skills to use throughout solving typical life problems (Wasmuth et al., 2015). The individuals at REC benefitted from learning life skills and daily healthy occupations to utilize throughout this transition, which was implemented throughout various group programming sessions that addressed this need.

Evaluation tools that are used are dependent on the occupational therapy practice area and setting, due to the various populations and their specific needs. Due to REC being an entity of the City of Indianapolis and does not have a licensed occupational therapist on staff, it was determined that it was not appropriate throughout this DCE to complete individualized or group occupational therapy evaluations of the clients. It was appropriate to screen and evaluate REC as a whole through an occupational therapy lens to meet the needs of the facility and the population served in order to facilitate program planning and implementation. According to the Occupational Therapy Framework (2014), as a profession OTs are trained to determine what needs to be focused on to most appropriately treat the population that is being served. It is important to meet their current specific needs whether that is focused on occupations, client factors, performance skills, performance patterns, or context and environment. Due to it not being appropriate to complete individual or group occupational therapy evaluations of the clients, pre/post outcome measures were implemented before and after each group programming session. These pre/post outcome measures used an occupational therapy lens and were utilized to

ensure that the programming was effective and client centered. Maintaining a holistic view was an overall theme from an occupational therapist point of view throughout all screening and evaluation strategies that were completed. It was important to focus on the client or population and what fits their needs best, improving one's overall wellbeing.

### **Implementation**

The screening and evaluation process at REC first indicated the need for implementation to organize and add to the site's resource binder for potential discharge/placement sites to increase the success of the client's journey to sobriety. Second, it was indicated the need for implementation of group programming sessions focusing on necessary life-skills needed in daily occupations.

### **Resource Binder**

The resource binder at REC includes various recovery homes in the Indianapolis area and surrounding communities and states. Prior to the start of the DCE the binder was disorganized and did not include up to date information. Per the needs assessment this was due to the lack of time that staff had, they were unable to continuously update the information. To meet the need to organize and update the site's resource binder, the student created an online questionnaire that was sent electronically to over a 100 different recovery homes throughout the surrounding communities and states. The questionnaire was created through a collaboration between the two resource coordinators at REC and the student. Refer to Appendix B for details, included questions.

### **Group Programming**

To meet the need to implement group programming sessions, the student created group programming focusing on coping skills, stress management, time management, community

resources, and the seven dimensions of wellness addressing overall health and wellness. Program topics were determined based on evidence from the literature and interviews with employees at REC including the resource coordinators and the executive director. To create the group sessions, the student created group modules from completed research and course work. Group protocols were then developed for each group which included structure of group, educational materials, and activities (Cole & Tufano, 2008).

The student implemented groups twice per week and topics changed each week. Due to REC typically being a short-term length of stay facility the group sessions were not repetitive for the clients. Group sessions were voluntary for the clients to attend, by keeping the sessions voluntary the student discovered the groups were impactful and intimate resulting in the clients opening up more and thoroughly learning about each topic being discussed. On average, there were five to ten group members that attended each session.

The group format consisted of the student leading the group utilizing the guideline that was created for each group topic, providing handouts for the group members to follow along, and having an open discussion throughout each group activity. To provide carry over for client education, the group members were given a handout over each group topic that they were able to keep after the session was over and the student was always available for questions. To measure if the group sessions were impactful for the individuals who attend, a pre/post outcome measure was used for clients to self-report before and after each session. Refer to Appendix C for details of each outcome measure.

### **Leadership**

Beginning the DCE in an emerging field at a facility poised for growth being a newer facility and having to advocate for occupational therapy, leadership skills were expected to be a

large part of the project. To conduct successful outcomes for the projects being implemented at REC, it was required that I become involved as a representative of REC throughout the community. To make connections that allow opportunities for new partnerships or re-engaging relationships that have already been made would be an essential part of meeting the need to update the facility's resource binder. To meet this need it was necessary for me to reach out to various recovery homes in the community of Indianapolis and even in surrounding communities and states. Through collaboration with both of the resource coordinators at REC, we created an online questionnaire that I sent to many recovery homes. The questionnaire was focused to address the details of each site so that REC would have the most reliable and updated information to make the discharge process adequate and successful. To do this I had to increase my leadership skills to be able to professionally reach out to various sites and improve my communication skills through email, discussions over the phone, and face to face meetings. The various meetings with potential new discharge/placement sites involve a great deal of collaboration between the site and their employees, the resource coordinators at REC, and myself to discuss how we could implement and create a future partnership to benefit one another. A strong review of the research was required in order to gather the most updated information on the community resources available and have the knowledge of what recovery homes are available in Indianapolis, surrounding communities and out of state. The DCE required organizational skills, time management, and the ability to advocate for the facility in order to complete the necessary components in a timely manner.

