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School of Occupational Therapy

# Occupational Therapists Role in Richard L. Roudebush VA Medical Center-Domiciliary

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# A Capstone Project Entitled

Title: Occupational Therapists Role in Richard L. Roudebush VA Medical Center-Domiciliary

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

Veterans experiencing homelessness secondary to behavioral health or mental health conditions require proper care to address the barriers to successful participation in occupations. Occupational therapists hold the skilled-services to address the behavioral and mental health needs of Veterans. Therefore, the purpose of the DCE was to develop a program that assists Veterans experiencing homelessness by improving independence in daily, meaningful occupations to sustain community living and, through the process, advocate for occupational therapy services at the Domiciliary. Through developing a weekly positive outlook intervention group based on the requests of the Veterans, the group reported increased satisfaction with physical health, mood, family relationships, leisure time activities, and sexual interests. Through advocacy in the community, local businesses indicated improved perceptions of addressing mental health in the workplace. Finally, advocating for an occupational therapy position at the Domiciliary showed improved interdisciplinary care. In conclusion, program development for group intervention, advocacy for Veterans in the community, and advocacy for an occupational therapy position resulted in providing services that enhanced the Veterans' overall daily functioning of meaningful occupations.

Occupational Therapists Role in Richard L. Roudebush VA Medical Center-Domiciliary

Most United States citizens are familiar with at least one individual who served or currently serves in the military; therefore, the impact of military service influences the lives of many (Haibach, et al., 2017). Military personnel are some of the most physically-fit individuals during their active duty due to the standards of military readiness (Haibach et al., 2017). However, many Veterans post-service show decreased health and increased disparities compared to the rest of the population (Haibach et al., 2017). Veterans, in particular, presented with decreased behavioral health outcomes that included tobacco use, physical inactivity, poor diet, and alcohol misuse (Haibach et al., 2017). Researchers also found poor mental health to be a rapidly growing problem (Swarbrick & Noyes, 2018). Currently many of the behavioral health factors and mental health conditions experienced by Veterans are not being addressed in the health care system, making it difficult for Veterans to appropriately function in "typical" society and often resulting in homelessness (Haibach et al., 2017; Lippert & Lee, 2015).

**Homelessness**

Homelessness is one of the most salient injustices, especially the instances related to Veterans that are experiencing homelessness (Roy et al., 2017). Many Veterans are not receiving the necessary medical and mental assistance required to combat the behavioral health and mental health factors leading to homelessness (Haibach et al., 2017; Lippert & Lee, 2015; Roy et al., 2017). Researchers screened the U.S. Department of Veteran Affairs database and found that 35,897 Veterans reported being homeless during 2012-2013 (Byrne, Montgomery, & Fargo, 2016). The most recent nationwide point-in-time (PIT) count of Veterans experiencing homelessness on one night in January 2018 counted just over 37,800 (US Department of Veteran Affairs, 2018).

**Stigma**

Researchers reported that individuals with a mental health condition experience public stigma that leads to social isolation and discrimination, which negatively impacts available housing, employment, and educational opportunities (Harnish et al., 2016). Researchers have also found that substance abuse was more stigmatizing than a mental health condition, but both conditions make it difficult for Veterans to function independently in society (Harnish et al., 2016). This stigma creates societal barriers for Veterans resulting in further complications of engagement in the community. Educating the general population on mental health is necessary to fight the present stigmas and create opportunities for growth for all (Swarbrick & Noyes, 2018).

**Interdisciplinary Care**

Interdisciplinary care is required to develop programs to address the widespread needs of Veterans with behavioral health and mental health conditions impacting their daily functioning (Clark, Rouse, Spangler, & Moye, 2018). Occupational therapy practitioners possess the necessary clinical skills to provide appropriate care for individuals with mental health conditions to improve the consumer's daily function (Gindi, Galili, Volovic-Shushan, & Adir-Pavis, 2016). Researchers presented the initiative for occupational therapists to evaluate and provide a plan of care to improve identified weaknesses and increase participation in meaningful occupations (Swarbrick & Noyes, 2018). Health care practitioners, particularly occupational therapists, can assist Veterans experiencing homelessness with improving quality of life while living in the community (Trivedi et al., 2015).

**Occupational Empowerment**

Fisher and Hotchkiss (2008) defined marginalized individuals as persons with poor financial resources, limited housing, and lack of work or education. Occupational therapists can

empower marginalized individuals to participate in occupations throughout the community (Fisher & Hotchkiss, 2008). Fisher and Hotchkiss (2008) discovered a need to empower individuals and provide the means to allow for successful participation in meaningful occupations with social support. Occupational therapists possess the skill set to provide opportunities for their clients that are marginalized through the concept of occupational change (Fisher & Hotchkiss, 2008). This concept is accomplished by providing experiences of autonomy and independent completion of tasks (Fisher & Hotchkiss, 2008). The Model of Occupational Empowerment, designed by Fisher and Hotchkiss, guides occupational therapists to provide the appropriate care that is needed for consumers to continue their meaningful occupations while living in the community (Fisher & Hotchkiss, 2008). In conjunction with the Model of Occupational Empowerment, the psychodynamic frame of reference (FOR) addresses the specific factors impacting occupational performance secondary to behavioral health and mental health conditions. The psychodynamic FOR focuses on individuals' social relationships with self-awareness and emotional expression through projective arts and activities (Cole & Tufano, 2008). This FOR assists in guiding care for occupational interventions that are creative and allow individuals to discover self (Cole & Tufano, 2008). The Model of Occupational Empowerment allows the consumers to become empowered (Fisher & Hotchkiss, 2008) through various creative activities and discover the self through the process which follows the foundation principles of the psychodynamic FOR (Cole & Tufano, 2008). This Doctoral Capstone Experience (DCE) involves advocacy and program development for individuals, who experience mental health conditions and are re-integrating back into the community after experiencing homelessness.

