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## *School of Occupational Therapy*

Daily Life Skills for Homeless Veterans Within the Domiciliary Care Program

Kayla R. Nowlin

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Under the direction of the faculty capstone advisor:

Dr. Kelsey Peter, OTD

### **Abstract**

There is an increased need for treatment and recovery for homeless Veterans suffering from mental health and substance use disorders. The Indianapolis Domiciliary Care Program for Homeless Veterans provides such care for these Veterans (Wenzel et al., 1995). Veterans participate in recovery groups, treatment sessions, and eventually discharge and reintegrate back into the community. I identified a need for education on daily occupations (i.e., IADLs, leisure) since there is not an occupational therapist on site. The six-week program, Daily Life Skills, was designed to target everyday tasks an individual may perform and the education to be able to do so independently while focusing on three domains (anxiety, confidence, motivation). A pre/post Likert Scale tool was utilized to capture the results of each group. The results of the program indicated that providing these Veterans with the resources, knowledge, and ability to complete everyday occupations more independently equated to improved levels of anxiety, confidence, and motivation in their respective manners.

## **Introduction**

The U.S. Department of Veteran Affairs defines the Domiciliary as “an active clinical rehabilitation and treatment program for male and female Veterans and Domiciliary programs are now integrated with the Mental Health Residential Rehabilitation and Treatment Programs (MH RRTPs)” (Health, n.d.). The Indianapolis Domiciliary Care Program for Homeless Veterans (DCHV) specializes in Veterans suffering from substance abuse and/or mental illnesses who currently do not have permanent housing. The DCHV offers an interdisciplinary team that includes recreational therapists, nurses, psychologists, psychiatrists, social workers, a pharmacist, dietician, and chaplain. The team works to provide a safe, healthy routine for Veterans to experience and encourages them to re-enter the community with a home, job, and the skills to live a sober, safe, and meaningful life.

For my Doctoral Capstone Experience project, I analyzed the gaps identified in the existing programs within the DCHV and attempted to address those gaps with a Daily Life Skills program. This program was utilized to increase problem solving, prevent homelessness, and other beneficial tools and resources that would be useful for Veterans making the transition back into their communities. Specific areas targeted include routine building, home management/environmental modifications, meal preparation/recipe creation, grocery shopping, and social wellbeing as well as additional resources, discussions, and questions a Veteran/s may have.

Veterans who reside at the Domiciliary are searching for their next path and the resources required to get them there. Based on the need at this site and the information obtained from both Veterans and employees, the Daily Life Skills program was deemed critical for a Veteran’s success with community reintegration. The program was designed through the lens of occupational therapy and aligned with the mission and vision of the Domiciliary/VA.

## **Background**

Each Domiciliary around the United States specializes in specific populations of Veterans. The Indianapolis Domiciliary targets mental illness and substance abuse. To be accepted into the Indianapolis DCHV, there is a process that determines if a Veteran is a good fit for the site. Qualifications that make a Veteran ‘high risk’ allowing them to be prioritized include where a Veteran currently lives (i.e., streets, car, couch surfing), gender, and comorbidities (i.e., diabetes) (Health, n.d.). Most of the Veterans who are accepted into the DCHV have limited support, are unemployed, and/or struggling with drug withdrawals/mental illness. They are looking for assistance to regain a safe, sober lifestyle within the community.

The Daily Life Skills program included tools to assist Veterans with their independence. Based on the data discovered by Campbell (2010), Veterans who were previously homeless recorded better outcomes for reintegration into the community after experiencing basic employability and entry-level technical skills training, along with access to support systems that encouraged meeting the needs of their families while they continued to grow and become more competent in their daily skills. Estrella et al., (2021) discussed the importance of proper housing, such as the DCHV, which has an environment that fits Veteran’s needs for engagement and social interaction. By attending the Daily Life Skills program, Veterans improved their knowledge for everyday tasks where they had limited experience prior. The sessions included creating a daily routine schedule, grocery lists to successfully shop, healthy support systems, and/or socialization with others to address the skills needed for job interviews and relationships.

After examining the Daily Life Skills program, I presented the design of the program to the interdisciplinary team at the DCHV to gather feedback and areas of improvement. All staff agreed that the specific topic areas targeted within the Daily Life Skills program were beneficial

for Veterans and their return to the community. One staff member reported that, “Many Veterans are fearful when leaving the Domiciliary because they are leaving a structured lifestyle ... your program will assist them and hopefully reduce those fears they may have to be more successful in the reintegration process.” In an article by Stacy et al., (2017) it was identified that the reintegration process into the community, regaining the responsibilities of owning a home, and/or working a new job can be difficult. Newly reintegrated Veterans would report their first job ending primarily due to the use of drugs and/or alcohol (Stacy et al., 2017).