The implementation of group programming sessions required leadership through creating new experiences and practice of my leadership skills. It required an independent shift from a role as a student to the role as a leader and teacher for the various group programming sessions. To

fulfill my role as a leader throughout each group session, I have had to grow in my ability to be confident and competent in all of the educational material provided throughout the various groups. This has required organizational skills, plenty of research, and the ability to be confident while continuously learning about my leadership skills. To best meet the needs of the participants in the moment, I have had to have good listening skills, be flexible, open-minded, and provide consistent empathy as the leader throughout each group session.

### **Staff Development**

Promoting staff development and increasing the opportunities available for staff was an important aspect throughout the DCE. Collaboration between the two resource coordinators at REC and myself was an essential part of staff development. Throughout the process of updating the site's resource binder and creating new partnerships with recovery homes we increased the success of the clients discharge process. To promote staff development, I created a group programming binder that included all of the group sessions that I have implemented with a guideline to follow for each session along with tips to utilize on the various topics being addressed. The student educated and presented the group programming binder to the staff at REC during the last week of the DCE to encourage future use for the employees to implement the group sessions with the clients. The presentation included the results from the outcome measures that I implemented from each session to demonstrate that the clients improved their knowledge over each of the topics that were discussed. As a result, this presentation will increase the awareness and importance of the group sessions and demonstrated the need for implementation of groups focused on necessary life-skills needed in daily occupations for this population.

### **Discontinuation and Outcomes**

The main focus of this DCE was program planning, providing education, ensuring quality services, and increasing organizational sustainability with the use of the resource binder at REC. After determining the needs of the facility and completing a literature review to assess needs in regard to the population being served, it was determined that creation of group programming sessions specific to needs of the population and organizing the site's resource binder would fulfill the goals of the DCE project and needs of REC. It was necessary to plan accordingly and utilize collaboration skills with REC staff to provide and include continuous quality improvement (QI) within the programs and ongoing sustainability following the completion of the DCE. QI is an ongoing process involving multiple components such as reflecting and evaluating, receiving feedback, teamwork, and responding to changing needs in order to improve the health of the community (Bonnell and Smith, 2018).

### **Outcome Measure Analysis**

To incorporate QI and ensure improved practice, creating and completing outcome measures for the different implemented group program sessions was necessary. Outcome measures are a vital part of QI for they allow individuals to assess the effectiveness and benefits of programs; they can help identify challenges and areas of improvement. Completion of outcome measures allows one to identify appropriate modifications to best fit the needs of the population being served. Refer to Appendix D for the outcome measure results. In addition, creating and completing a goal attainment scale (GAS) to address the improvement of the site's resource binder was necessary to ensure QI. The student had the two resource coordinators complete the GAS, and both rated the student "much more than expected" for each of the goals. Refer to Appendix E for the GAS.

### **Group Programming Sessions**

Group programming sessions focused on coping skills, stress management, time management, community resources, and the seven dimensions of wellness addressing overall health and wellness. The overall goal of the group programming sessions was to assist the clients at REC to learn and practice life skills to improve their occupational performance in their daily life. Throughout implementation of these group sessions, the student had oversight supervision from the site mentor who is a registered occupational therapist (OTR). Each of the sessions included a pre/post outcome measure, the participants could respond to the survey questions with strongly disagree, disagree, neither disagree or agree, agree, or strongly agree. Outcome measure results from all of the sessions: coping skills, stress management, time management, community resources, and the seven dimensions of wellness showed increased improvement from pre/post. All of the post outcome measure results showed either 100% agree/strongly agree or 100% neither disagree or agree/agree/strongly agree, showing an overall increased improvement of knowledge from each of the sessions implemented. Refer to Appendix D. There was an additional verbal discussion at the end of each session to clarify if there were any questions or concerns.

The session focused on coping skills created discussion over healthy versus unhealthy coping skills. Group members discussed the definition of coping skills and situations where they utilized unhealthy coping skills and how they could have changed that situation by reacting with healthy coping skills. Individuals were educated on how healthy coping skills may not provide an instant gratification but can lead to long-lasting positive outcomes that are not harmful to them unlike the results from utilization of unhealthy coping skills. Group members created their own personal lists of healthy coping skills that to utilize, then group members participated in a recreational game of bingo themed with coping skills. At the beginning of the first session, 50%

of the clients disagreed stating that they couldn't identify healthy vs unhealthy coping skills and at the end of the session 100% agreed/strongly agreed that they could do this.

The session addressing stress management included an educational activity discussing the five things everyone should know about stress from the National Institute of Mental Health. Group members discussed ways they typically manage stress and if they are healthy or unhealthy. The student led the group members through several stress management techniques including: deep breathing exercises, meditation, body scan, guided imagery, and discussed simple yoga poses. Group members completed a worksheet called the "not to do list" directed to organize and discuss when individuals feel overwhelmed it is important to decipher and prioritize daily tasks. The student led a discussion over the importance of finding healthy hobbies to manage stress, including writing in a journal. Group members discussed various prompts that were given to initiate and encourage writing as a future tool to utilize to manage stress. At the start of the session, 37.5% of clients disagreed stating that they could not identify positive vs negative stress management techniques and at the end of the session, 37.5% agreed that they felt they could identify the different techniques.