**Occupational Therapists' Call to Action**

Researchers discuss the current need for occupational therapists to implement programs and advocate for consumers to guide individuals to reach their full potential for quality of life (Wasmuth & Pritchard, 2016). Occupational therapists are skilled in providing services to improve Veterans' social, vocational, and coping skills, as well as increasing participation in leisure and daily living activities (Gindi, Galili, Volovic-Shushan, & Adir-Pavis, 2016). Community engagement, executive functioning training, and establishing healthy routines are specific interventions that lead to improved occupational participation (Ikiugu, Nissen, Bellar, Maassen, & Van Peursem, 2017; Wasmuth & Pritchard, 2016).

**Program Development**

An extreme need of health care professionals is to provide proper care to Veterans experiencing homelessness secondary to behavioral health and mental health conditions. The *Occupational Therapy Practice Framework* (OTPF) specifically invites occupational therapists to address barriers to occupational engagement (American Occupational Therapy Association [AOTA], 2014). Many leading organizations, researchers, and consumers of health care call upon health care practitioners to address behavioral health and mental health needs, specifically regarding Veterans' care. Wasmuth and Pritchard (2016) encourage occupational therapists to develop programs that will assist in Veterans' community reintegration. This includes providing programs addressing social participation, work participation, financial management, and home management. Through the application of the Model of Occupational Empowerment, occupational therapists can provide empowering, occupational-based programs to achieve the client-centered interventions that focus on self-awareness (Fisher & Hotchkiss, 2008; Cole & Tufano, 2008). The purpose of the DCE was to develop a program that assists Veterans

experiencing homelessness by improving independence in daily functioning of meaningful occupations to sustain community living and, through the process, advocate for occupational therapy services at the facility.

## Screening and Evaluation

### Needs Assessment

Bonnel and Smith (2018) discuss various ways to conduct a needs assessment. To discover a need for improvement, practitioners can complete interviews, use standardized tools, review documents, or review literature (Bonnel & Smith, 2018). These methods allow researchers to gather valuable information about occupational deficits from the perception of the stakeholders. Therefore, literature review, interviews, and an assessment tool were used in the screening and evaluation process.

### Literature Review

The literature review provided insight into the urgent need of assisting Veterans with behavioral health and mental health conditions (Haibach et al., 2017; Lippert & Lee, 2015). Researchers provided evidence for program development to address community reintegration and the need for advocacy in the community to decrease stigma related to mental health and substance use/abuse (Swarbrick & Noyes, 2018; Wasmuth & Pritchard, 2016).

### Interviews

The areas of need identified in the literature review were further explored with one-on-one interviews with staff at the Domiciliary, which included recreational therapists, social workers, a pharmacist, a nurse practitioner, and peer support. From the various interviews, a need for group opportunities and a need to decrease stigma in the community emerged. Five out

of the six (83%) staff members discussed the relevancy of eight common topics for improvement during the one-on-one needs assessment interviews. Table 1 outlines the eight topics.

Table 1

*Group Workshop Topics*

| **Title** | **Description** |
|---|---|
| Medial Toolbox Workshop | A group that allows the expression of self and past experiences through exploring various media (Charon et al., 2017). |
| Empowering Function through Education Workshop | A group where Veterans receive education and practice implementing pain reduction strategies, proper body mechanics for work, and musculoskeletal disorder prevention tips. |
| Chillin Out Workshop | A group in which Veterans receive education and training in managing emotions and opportunities to discuss strategies for community reintegration. |
| Positive Outlook Workshop | A group that provides education and practice to Veterans on maintaining a positive outlook through all current and future life experiences. |
| Sexual Education Workshop | A group that follows the Sexual Assessment Framework created by McBride and Rines (2000) to address the sexual health needs of the Veterans. |
| Community Inclusion Workshop | A group that provides opportunities to practice ways to implement learned skills from Domiciliary into real life situations and also provides independent exploration of work and leisure activities to participate in once discharged from Domiciliary. |
| Pre-Employment Workshop | A past University of Indianapolis, Doctor of Occupational Therapy Student created a pre-employment workshop for Veterans. The workshop follows the students sequenced schedule and activities. |
| It's All in the Details Workshop | A group that provides education and implementation of creating a daily and monthly planner while organizing documents for easier accessibility and less stress. |

The Veterans (n = 36) were provided with a survey related to the eight different group options (Appendix A). The survey was placed under each of their doors with instructions to place a check mark next to the groups they are most interested in attending and return the survey to the recreational therapy office by Sunday evening. They were encouraged to complete the survey to provide their feedback. This provided the Veterans with the autonomy to choose the group, allowing for occupational empowerment, which is necessary for occupational change that is stated in the Model of Occupational Empowerment (Fisher & Hotchkiss, 2008). A total of 12 Veterans returned completed surveys (33%, n = 12). The Sexual Education Workshop received no votes (0%, n =0). The Community Inclusion Workshop received two votes (0.06%). The Empowering Function Through Education Workshop received three votes (0.08%). The Media Toolbox Workshop received four votes (0.1%). The Pre-Employment Workshop and It's All in the Details Workshop received six votes each (17%). The Chillin Out Workshop received eight votes (20%). The Positive Outlook Workshop (25%, n = 10) was chosen most frequently by the Veterans, therefore, the group will be developed with a positive outlook focus to empower the Veterans for occupational change while living in the community.