The time management session focused on defining what time management is and in what ways individuals can improve their time management skills. The student educated the group members on three general types of time: predictable time, discretionary time, and other-imposed time. Group members discussed how they can improve in their time management skills by getting organized, making lists, and keeping a daily planner. Then the student led the group members through an activity of two different time management worksheets that were created by the student; one being a structured tool to utilize by planning out daily tasks by the hour seven days a week and the other being less structured by making daily goals and lists to accomplish

each day. Group members reported at the start of the session that 100% disagreed stating that they are unable to identify two strategies to utilize to improve their time management with daily tasks, at the end of the session 100% agreed/strongly agreed that they are able to do this.

The student led a session focused on community resources utilizing the 2019 Handbook for Help from the Coalition for Homelessness Intervention and Prevention. Group members discussed the importance of knowledge of community resources and how this is beneficial to know. The student educated on the resource of calling the number 2-1-1 for any social service needs that is available to their use at any time. Dialing this number will connect individuals to an operator to ask about various resources in their community to meet their social service needs. The student educated the clients on the community resources handout that was created for individuals to utilize in the future. The community resources handout included daily hot meals with locations and times, food pantries, clothing pantries, various shelters, low cost clinics, veteran resources, domestic violence and sex trafficking resources, assistance with receiving food stamps, birth certificate, and state ID. Group members discussed the importance of utilizing the community resources handout in the future. At the beginning of the session, 71.5% of the group members reported that they disagreed/strongly disagreed stating that they do not have a good understanding of what community resources are available to them and by the end of the session 100% agreed/strongly agreed that they understood this.

The seven dimensions of wellness session focused on overall health and wellness (Seven Dimensions of Wellness, 2018). The student educated on each of the dimensions of wellness which include; physical, emotional, intellectual, social, spiritual, environmental, and occupational (Seven Dimensions of Wellness, 2018). After the description of each dimension, group members filled out their own self-rating seven dimensions scale. Group members then had

the opportunity to share how they rated themselves and why they chose to rate themselves differently in specific dimensions. After individuals had the opportunity to share, group members discussed how they could improve their satisfaction in each of these areas. Group members reported that 83% disagreed/strongly disagreed stating that they did not understand the benefits of knowing the seven dimensions of wellness or felt that they did not have a good understanding of this topic, by the end of the session 100% agreed/strongly agreed.

Through completion of the group programming sessions, outcome measures, and review of feedback, it was determined that the group sessions were successful and beneficial to implement. The updated group programming resource binder was created and updated for future use of the REC staff. QI was utilized through the curriculum to adjust the material to better meet the participant's needs throughout each session, provide increased education, and increase the effectiveness for future use.

### **Leadership Training**

The OT student led multiple training sessions with the REC staff covering the information provided in each of the group sessions. The group programming resource binder was created for the REC staff to have the opportunity to implement the group sessions at their own discretion in the future. The student presented during the last week of the DCE and gave the REC staff an opportunity to ask questions or speak of any concerns. The audience for the presentation consisted of the two resource coordinators, executive director, and site mentor. The presentation consisted of describing the purpose of the DCE and the student's goals for each of the projects completed. The student discussed what tasks were completed to ensure the quality of these projects. The site resource binder and group programming binder were presented. The staff at

REC were provided with these binders and a flash drive that consists of all the information utilized for these projects for the site's future use.

### **Societal Need**

The projects and experiences implemented throughout the DCE addressed a societal need. Working with the REC staff and participating in weekly Outreach services in the community focused on hands on experiences at a societal level. Outreach services include multiple different professional disciplines working together and bringing resources into the community to various homeless camps and individuals living on the streets. Resources include: blankets, food, medical services, housing applications, financial applications, and simply building rapport with individuals in the community. Societal needs have been met by reaching out to various recovery homes in the community, engaging new partnerships for future use of the REC staff for the individuals to no longer be living on the street and start their path to recovery. The overall goal of the group programming sessions was to educate and practice life skills to improve the individual's occupational performance in their daily lives once they leave REC addressing societal needs at a community level.

### **Ensuring Quality Practice**

By providing education, resources, and training in multiple ways this ensured quality of practice to promote accurate carryover following completion of the DCE. Implementing a variety of group programming sessions, updating the site's resource binder, and participating in Outreach services allowed the ability to meet society's changing needs from various angles and perspectives with this population. 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.