**Assessment Tool**

The U.S. Department of Veterans Affairs (VA) encourages various mental health facilities to complete the Q-LES-Q-SF to assess each Veteran for perceptions of quality of life (Riendeau et al., 2018). Stevanovic (2011) stated that the Q-LES-Q-SF is widely used in many settings addressing mental health. Researchers found the Q-LES-Q-SF has strong validity ($r= 0.65$, $p < 0.001$) and found a correlation of the psychosocial scale ($r = 0.28$, $p < 0.001$) compared to the Mental Component Score (Riendeau et al., 2018; Stevanovic, 2011). Hope, Page, and Hooke (2009) found the value in considering quality of life through the comprehensive

assessment of mental health and re-integrating back into the community. The researchers found the Q-LES-Q predicted outcomes related to the client' score pertaining to length of stay and clinical outcomes (Hope et al., 2009). Researchers found that Q-LES-Q-SF is effective in understanding individuals' quality of life as it pertains to mental health conditions (Hope et al., 2009; Riendeau et al., 2018; Stevanovic, 2011). The researchers presented strong evidence to use the Q-LES-Q-SF to assess the quality of life perceptions of the participating Veterans; therefore, the Veterans completed the tool (Hope et al., 2009; Riendeau et al., 2018; Stevanovic, 2011).

At the initial Positive Outlook Workshop group, ten (n = 10) Veterans attended and completed the Q-LES-Q-SF. The initial quality of life scores of the Veterans showed a majority responded with fair or good life satisfaction perceptions. At the discontinuation of the Positive Outlook Workshop, the Q-LES-Q-SF was administered to the initial participants and responses were compared. Table 2 shows the results of the Veterans' initial responses to the pre-assessment Q-LES-Q-SF. The results indicated a need to focus on improvement of work, financial status, and living/housing for overall occupational engagement in the community.

Table 2

*Q-LES-Q-SF Pre-Assessment Scores*

| N = 10 | Very Poor (1) | Poor (2) | Fair (3) | Good (4) | Very Good (5) |
|---|---|---|---|---|---|
| Physical Health | | 1 | 2 | 7 | |
| Mood | | | 7 | 3 | |
| Work | 4 | 3 | 2 | 1 | |
| Household Activities | | | 6 | 3 | 1 |
| Social Relationships | | 2 | 5 | 3 | |
| Family Relationships | 1 | 2 | 2 | 2 | 3 |
| Leisure Time Activities | 1 | 1 | 2 | 5 | 1 |
| Ability to Function in Daily Life | | | 2 | 3 | 5 |
| Sexual Drive, Interest, and/or Performance | 1 | 2 | 2 | 1 | 4 |
| Economic Status | | 4 | 3 | 3 | |
| Living/Housing Situation | 1 | 4 | 2 | 3 | |
| Ability to get Around Physically | | 1 | | 4 | 5 |
| Vision in Terms of Ability to do Work or Hobbies | | | 1 | 5 | 4 |
| Overall Sense of Well Being | | | 4 | 4 | 2 |
| Medication | | | 2 | 3 | 5 |
| Overal Life Satisfaction this Past Week | | 1 | 3 | 3 | 3 |
| TOTAL | 8 | 21 | 45 | 53 | 33 |

From the results of the group options survey and the Q-LES-Q-SF, the group program focused on educating the Veterans on positive thinking skills to enhance participation in work, financial management, and house management.

**Survey**

The need to address stigma in the community was completed during community presentations and open dialogue with local businesses. A pre- and post-survey was distributed during the presentation time to gain insight into the experiences and perceptions of community individuals related to mental health (Appendix B). The community presentations provided education intending to decrease stigma and advocate for Veterans experiencing homelessness secondary to mental health and behavioral health conditions.

**Community-Based Versus Acute Psychiatric Care**

Researchers showed that the Q-LES-Q-SF is appropriate to understand the clients' perceptions of their quality of life with various occupations pertaining to living in the community

(Hope et al., 2009; Riendeau et al., 2018; Stevanovic, 2011). The tool allows practitioners to understand the clients' perceptions of areas of weakness in life and create a plan of care with a focus on the identified occupations (Riendeau et al., 2018). The Q-LES-Q-SF is appropriate for transitional care into the community, whereas in the acute psychiatric setting the Q-LES-Q-SF may not provide the functional insight for individuals occupational performance. In the acute psychiatric unit, a main objective for health care practitioners is to stabilize the client and prepare the client for discharge to the next appropriate phase of care. Researchers found a need to focus on activities of daily living (ADLs) and functional mobility in the acute psychiatric setting to improve the clients' functional participation in occupations (Aryes & John, 2015). Improvement in performance of functional tasks and cognition are essential for safe and stabilized discharge from an acute care unit (Lipskaya-Velikovsky, Kotler, & Krupa, 2016). The basic functional movements for occupations require attention in acute care (Lipskaya-Velikovsky et al., 2016) to ensure greater improvement in overall quality of life in next stages of care.

**DCE Application**

The results from the screening process concluded a need for advocacy and program development to improve the occupational performance of the Veterans to reintegrate back into the community. This DCE concentrated on advocating for Veterans in the workplace to fight stigma associated with mental health and substance use conditions, advocating for a full-time occupational therapy position at the Domiciliary, and developing a program that provides a weekly group meeting addressing positive thinking during daily routines.

## Implementation Phase

### Advocacy

Swarbricks and Noyes (2018) discussed the benefits of advocacy in the occupational therapy profession. Occupational therapists have the clinical skills to address mental health in the community setting to improve clients' quality of life (Swarbricks & Noyes, 2018). Occupational therapy's scope of practice includes advocating for clients in the community for successful reintegration. Advocacy for clients is necessary for improved outcomes (Harnish et al., 2016). Through the needs assessment, the staff at the Indianapolis VA Domiciliary reiterated the concern for advocacy in the community. Therefore, the DCE addressed both community advocacy and occupational therapy advocacy.

### Community Advocacy

Stigma associated with mental health conditions leading to homelessness are prominent in the community and lead to limited employment and housing opportunities (Harnish et al., 2016). Through education and open discussion in the workplace, employees and employers can create environments conducive to all working styles. One part of my DCE focused on reaching out to local businesses and scheduling a visit. Two companies in the Indianapolis areas were of interest secondary to personal connections. The companies included a commercial real estate firm and public relations firm. During the visits, an open discussion followed a brief education on mental health.

Each presentation followed a similar schedule, starting with an introduction of myself, my role as a doctoral occupational therapy student, and my DCE focus. Next, I administered a brief survey to gather the participants perceptions on mental health prior to the presentation and discussion (Appendix B). Cornwell Partnership (n.d.) created the survey based off the NHS

Mental Health annual attitude survey standards. Then, I presented a free infograph from National Alliance on Mental Health (n.d.) that was projected on a large screen. After reviewing the infograph with the attendees, I asked how they could address mental health in the workplace. Many individuals provided input. I observed attendees using personal examples to collaborate and create a plan for addressing mental health in the workplace. At the end of the discussion, I administered the same brief survey to measure changes in attendees' perceptions of mental health. Participants' perceptions generally improved in accepting and addressing mental health. Table 3, in the discontinuation section, provides the detailed results from pre- and post-survey.

**Occupational Therapy Position Advocacy**

A second part to my DCE included advocating for a full-time occupational therapy position at the Indianapolis VA Domiciliary. Through my needs assessment, I found a need for the establishment of an occupational therapy position at the Domiciliary. The occupational therapist would address the barriers preventing Veterans from successfully engaging in meaningful occupations in the community. The first step to advocate for the position started with a schedule meeting with the Domiciliary Acting Director. During the conversation, she stated that an occupational therapy position would greatly enhance the holistic care of the Veterans at the facility. She advised me to contact the Business Manager to assess the plausibility of establishing a position. I emailed the Business Manager regarding the logistics of the occupational therapy position and she responded that this fiscal year (October 1-September 30) has no available funds. She recommended I contact the VA Occupational Therapy Manager. An email was sent to the VA Occupational Therapy Manager inquiring about the plausibility of an occupational therapy position at the Domiciliary. The Occupational Therapy Manager replied stating that she sees a great need for occupational therapy services at the Domiciliary. She

encouraged further advocacy and education on occupational therapy's role at the Domiciliary with the current staff so they could advocate for the position in their respected fields. Through the process of meeting with the Domiciliary staff and communicating with the business manager, I was able to advocate and educate others on the role of occupational therapy at the Domiciliary in addressing the occupational needs of the Veterans. Through the process I continued to develop my leadership skills by practicing and learning clear and effective communication, identifying needs of clients, and advocating for the field of occupational therapy. The opportunities for growth allowed for enhanced care. This project promoted development of Veterans and staff through improved knowledge of an occupational therapist's role. Not only did individuals at the local facility learn about the importance of occupational therapy, but also individuals in higher levels of management became more aware of the current needs of the Veterans.

**Program Development**

The focus of program development allowed for planning, developing, organizing, and marketing a weekly group to the Veterans at the Domiciliary. Program development focused on occupational empowerment following the established model for the DCE. The Veterans identified a desire for a Positive Outlook Workshop. Intensive research in positive psychology was completed and applied to group interventions. Part of the group goals was to create a positive attitude during daily occupations. Resources that guided the group interventions are included in Appendix C with the five-week group schedule. My leadership skills of empathetic communication, responsibility, organization, and group cohesiveness led to a positive experience for all Veterans that attended the group. The first week, the Q-LES-Q-SF was administered to gather pre-group intervention data on the Veterans quality of life (see Table 2). Then, the Veterans received education on positive outlook and the physiological and psychological impact

a positive attitude can have on the successful completion of daily occupations. Next, the Veterans established group goals and expectations for the following four weeks. The suggestions for the group were implemented into the group schedule and can be found in Appendix C. Weeks two through five included positive outlook interventions that the Veterans could implement into their daily lives. The group focused on individual strengths and positive occurrences through the week. Each week the Veterans participated in meaningful discussions and practiced activities that elicited positive thinking. To view all the completed interventions, see Appendix C. During the group sessions, most of the Veterans provided positive feedback on the nature walk exercise and the gratitude TED Talk video. The nature walk exercise is based off an exercise in Covey's (2004) book, *The 7 Habits of Highly Effective People.* The nature walk included imagining a nature scene that creates the sense of comfort. Then the Veterans were asked to notice the sounds of the nature scene. Then they were instructed to 'reach back.' The Veterans interpreted this statement independently. Next, the Veterans were asked to examine their motives. Finally, the Veterans were instructed to imagine their worries and to leave the worries at the nature scene and return to the present environment. The gratitude video involved a TED Talk by Hailey Bartholomew called 635 Grateful Project. She discussed the benefits of finding gratitude in daily moments. She stated that many individuals take for granted the miniscule experiences in life (Bartholomew, 2014). In the group session, the Veterans expressed appreciation for the speaker's perspectives regarding the change in perspective. The group discussed how the speaker's environment and living circumstances remained the same, but her perspective on life changed resulting in improved quality of life. During the last group session, the Q-LES-Q-SF was administered to the individuals that completed the tool during the week one group prior to intervention (see Table 4 for results). Through successful leadership during the five-week group,

many Veterans expressed appreciation for the daily skills that could be implemented in their lives to create a positive occupational change. I created change in my professional skills as well. Through the practice of empathetic communication, leading by example, advocacy, and being authentic, I developed leadership skills that will continue to assist in future practice.

## Discontinuation and Outcome Phase

### Advocacy

Researchers investigated the stigma related to individuals with a mental health condition and found that the stigma results in decreased housing, employment, and educational options (Harnish et al., 2016). Therefore, educating the community on mental health and various ways to address mental health will assist in improving community opportunities for individuals experiencing mental health conditions (Swarbrick & Noyes, 2018). One of the focuses for this DCE was to educate personnel from local businesses on how they can address issues related to mental health in the workplace. The employees of local businesses collaborated and planned to implement plans that will address mental health in the workplace. During the presentation, the employees also completed a pre- and post-survey on their perceptions of mental health. The employees noted changes in perceptions regarding embarrassment to tell someone of their own mental health condition. Premier Commercial Real Estate Services Stop Stigma pre-survey results indicated five employees (n = 5, 63%) reported disagreement or strong disagreement with sharing of personal mental health condition. After the open discussion, no participants reported feelings of disagreement towards sharing information about their mental health conditions (n = 0, 0%). BlastMedia pre- and post-survey results indicated similar findings. Six participants reported disagreement with sharing information about mental health conditions (n = 6, 50%) in the pre-survey and only one participant reported feeling disagreement with the sharing of mental health

conditions (n = 1, 0.08%). Results showed that the employees' perceptions of mental health in the workplace became more positive after the presentations and the employees experiencing mental health conditions were able to provide insight into best practices for addressing mental health from their personal experiences. The results of the pre- and post-stigma survey are located in Table 3.