### **Overall Learning**

Communication was a key component to being effective in my leadership skills throughout all aspects of the DCE. Within all the completed projects, I was required to utilize different forms of communication with a variety of individuals and circumstances. During the group programming sessions, 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 individuals who are in such a vulnerable state. It was necessary to provide efficient and professional written communication via email and through the online questionnaire that was created to send to various recovery homes. Oral communication was needed to provide professionalism and confidence through phone calls, face to face interviews, and leading groups to provide education and awareness. This experience has allowed me to advocate for the OT profession as a whole and show by example how it could be beneficial when working with this population. The DCE allowed me to advocate and be able to explain the profession of OT to various populations and professionals, it has required speaking clinically and in layman's terms. This skill will be beneficial for use in future practice.

Completing the DCE at REC was highly beneficial to me, personally and professionally. Through the time spent at the facility, I was able to further develop and gain skills such as effective communication, building rapport, empathy, time management skills, and leadership skills. Working directly with individuals currently experiencing substance use disorders and homelessness has provided the chance to improve my client-centered skills and flexibility in both direct and indirect service delivery. Multiple times I had 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 immensely increased my leadership skills and confidence in myself as a professional.

The population REC serves allowed me to see hands on how the environment plays a significant role with one's occupational performance. Often times during the DCE it was stated the importance for individuals to change their people, places, and things to improve their environment and support to decrease the likelihood of relapse. Whether it was intended to be or not, to me that is highly occupation-based. The skills developed and improved during the DCE at REC have brought me to a new level professionally and personally. Experiences and skills built throughout the time spent at REC and in the community, can carry over to future practice. Therapeutic use of self, open-mindedness, empathy, and being nonjudgmental in all situations are priceless life skills that have improved with my leadership skills as a future clinician as part of completion of the DCE.

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Appendix A

SWOT Analysis Grid of The Reuben Engagement Center (REC)

<b>STRENGTHS</b>	<b>WEAKNESSES</b>
<p>- What strength does your organization have? What can you offer that other organization do not? What is unique about your organization?</p> <ul style="list-style-type: none"> <li>• Community support – A city entity run by the city/funded by the city</li> <li>• Voluntary center – clients are at the facility seeking help/treatment voluntarily</li> <li>• Ability to get clients medically stable throughout their detox</li> <li>• Well connected in the Indianapolis Area – Ability to connect clients to various resources (mental health, recovery home/treatment, meetings-AA, NA, CA, recovery yoga)</li> </ul>	<p>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?</p> <ul style="list-style-type: none"> <li>• Lack of funding and resources for the clients – programming, clothing (winter coats and shoes)</li> <li>• Transportation issues</li> <li>• Connections for recovery homes/programs out of state/Indianapolis area – knowing specific details of each to have a clear understanding of what clients would be most successful at each site</li> <li>• Budgeting</li> <li>• Lack of grants</li> <li>• Lack of support</li> </ul>
<b>OPPORTUNITIES</b>	<b>THREATS</b>
<p>- What good opportunities can you spot? What interesting trends are you aware of?</p> <ul style="list-style-type: none"> <li>• Grants</li> <li>• Partnering with other agencies to provide more services / fundraising / volunteer work</li> <li>• Continuously growing – making new connections inside/outside of Indianapolis area – strengthen those relationships with various sites</li> <li>• Provide more tasks/programs for the clients to participate in at the center</li> </ul>	<p>What obstacles do you face? What are your competitors doing? Could any of your weaknesses seriously threaten your business?</p> <ul style="list-style-type: none"> <li>• Lack of funding to provide several resources for clients/transportation/programming</li> <li>• Financial transparency</li> <li>• Burnout in staff</li> <li>• Not able to always follow clients after discharge due to limited amount of staff / time to follow all clients</li> </ul>

## Appendix B

## Reuben Engagement Center Questionnaire

- Recovery House Name?
- House Address?
- Primary Contact for Client Referrals
  - Phone and Email
- Recovery works Provider?
  - Yes or No
- Rent amount description
  - Cost? Weekly or Monthly?
- Do you accept grant payment funding?
  - Example: COT/SORRT/IHOST, etc.
- Number of beds at the facility
  - Clarify if available for Men or Women?
- Does your facility accept transgender clients?
- Does your facility accept clients on MATs treatment?
  - If so, suboxone, vivitrol, methadone, etc.
- Treatment/Services Offered?
- Are there case management services provided at your facility?
- Can a client be on GPS or house arrest at your facility?
  - Yes or No
- What is the intake criteria at your facility?
- Does your facility take clients with a mental health diagnosis?
  - If so, are there any restrictions on diagnoses that you will not accept?
- Does your facility accept RSOs (Registered Sex Offender)?
  - Yes or No
- Are medications allowed?
  - Yes or No
- If they are allowed are they self-administered or administered by staff?
- Are meals provided, if so how many meals a day?
- What are available transportation options for clients at your site?
- Is your site close to a bus stop?
  - Yes or No
- Is the client able to work while at your facility?
  - Yes or No
- What is the maximum length of stay at your facility?
- Are clients held to a daily schedule, if so can you describe it?
- Additional Comments/Important Information

Appendix C

Outcome Measures

**Coping Skills**

To be completed at the beginning and end of each session.