Table 3

*Pre and Post-Assessment Stop Stigma Survey*

| n = 20 | **Pre** | | | | | **Post** | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Question** | **Strongly Agree** | **Agree** | **Neither Disagree or Agree** | **Disagree** | **Strongly Disagree** | **Strongly Agree** | **Agree** | **Neither Disagree or Agree** | **Disagree** | **Strongly Disagree** |
| Anyone can have a mental health problem | 19 | 1 | | | | 18 | 2 | | | |
| I would be too embarrassed to tell anyone that I had a mental health problem | | 9 | 6 | 3 | 2 | | 1 | 2 | 14 | 3 |
| I would be happy to have someone with a mental health problem at my school or place of work | | 3 | 4 | 11 | 2 | 10 | 6 | 3 | 1 | |
| Mental health problems are not real illnesses in the same that physical illnesses are; people with mental health problems should just 'pull themselves together.' | | 3 | | 7 | 10 | 1 | | | 9 | 10 |
| People with mental health problems are likely to be violent | | 5 | 4 | 9 | 2 | | 3 | 5 | 7 | 5 |
| It's easy to spot someone with a | 9 | 7 | 3 | 1 | | 11 | 6 | 2 | 1 | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| mental health problem | | | | | | | | | | |
| Once you have a mental health problem you have it for life | | 2 | 3 | 5 | 10 | | 3 | 3 | 5 | 9 |
| Medication is the only treatment for mental health problems | | 1 | | 7 | 12 | | | | 6 | 14 |
| Someone with a mental health problem should have the same right to do a job as anyone else | | | | 11 | 9 | 13 | 6 | 1 | | |
| I would not want to live next door to someone with a mental health problem | 8 | 4 | | 4 | 4 | | 3 | | 8 | 9 |

After discussion and completion of post-survey, employees were encouraged to write feedback on the presentation information, discussion, and overall organization. The participants provided positive feedback. One participant stated, “Mental health is a topic that needs to be addressed. Thank you for initiating the conversation.” Other feedback included providing more structure to the discussion with planned questions to initiate conversations. The feedback from the participants continued to guide the schedule and organization for future opportunities for community education on mental health.

A primary way to ensure sustainability of the DCE is through advocacy for creating an occupational therapy position at the Domiciliary. Occupational therapists possess the clinical knowledge and experience to provide social, vocational, and coping skills, as well as leisure and daily living guidance to Veterans experiencing homelessness (Gindi, et al., 2016). Throughout the DCE, Domiciliary staff members were educated on occupational therapy’s scope of practice and how the position enhances care for the Veterans. The staff members were educated through presentations, conversations, and observations of the valuable skills occupational therapists

provide to Veterans. The staff now advocate for an occupational therapy position to be established at the Domiciliary for improved collaborative care. This DCE student will continue to collaborate with the occupational therapy manager to advocate for establishing an occupational therapy position at the Domiciliary. Researchers provided evidence that occupational therapists address the necessary client factors to improve the occupational performance of Veterans experiencing homelessness secondary to mental health and substance use conditions (Gindi, et al., 2016; Ikiugu, et al., 2017). The establishment of the occupational therapy position will create the opportunity to continue to address the Veterans' occupational needs. The change will create enhanced interdisciplinary care at the Domiciliary to address current societal needs.

**Program Development**

Researchers have found the importance of implementing group therapy for individuals with mental health conditions (Wasmuth & Pritchard, 2016) and have created a model to address occupational change with individuals experiencing homelessness (Fisher & Hotchkiss, 2008). Researchers have also identified the need to empower Veterans to create occupational change through group therapy addressing issues such as community engagement, executive functioning training, and establishing healthy routines to improve successful community reintegration and occupational participation (Ikiugu, et al., 2017; Wasmuth & Pritchard, 2016). The Veterans residing at the Domiciliary were empowered to pick a group topic that was meaningful. During each group session the Veterans participated in empowering activities to create a positive outlook. The majority of participants reported increased or unchanged level of satisfaction with items on the post-assessment Q-LES-Q-SF compared to the pre-assessment Q-LES-Q-SF. The post-assessment scores of the Q-LES-Q-SF indicated the majority of participants reported good

or very good satisfaction with physical health (n = 5, 83%), mood (n = 5, 83%), family relationships (n = 5, 83%), and ability to get around physically (n = 5, 83%). Half of participants described very poor or poor satisfaction with work (n = 3, 50%) and the majority of participants reported very poor or poor satisfactions with living/housing situation (n = 5, 83%). Areas that decreased in Veteran satisfaction include living and housing situation, medication management, and overall well-being within the past week. Work satisfaction of Veterans remained low from pre- to post-assessment administration of Q-LES-Q-SF. Pre- and post-assessment results concluded that intervention groups focused on implementing a positive outlook improve Veteran satisfaction with physical health, mood, family relationships, leisure time activities; other improvements included sexual drive, interests, and/or performance. Table 4 display results of pre- and post-assessment Q-LES-Q-SF scores of six consistently attending Veterans.