OUTCOME MEASURE

1 = strongly disagree, 2 = disagree, 3 = neither disagree or agree, 4 = agree, 5 = strongly agree

I have a good understanding of what coping skills are.

1      2      3      4      5

I understand the benefits of using healthy coping techniques.

1      2      3      4      5

I can identify healthy vs unhealthy coping techniques.

1      2      3      4      5

I can identify five healthy coping techniques.

1      2      3      4      5

I can identify two situations where healthy coping techniques would be appropriate.

1      2      3      4      5

**Stress Management**

To be completed at the beginning and end of each session.

OUTCOME MEASURE

1 = strongly disagree, 2 = disagree, 3 = neither disagree or agree, 4 = agree, 5 = strongly agree

I have a good understanding of what stress management is.

1      2      3      4      5

I understand the benefits of using stress management techniques.

1      2      3      4      5

I can identify positive vs negative stress management techniques.

1      2      3      4      5

I can identify five positive stress management techniques.

1      2      3      4      5

I can identify three situations where stress management techniques would be appropriate.

1      2      3      4      5

**Time Management**

To be completed at the beginning and end of each session.

**OUTCOME MEASURE**

1 = strongly disagree, 2 = disagree, 3 = neither disagree or agree, 4 = agree, 5 = strongly agree

I have a good understanding of what time management is.

1      2      3      4      5

I understand the benefits of using time management techniques.

1      2      3      4      5

I can identify two strategies to utilize to improve my time management with daily tasks.

1      2      3      4      5

**Community Resources**

To be completed at the beginning and end of each session.

**OUTCOME MEASURE**

1 = strongly disagree, 2 = disagree, 3 = neither disagree or agree, 4 = agree, 5 = strongly agree

I have a good understanding of what community resources are available to me.

1      2      3      4      5

I understand the benefits of having knowledge of various community resources.

1      2      3      4      5

I can identify five different community resources that could be beneficial for me.

1      2      3      4      5

I know where to look to find community resources that I could potentially need in the future.

1      2      3      4      5

**7 Dimensions of Wellness**

To be completed at the beginning and end of each session.

**OUTCOME MEASURE**

1 = strongly disagree, 2 = disagree, 3 = neither disagree or agree, 4 = agree, 5 = strongly agree

I have a good understanding of what the 7 dimensions of wellness are.

1      2      3      4      5

I understand the benefits of knowing what the 7 dimensions of wellness are and applying it to my

1      2      3      4      5

I feel confident in improving my satisfaction in the 7 dimensions of wellness in my life.

1      2      3      4      5

I can identify three techniques to utilize to improve in areas throughout my 7 dimensions of welln

1      2      3      4      5

## Appendix D

## Outcome Measure Results –

Rate from 1-5 (1 = strongly disagree, 2 = disagree, 3 = neither disagree or agree, 4 = agree, 5 = strongly agree)

**Coping Skills Session 1 – Outcome Survey Results:**

## Pre-Test →

1. I have a good understanding of what coping skills are.	100% agree/strongly agree
2. I understand the benefits of using healthy coping techniques.	100% agree/strongly agree
3. I can identify healthy vs unhealthy coping techniques.	33% strongly agree 50% disagree 17% neither disagree or agree
4. I can identify five healthy coping techniques.	33% strongly disagree 33% strongly agree 17% neither disagree or agree 17% disagree
5. I can identify two situations where healthy coping techniques would be appropriate.	50% strongly agree 33% disagree 17% neither disagree or agree

## Post-Test →

1. I have a good understanding of what coping skills are.	100% agree/strongly agree
2. I understand the benefits of using healthy coping techniques.	100% agree/strongly agree
3. I can identify healthy vs unhealthy coping techniques.	100% agree/strongly agree
4. I can identify five healthy coping techniques.	100% agree/strongly agree
5. I can identify two situations where healthy coping techniques would be appropriate.	100% agree/strongly agree

**Coping Skills Session 2 – Outcome Survey Results**

## Pre-Test →

1. I have a good understanding of what coping skills are.	72% agree 14% strongly agree 14% disagree
2. I understand the benefits of using healthy coping techniques.	58% agree 14% strongly agree 14% disagree 14% strongly disagree
3. I can identify healthy vs unhealthy coping techniques.	43% agree 29% neither disagree or agree 14% disagree 14% strongly disagree
4. I can identify five healthy coping techniques.	43% agree

	29% strongly disagree 14% disagree 14% neither disagree or agree
5. I can identify two situations where healthy coping techniques would be appropriate.	43% neither disagree or agree 29% agree 14% strongly agree 14% strongly disagree

## Post-Test →

1. I have a good understanding of what coping skills are.	43% strongly agree 43% agree 14% neither disagree or agree
2. I understand the benefits of using healthy coping techniques.	43% neither disagree or agree 28.5% agree 28.5% strongly agree
3. I can identify healthy vs unhealthy coping techniques.	43% agree 43% strongly agree 14% neither disagree or agree
4. I can identify five healthy coping techniques.	100% agree/strongly agree
5. I can identify two situations where healthy coping techniques would be appropriate.	43% agree 28.5% strongly agree 28.5% neither disagree or agree

**Stress Management Session 1 – Outcome Survey Results:**

## Pre-Test →

1. I have a good understanding of what stress management is.	25% strongly agree 25% agree 25% neither disagree or agree 25% disagree
2. I understand the benefits of using stress management techniques.	50% neither disagree or agree 25% agree 12.5% strongly agree 12.5% disagree
3. I can identify positive vs negative stress management techniques.	37.5% neither disagree or agree 37.5% disagree 12.5% agree 12.5% strongly disagree
4. I can identify five positive stress management techniques.	37.5% neither disagree or agree 25% agree 25% disagree 12.5% strongly disagree
5. I can identify three situations where healthy stress management techniques would be appropriate.	37.5% disagree 37.5% agree

	12.5% neither disagree or agree 12.5% strongly agree
--	---------------------------------------------------------

Post-Test →

1. I have a good understanding of what stress management is.	50% agree 37.5% strongly agree 12.5% neither disagree or agree
2. I understand the benefits of using stress management techniques.	50% agree 37.5% strongly agree 12.5% neither disagree or agree
3. I can identify positive vs negative stress management techniques.	37.5% strongly agree 37.5% neither disagree or agree 25% agree
4. I can identify five positive stress management techniques.	37.5% agree 37.5% neither disagree or agree 25% strongly agree
5. I can identify three situations where healthy stress management techniques would be appropriate.	100% agree/strongly agree

**Stress Management Session 2 – Outcome Survey Results:**

Pre-Test →

1. I have a good understanding of what stress management is.	62.5 % neither disagree or agree 12.5% strongly disagree 12.5% disagree 12.5% strongly agree
2. I understand the benefits of using stress management techniques.	37.5% neither disagree or agree 25% disagree 25% strongly agree 12.5% agree
3. I can identify positive vs negative stress management techniques.	50% neither disagree or agree 25% agree 12.5% disagree 12.5% strongly disagree
4. I can identify five positive stress management techniques.	37.5% neither disagree or agree 25% disagree 25% strongly disagree 12.5% strongly agree

5. I can identify three situations where healthy stress management techniques would be appropriate.	37.5% agree 37.5% neither disagree or agree 25% disagree
-----------------------------------------------------------------------------------------------------	----------------------------------------------------------------

## Post-Test →

1. I have a good understanding of what stress management is.	100% agree/strongly agree
2. I understand the benefits of using stress management techniques.	100% agree/strongly agree
3. I can identify positive vs negative stress management techniques.	100% agree/strongly agree
4. I can identify five positive stress management techniques.	75% strongly agree 12.5% agree 12.5% neither disagree or agree
5. I can identify three situations where healthy stress management techniques would be appropriate.	75% strongly agree 12.5% agree 12.5% neither disagree or agree

**Time Management Session 1 – Outcome Survey Results**

## Pre-Test →

1. I have a good understanding of what time management is.	33% neither disagree or agree 33% disagree 17% agree 17% strongly agree
2. I understand the benefits of using time management techniques.	66% neither disagree or agree 17% strongly agree 17% disagree
3. I can identify two strategies to utilize to improve my time management with daily tasks.	100% disagree
4. I feel confident in my ability to manage my time effectively throughout my daily life.	50% disagree 50% neither disagree or agree

## Post-Test →

1. I have a good understanding of what time management is.	100% agree/strongly agree
2. I understand the benefits of using time management techniques.	100% agree/strongly agree
3. I can identify two strategies to utilize to improve my time management with daily tasks	100% agree/strongly agree
4. I feel confident in my ability to manage my time effectively throughout my daily life.	50% agree 33% strongly agree 17% neither disagree or agree

**Time Management Session 2 – Outcome Survey Results**

Pre-Test →

1. I have a good understanding of what time management is.	50% strongly agree 33% agree 17% neither disagree or agree
2. I understand the benefits of using time management techniques.	50% agree 33% strongly agree 17% neither disagree or agree
3. I can identify two strategies to utilize to improve my time management with daily tasks.	33% strongly agree 17% agree 17% neither disagree or agree 17% disagree 17% strongly disagree
4. I feel confident in my ability to manage my time effectively throughout my daily life.	33% disagree 33% strongly agree 17% neither disagree or agree 17% agree