Table 4

*Q-LES-Q-SF Pre and Post-Assessment Scores*

| n = 6 | **Pre** | | | | | **Post** | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Item** | **Very Poor** | **Poor** | **Fair** | **Good** | **Very Good** | **Very Poor** | **Poor** | **Fair** | **Good** | **Very Good** |
| Physical Health | | | 2 | 4 | | | 1 | | 3 | 2 |
| Mood | | | 3 | 3 | | | | 1 | 3 | 2 |
| Work | 2 | 2 | 1 | 1 | | 2 | 1 | 1 | 2 | |
| Household Activities | | | 3 | 2 | 1 | | | 3 | 3 | |
| Social Relationships | | 1 | 4 | 1 | | 1 | | 3 | 1 | 1 |
| Family Relationships | 1 | | 1 | 1 | 3 | | | 1 | 3 | 2 |
| Leisure Time Activities | | | 1 | 4 | 1 | | | 2 | 2 | 2 |
| Ability to Function in Daily Life | | | 1 | 1 | 3 | | | 2 | 2 | 2 |
| Sexual Drive, Interest, and/or Performance | 1 | 1 | | | 4 | | 1 | 2 | 1 | 2 |
| Economic Status | | 3 | 2 | 1 | | | 1 | 3 | 2 | |
| Living/Housing Situation | 1 | 2 | 1 | 2 | | 3 | 2 | 1 | | |
| Ability to get Around Physically | | | | 2 | 4 | | | 1 | 3 | 2 |
| Vision in Terms of Ability to do Work or Hobbies | | | | 3 | 3 | | 1 | 1 | 3 | 1 |
| Overall Sense of Well Being | | | 2 | 2 | 2 | | | 2 | 4 | |
| Medication | | | | 2 | 4 | 1 | | 2 | 2 | 1 |
| Overall Life Satisfaction this Past Week | 1 | | | 3 | 2 | 1 | | 1 | 1 | 3 |
| Total | 5 | 10 | 20 | 34 | 27 | 8 | 7 | 26 | 35 | 20 |

Throughout the group sessions, Veterans were encouraged to share their thoughts and perceptions on various changes to enhance the group implementation. Veterans reported no modifications to enhance the group. Therefore, a continuous quality improvement assessment was completed after each group session. Suggested areas of improvement included flow of group schedule and increased time for open discussion concerning implementation of positive activities in daily life. The implementation of identified improvements allowed for smoother transitions between various activities and allowed the Veterans to learn from each other's thoughts and perceptions on positive perspectives. Although the Greeting the Positive Life group will not continue, the Veterans were provided with a list of healthy activities to create a positive change

in their lives. Veterans also created schedules of daily routines integrating such activities to encourage successful implementation of healthy lifestyles.

## Overall Learning

This experience provided many opportunities to enhance my skills as a future practitioner. Through the DCE, I advanced my skills in education, advocacy, documentation, group intervention skills, and mental health knowledge. The advancement of skills included self-reflection; gathering feedback through interaction with mentors, staff, Veterans, and local businesses; and researching evidence. Participating in clinical discussions with individuals from other disciplines including (a nurse practitioner, a psychiatrist, a vocational specialist, a nutritionist, a chaplain, peer supports, recreational therapists, and social workers) related to Veterans' care brought insight into the importance of interdisciplinary collaboration to enhance the services provided to the Veterans.

The two most impactful leadership skills I learned during my DCE included listening and educating by example. Through listening to others, I was able to identify needs of not only the Veterans in the group sessions but needs of the staff to assist in developing solutions to current barriers with Veteran care. The skill of educating by example was shown through the Positive Outlook group. In the group sessions and outside the group sessions, I participated in the various positive outlook activities. Veterans took notice of my participation in the activities. A Veteran stated, "You truly live out what you preach Lexi." Eventually, the Veterans initiated change through integrating positive outlook activities into their daily routines. The feedback from the Veterans demonstrates the importance of providing examples of healthy living. I now listen more than speak and I continue to participate in the evidence-based interventions I provided during the group sessions. I developed leadership skills such as empathetic listening

and effective communication which allowed me to build rapport with Veterans and staff, which ultimately empowered the Veterans to create their own change through education of evidence-based interventions. I learned of the impact and insight Veterans possess if practitioners facilitate the development of greater self-efficacy.

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Appendix A

**Group Options**

Please place a check mark next to the groups you are most interested in. Once you complete the survey please give this sheet to Lexi Ferguson or place under the Recreational Therapy door on the garden level (023).

_____Media Toolbox Workshop
This group provides an opportunity to explore various pieces of art. The group will be provided a media (music, film, art piece, script to a play) that correlates with an aspect of life. In the group we will discuss the media and how we perceive the piece of art.

_____Empowering Function through Education Workshop
This group provides education and practice in pain management skills, proper body mechanic skills, and musculoskeletal disorder (carpal tunnel syndrome, frozen shoulder, tennis elbow) prevention skills. These skills will assist in decreasing risks for future injuries.

_____Chilin Out Workshop
This group provides education and practice into anger management. We will learn various methods to manage anger and practice using the skills to carry over into life situations.

_____Positive Outlook Workshop
This group provides education and practice into thinking positively. We will learn various ways to change our way of thinking during life situations and apply the skills to create a positive outlook.

_____Sexual Education Workshop
This group will provide an opportunity to learn about sexual identity, sexual education, and respecting others. The group will have educational and open discussion components to increase our knowledge about sexuality.

_____Community Inclusion Workshop
This group will put all your learned skills into practice. We will use the coping skills, nutrition skills, spiritual skills, social skills and apply these to situations you will face in your daily routines once reintegrating back into community living.

_____Pre-Employment Workshop
This group will work on building your resume, basic computer skills, and providing opportunities for practicing interviewing skills for the job search process. We will break down each step in this process so learn the steps for a successful job search.

_____It’s All in the Details Workshop
This group will focus on organization and planning for maintaining a schedule while living independently in the community. We will look at different means to maintain

organization with creating daily routine schedules, proper organization of household items, and maintaining a schedule for appoints and medication administration.

Appendix B

| | | 1 strongly disagree | 2 disagree | 3 neither agree nor disagree | 4 agree | 5 strongly agree |
|---|---|---|---|---|---|---|
| 1 | Anyone can have a mental health problem. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2 | I would be too embarrassed to tell anyone that I had a mental health problem. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 | I would be happy to have someone with a mental health problem at my school or place of work. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4 | Mental health problems are not real illnesses in the same way that physical illnesses are; people with mental health problems should just 'pull themselves together'. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5 | People with mental health problems are likely to be violent. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6 | It's easy to spot someone with a mental health problem. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7 | Once you have a mental health problem you have it for life. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8 | Medication is the only treatment for mental health problems. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9 | Someone with a mental health problem should have the same right to a job as anyone else. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10 | I would not want to live next door to someone with a mental health problem. | ☐ | ☐ | ☐ | ☐ | ☐ |

Appendix C

Group Title: Positive Outlook Workshop
Author: Lexi Ferguson, OTS
Frame of reference (FOR): Model of Occupational Empowerment and psychodynamic FOR
Group membership: veterans residing at the Domiciliary
Group goals and rationale:

- Create a positive outlook
- Hold self-accountable for implementing a positive outlook to life
- Be a more caring individual
- Spend more time with others
- Create an inner peace
- Obtain employment and housing

Outcome criteria: Quality of Life, Enjoyment, and Satisfaction Questionnaire- Short Form (Q-LES-Q-SF) and Meaning of Life Questionnaire (authentichappiness.org, 2019)
Method:

- Review Schedule
- Warm-Up
- Introductions
- Instructions for activity
- Activity
- Sharing
- Discussion
- Summary

Time and place of meeting: Mondays at 9:00 AM in RM 031/032
Supplies and cost:

- Binder: $4.99

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Week 1 (2/25/2019)

- Session Title: The Start of Positivity
    - 10 participants
- Format:
    - Veterans sign in
    - Provide information on my role as OT student at Domiciliary and as group leader
        - Define OT scope of practice
        - Define DCE

        - Define focus of DCE
            - Enhance experience to improve re-integration back into the community
            - Model of Occupational Empowerment
            - Psychodynamic FOR
        - Provide Q-LES-Q-SF
    - Review schedule
    - Warm-Up: 5 minutes
        - Mindfulness exercise: Alternating nostril breathing (Suzuki, 2014)
    - Introductions: 5 minutes
        - Name
        - One thing you are proud of
    - Instructions: 5 minutes
        - Provide education on positive psychology (Authentic Happiness, 2019)
            - Strength-focused
            - Focus on positive areas of life
            - Neurochemical changes that happen in brain (literature to back up positive psychology)
    - Activity: 10 minutes
        - Review expectations in the group schedule; Have group members set up expectations for me (What do you expect from me the next five weeks?); Create group goals (Covey, 2004):
        - Leader expectations: Provide research, educate, use visuals (movies, PowerPoints), invite guest speaker or motivational speaker, remind each other of positive things in life at beginning of week, provide morning meditation, good news check-in
            - Desired results → Positive outlook, discover the silver lining, find out how to see things more positive, share positive experiences with each other
            - Identified resources → films, do not provide handouts because too many papers, positive quote of the week (someone brings in positive quote)
            - Accountability → hold selves accountable (independent positivity check), positive challenges for the week
            - Consequences: financial, psychic (respect, credibility, approval), opportunities, responsibilities → Be kinder individuals, spend more time with others, inner peace, employment and housing
        - Educated on using strengths in daily situations (Authentic Happiness, 2019)
            - Provided written instructions on how to complete brief strengths questionnaire on authentichappiness.org
            - Asked to complete questionnaire and bring results to next group meeting OR reflect on life and identify 4 strengths
    - Sharing: 10 minutes
        - How feel about goals?

        - What is one strength? How did you use that strength in a proud experience?
    - Discussion: 10 minutes
        - How do you feel about the group?
        - Any other thoughts?
    - Action Plan for week: 2 minutes
        - Take strength-based assessment on authentichappiness.org
        - Implement top strength in at least one situation
            - Will be asked next week how implemented strength
    - Summary: 2 minutes
        - Can someone please summarize what we did today?
- Supplies
    - 5-minute positive brain wave music
    - Paper
    - Pen
    - Q-LES-Q-SF
    - Satisfaction Life Questionnaire
    - Registering account instructions
    - Table
    - Chairs

Week 2 (3/4/2019)

- Session Title: Present Time Travel
    - 13 participants
- Format:
    - Review schedule
    - Good in the World News
        - Cancer deaths have dropped by 25% in United States since 1991, saving more than 2 million lives.
    - Warm-Up: 10 minutes
        - What did we review last week? Take away?
        - Positive quote of the week: V.T.
            - Write on whiteboard
        - Creativity (Suzuki, 2014)
            - Draw 4-5 random lines on the piece of paper
            - Pass your paper to the left
            - Draw something with the random lines
            - Share drawings
            - Creating something stimulates neurons and allows for positive changes to occur leading to a positive outlook when engage mind in different manners.
        - Share “Animal Strengths” story from Covey (2004): p. 290-291
    - Introductions: 5 minutes
        - Name
        - What is a top strength? How did you implement a strength this past week?
        - Good news check in: What is one positive thing that happened last week?
    - Activity: 15 minutes