Post-Test →

1. I have a good understanding of what time management is.	100% agree/strongly agree
2. I understand the benefits of using time management techniques.	100% agree/strongly agree
3. I can identify two strategies to utilize to improve my time management with daily tasks	100% agree/strongly agree
4. I feel confident in my ability to manage my time effectively throughout my daily life.	100% agree/strongly agree

**Community Resources Session 1 – Outcome Survey Results:**

Pre-Test →

1. I have a good understanding of what community resources are available to me	43% disagree 28.5% strongly disagree 28.5% neither disagree or agree
2. I understand the benefits of having knowledge of various community resources.	72% agree 14% strongly agree 14% neither disagree or agree
3. I can identify five different community resources that could be beneficial for me.	43% strongly disagree 43% disagree 14% neither disagree or agree
4. I know where to look to find community resources that I could potentially need in the future.	28.5% strongly disagree 28.5% neither disagree or agree 14% disagree 14% agree 14% strongly agree

## Post-Test →

1. I have a good understanding of what community resources are available to me	100% agree/strongly agree
2. I understand the benefits of having knowledge of various community resources.	100% agree/strongly agree
3. I can identify five different community resources that could be beneficial for me.	100% agree/strongly agree
4. I know where to look to find community resources that I could potentially need in the future.	100% agree/strongly agree

**Community Resources Session 2 – Outcome Survey Results:**

## Pre-Test →

1. I have a good understanding of what community resources are available to me	33.33% agree 33.33% neither disagree or agree 33.33% disagree
2. I understand the benefits of having knowledge of various community resources.	33% strongly agree 33% agree 17% neither disagree or agree 17% disagree
3. I can identify five different community resources that could be beneficial for me.	50% neither disagree or agree 33% agree 17% strongly disagree
4. I know where to look to find community resources that I could potentially need in the future.	50% agree 17% neither disagree or agree 17% disagree 17% strongly disagree

## Post-Test →

5. I have a good understanding of what community resources are available to me	83% strongly agree 17% neither disagree or agree
6. I understand the benefits of having knowledge of various community resources.	100% agree/strongly agree
7. I can identify five different community resources that could be beneficial for me.	83% strongly agree 17% neither disagree or agree
8. I know where to look to find community resources that I could potentially need in the future.	100% agree/strongly agree

**7 Dimensions of Wellness (Health & Wellness) Session 1 – Outcome Survey Results**

## Pre-Test →

1. I have a good understanding of what the 7 dimensions of wellness are.	50% disagree 33% strongly disagree 17% neither disagree or agree
--------------------------------------------------------------------------	------------------------------------------------------------------------

2. I understand the benefits of knowing what the 7 dimensions of wellness are and applying it to my life.	50% strongly disagree 33% disagree 17% neither disagree or agree
3. I feel confident in improving my satisfaction in the 7 dimensions of wellness.	66% disagree 17% agree 17% strongly agree
4. I can identify three techniques to utilize to improve in areas throughout my 7 dimensions of wellness.	50% strongly disagree 50% disagree

## Post-Test →

1. I have a good understanding of what the 7 dimensions of wellness are.	100% agree/strongly agree
2. I understand the benefits of knowing what the 7 dimensions of wellness are and applying it to my life.	100% agree/strongly agree
3. I feel confident in improving my satisfaction in the 7 dimensions of wellness.	100% agree/strongly agree
4. I can identify three techniques to utilize to improve in areas throughout my 7 dimensions of wellness.	100% agree/strongly agree

**7 Dimensions of Wellness (Health & Wellness) Session 2 – Outcome Survey Results**

## Pre-Test →

5. I have a good understanding of what the 7 dimensions of wellness are.	50% strongly disagree 17% neither disagree or agree 17% agree 17% strongly agree
6. I understand the benefits of knowing what the 7 dimensions of wellness are and applying it to my life.	50% neither disagree or agree 17% disagree 17% strongly disagree 17% strongly agree
7. I feel confident in improving my satisfaction in the 7 dimensions of wellness.	50% neither disagree or agree 50% strongly agree
8. I can identify three techniques to utilize to improve in areas throughout my 7 dimensions of wellness.	50% strongly disagree 33% neither disagree or agree 17% strongly agree

## Post-Test →

5. I have a good understanding of what the 7 dimensions of wellness are.	100% strongly agree
6. I understand the benefits of knowing what the 7 dimensions of wellness are and applying it to my life.	100% agree/strongly agree
7. I feel confident in improving my satisfaction in the 7 dimensions of wellness.	100% agree/strongly agree
8. I can identify three techniques to utilize to improve in areas throughout my 7 dimensions of wellness.	100% strongly agree