        - J.H. share experience with implementing daily tasks for positivity
        - Outside Walk (Visual imagery exercise secondary to below freezing temperatures)
            - Walk around Dom and experience nature through various senses
                - Follow Covey (2004): p. 305-306
                    - Listen carefully
                    - Try reaching back
                    - Examine your motives
                    - Write your worries on the sand
                - Read "The Turn of the Table" from Covey (2004): p. 304-306
    - Sharing: 10 minutes
        - Has anyone truly stopped to smell the roses?
        - How did it feel during our walk?
    - Discussion: 5 minutes
        - How do you think walking in nature relates to positivity?
        - What do you see as the benefits of being present in nature?
        - How could you implement this in your daily routine (cold, raining snowing)?
    - Action Plan for week: 2 minutes
        - Implement a different strength in at least one situation
            - Will be asked next week how implemented strength
        - Take a walk and be present in nature
    - Summary: 2 minutes
        - What is the take away from today?
        - Who wants to bring a quote about positivity for next week?
- Supplies
    - Paper with random lines
    - Coloring utensils
    - List of tasks that can assist with living a life of positivity
    - Chairs
    - Table
    - Playlist
    - Whiteboard
    - Dry erase marker
    - The 7 Habits of Highly Effective People

Week 3 (3/11/2019)

- Session Title: Positives of Gratitude
    - 12 Participants
- Format:
    - Review schedule
    - Good in the World News
        - Kraft opened free grocery store for unpaid workers during government shut down.
            - Today Show

- Warm-Up: 10 minutes
  - Take away from last week?
  - Positive quote of the week: M.C.
    - Write on whiteboard
  - Share gratitude journal with Veterans
  - Three things you are thankful for (Authentic Happiness, 2019; Suzuki, 2014)
    - Can complete a journal and write down three things each evening that you are thankful for
- Introductions: 5 minutes
  - Name
  - What is a top strengths? How did you implement a strength this past week?
  - Good news check in: What is one positive thing that happened last week?
- Activity: 20 minutes
  - Watch TED Video
    - https://positivepsychologyprogram.com/gratitude-ted-talks-videos/
      - Hailey Bartholomew: 365 Grateful Project
  - Detailed letter of gratitude (Authentic Happiness, 2019)
    - Think of someone in your life that has made a positive influence on you.
    - Write a detailed letter of gratitude to this person.
      - Thank them
      - State what they did
      - State why you are thankful
- Sharing: 5 minutes
  - How was this experience of writing a thank you letter?
- Discussion: 5 minutes
  - What about gratitude do you think creates positivity?
  - How can you implement this in your daily life?
- Action Plan for week: 3 minutes
  - Implement a different strength in at least one situation
    - Will be asked next week how implemented strength
  - Start and maintain a gratitude journal
    - If need a journal let me know
- Summary: 2 minutes
  - What is the take away from today?
  - Who wants to bring a quote about positivity for next week?

- Supplies
  - My gratitude journal
  - Paper
  - Writing utensils
  - Computer to play TED talk
  - Playlist
  - Chairs
  - Table

  - White board
  - Dry erase marker

Week 4 (3/18/2019)

- Session Title: Exploring You
  - 13 Participants
- Format:
  - Review schedule
  - Take away from last week?
    - Gratitude Journal
    - "Thank you" letter
  - Good in the World News
    - March 9th: A personal trainer with Autism opened new gym and provides accommodations for individuals with special needs
  - Warm-Up (10 minutes)
    - Positive quote of the week: J.H.
    - Learn a dance (Suzuki, 2014)
      - https://www.youtube.com/watch?v=BQ9q4U2P3ig
  - Introductions (5 minutes)
    - Name
    - What is one of your strengths? How did you implement a strength this past week?
    - Good news check in: What is one positive thing that happened last week?
  - Activity (25 minutes)
    - Magazine Collage
      - On the paper paste various words or pictures from the magazines that you feel are representful of you or items that you find inspiring
      - **Sharing**: Anyone want to share their collage?
    - Personal Mission Statement (Convey, 2004)
      - Based off the items you pasted and your own reflection create a personal mission statement.
      - These are words you will live by, who you want to become, what you want to accomplish in your life, things that inspire you
      - **Sharing**
        - How did you feel creating your own personal mission statement?
  - Discussion (5 minutes)
    - How can creating a personal mission statement/laid out principles assist in creating a positive outlook?
    - How can you implement this into your daily life?
  - Action Plan for week: 3 minutes
    - Implement a different strength in at least one situation
      - Will be asked next week how implemented strength
    - Finish your personal mission statement: Review, edit, reflect
      - Can be an ongoing process
  - Summary: 2 minutes

        - What is the take away from today?
        - Who wants to bring in a quote for next week (last week)?
- Supplies
    - Paper
    - Magazines
    - Scissors
    - Glue
    - Writing utensils
    - Screen
    - Dance video
    - Chair
    - Table
    - Playlist
    - Whiteboard
    - Dry erase marker
    - Computer

Week 5 (3/25/2019)

- Session Title: Go Forth with Positivity
    - 19 Participants
- Format:
    - Review schedule
    - Take away from last week?
        - Personal Mission Statement
    - Good in the World News
        - An individual with Parkinson's Disease walks again after being in a w/c for years
            - Foxnews.com/category/good-news
    - Warm-Up (5 minutes)
        - Positive quote of the week: P.A.
        - Positive affirmations during exercise (Suzuki, 2014)
            - Remember these small tasks can become habits into daily life that can assist in leading to a life of positive outlook
    - Introductions (5 minutes)
        - Name
        - What are your top strengths? How did you implement a strength this past week?
        - Good news check in: What is one positive thing that happened last week?
    - Activity (23 minutes)
        - Positivity Plan: daily routine with positive changes
        - **Sharing**
            - What does it feel like to try and schedule your time?
            - Are there any healthy activities in your schedule?
    - Discussion (5 minutes)
        - What are you hopes for life?

        - Reflect on the various roles you established in your positivity plan (family member, friend, employee). How can your identified strengths help you with these roles?
        - What did you get out of this experience?
    - Action Plan/Summary: 2 minutes
        - Can someone please summarize what we did today?
        - Implement positivity activities and strengths into your daily life.
        - Follow your positive daily schedule.
    - Complete final Q-LES-Q-SF (10 minutes)
- Supplies
    - Schedules
    - Writing utensils
    - Playlist
    - Chairs
    - Table
    - White board
    - Dry erase marker
    - Q-LES-Q-SF forms