## Appendix E

## GOAL ATTAINMENT SCALE FORM

Level Of Attainment	Goal 1:	Goal 2:
<p align="center"><b>-2</b>  <b>Much less than expected</b>  <i>(Present Level)</i></p>	Needs full assistance with updating resource binder.	Needs full assistance to provide group programming sessions with the clients.
<p align="center"><b>-1</b>  <b>Somewhat less than expected</b>  <i>(Progress)</i></p>	Update the site's resource binder with some assistance, some accurate information.	Needs some assistance to provide group programming sessions with the clients.
<p align="center"><b>0</b>  <b>Expected level of outcome</b>  <i>(Annual Goal)</i></p>	Independently update the site's resource binder with correct information to make the discharge/placement process easier and more successful.	Independently plans and implements various group programming sessions with the clients.
<p align="center"><b>+1</b>  <b>Somewhat more than expected</b>  <i>(Exceeds annual goal)</i></p>	Independently update the site's resource binder with correct information to make the discharge/placement process easier and more successful. Make various new connections with recovery homes/go and visit these facilities.	Independently plans and implements various group programming sessions with the clients. Provides several different group sessions on various topics that are beneficial for the clients to learn.
<p align="center"><b>+2</b>  <b>Much more than expected</b>  <i>(Far exceeds annual goal)</i></p>	<p>Independently update the site's resource binder with correct information to make the discharge/placement process easier and more successful. Make various new connections with recovery homes/go and visit these facilities. Update information on clinical services, adjunct services, veteran resources. Organize overall binder.</p>	<p>Independently plans and implements various group programming sessions with the clients. Provides several different group sessions on various topics that are beneficial for the clients to learn. Provides several handouts for the clients to utilize on their own.</p>

Results: Both resource coordinators that completed the GAS scored the student with +2 "Much more than expected" for both goals. Below are attached copies of the completed GAS.

**GOAL ATTAINMENT SCALE FORM**

Level Of Attainment	Goal 1:	Goal 2:
<b>-2</b> Much less than expected <i>(Present Level)</i>	Needs full assistance with updating resource binder.	Needs full assistance to provide group programming sessions with the clients.
<b>-1</b> Somewhat less than expected <i>(Progress)</i>	Update the site's resource binder with some assistance, some accurate information.	Needs some assistance to provide group programming sessions with the clients.
<b>0</b> Expected level of outcome <i>(Annual Goal)</i>	Independently update the site's resource binder with correct information to make the discharge/placement process easier and more successful.	Independently plans and implements various group programming sessions with the clients.
<b>+1</b> Somewhat more than expected <i>(Exceeds annual goal)</i>	Independently update the site's resource binder with correct information to make the discharge/placement process easier and more successful. Make various new connections with recovery homes/go and visit these facilities.	Independently plans and implements various group programming sessions with the clients. Provides several different group sessions on various topics that are beneficial for the clients to learn.
<b>+2</b> Much more than expected <i>(Far exceeds annual goal)</i>	Independently update the site's resource binder with correct information to make the discharge/placement process easier and more successful. Make various new connections with recovery homes/go and visit these facilities. Update information on clinical services, adjunct services, veteran resources. Organize overall binder.	Independently plans and implements various group programming sessions with the clients. Provides several different group sessions on various topics that are beneficial for the clients to learn. Provides several handouts for the clients to utilize on their own.

*It has been great and a pleasure having Marissa with us, she has went above and beyond while she has been here!*  
*Stacey Nugent - Coordinator*  
*317-327-8434*

**GOAL ATTAINMENT SCALE FORM**

Level Of Attainment	Goal 1:	Goal 2:
<b>-2</b> Much less than expected <i>(Present Level)</i>	Needs full assistance with updating resource binder.	Needs full assistance to provide group programming sessions with the clients.
<b>-1</b> Somewhat less than expected <i>(Progress)</i>	Update the site's resource binder with some assistance, some accurate information.	Needs some assistance to provide group programming sessions with the clients.
<b>0</b> Expected level of outcome <i>(Annual Goal)</i>	Independently update the site's resource binder with correct information to make the discharge/placement process easier and more successful.	Independently plans and implements various group programming sessions with the clients.
<b>+1</b> Somewhat more than expected <i>(Exceeds annual goal)</i>	Independently update the site's resource binder with correct information to make the discharge/placement process easier and more successful. Make various new connections with recovery homes/go and visit these facilities.	Independently plans and implements various group programming sessions with the clients. Provides several different group sessions on various topics that are beneficial for the clients to learn.
<b>+2</b> Much more than expected <i>(Far exceeds annual goal)</i>	Independently update the site's resource binder with correct information to make the discharge/placement process easier and more successful. Make various new connections with recovery homes/go and visit these facilities. Update information on clinical services, adjunct services, veteran resources. Organize overall binder.	Independently plans and implements various group programming sessions with the clients. Provides several different group sessions on various topics that are beneficial for the clients to learn. Provides several handouts for the clients to utilize on their own.

*↳ DID MANY SITE VISITS TO LOCATIONS TO ENSURE QUALITY OF RESIDENCES.*

*↳ ALSO MADE SMOOTH HANDOFF TO STAFF TO CONTINUE LESSONS AFTER HER INTERNSHIP.*