The DCHV needs assessment identified that areas of an individual’s daily occupations were missing. This was based on what the recreational therapists were stating as areas of growth and evidenced in the literature from other domiciliary sites who assist homeless Veterans. As listed above and included in the Daily Life Skills program, there were some areas deemed more important to target such as grocery shopping and routine creation. Due to the absence of an occupational therapist (OT) at the DCHV, these areas were missing from the current curriculum.

Homelessness is a barrier for Veterans and can result in the inhibition of occupational performance. OT is a specialized profession that includes activities of daily living, instrumental activities of daily living, self-management, mental health, and daily skills to target increased independence for an individual (OTPF, 2014). In an article by Allard et al. (2022), “Self-management interventions, from an occupational therapy perspective, incorporate broad-based personal and social learning strategies that help build self-efficacy during difficult situations.” Allard et al. (2022), also discovered that “studies have shown that self-management skills from occupational therapy interventions are effective in promoting and maintaining performance and participation in people with chronic mental health conditions”. An OT staffed at the Domiciliary could also target “the promotion of *mental health*, which is understood as a state of well-being in

which a person realizes his or her abilities, copes with challenges, and is able to work and contribute to the community” through the education of the Daily Life Skills program (Mental Health Promotion, 2017).

By shaping a program within the DCHV with an OT perspective for Veterans it allowed for areas of growth for both the OT profession and for Veterans. An existing problem within the DCHV and programs around the world is the lack of knowledge of what OTs do and how they can assist specific populations. In addition, there is limited experience of working with homeless Veteran populations within many health-care professions. An article written by Olenick et al. (2015), targeted towards the importance of health-care personnel awareness of Veterans, determined that “successful Veteran reintegration into civilian life rests upon providing Veterans with training that builds on their military knowledge and skill, employment post-separation from service, homelessness prevention, and mental health programs that promote civilian transition.” There is a need at the Indianapolis DCHV for the OT role to address these concerns. OTs can provide additional training of skills necessary for a homeless Veteran to improve their overall independence within the community while advocating for the profession within the VA.

Many of the programs established at the DCHV target barriers beyond just homelessness. They analyze how those barriers negatively impact a Veteran's success in the community, social participation, and problem solving. The Daily Life Skills program targeted these areas and then broke them down into smaller subcategories to assist Veterans with tasks they may encounter often from an OT perspective. By examining and understanding the daily life of a Veteran from an OT lens, the Daily Life Skills program improved the self-confidence of a Veteran. This lens included a more holistic perspective of daily occupations and skills considered critical for Veterans living independently within the community.

### **Occupation Based Model and Frame of Reference**

The Person-Environment-Occupation (PEO) occupation-based model (OBM) was utilized to guide the design and implementation of the Daily Life Skills program. This OBM incorporates the person (Veterans), environment (homelessness, transitions within the Domiciliary program, community reintegration), and occupation (educating the Veterans on daily skills to help maintain a job, track financials, maintain housing, etc.). These three components work together to achieve occupational performance. The PEO model is based on balance and the best “fit” for everyone within their own person, environment, and occupation. It provides a unique approach to accommodate each Veteran to help them reach their specific goals and gain the daily life skills to keep their PEO balanced to prevent returning to homelessness.

In support of the PEO OBM is the Cognitive Behavioral frame of reference (Figure 1). This frame of reference is guided by the idea of “thinking influences behavior” (Cole & Tufano, 2020). Many of the Veterans lack the competence of real-world and self-management skills. Techniques within the Cognitive Behavioral FOR are useful for practicing self-management thoughts that cause barriers to occupational performance. To be considered functioning within the Cognitive Behavioral FOR, Veterans are able to process, reason, and create realistic perceptions of themselves and others in their environment (Cole & Tufano, 2020). Utilizing both the PEO OBM and the Cognitive Behavioral FOR within the design of the Daily Life Skills group session and throughout the capstone experience increased the occupational performance and participation of the Veterans. Based on this new insight, it can carry over into a Veteran’s routine after leaving the program to allow each Veteran to maintain a healthy, safe, and independent lifestyle.

## **Program Design & Implementation**

This project was based on the demand discovered from a need's assessment and observation during the first few weeks at the Domiciliary. A six-week program was designed to increase a Veteran's independence with everyday living while providing them the motivation and confidence to maintain healthy lifestyles. Prior to the Domiciliary, Veterans struggled to spend their time and resources on safe and sober activities which then progressed to Veterans losing their home, relationships, and decreased satisfaction with their lives.

The design of the program was based on learning from other groups already established at the Domiciliary. Each provider (i.e., recreation therapists, social workers, pharmacists, etc.) also led weekly groups based on their specialties. These sessions were held in group rooms and oftentimes had a main topic that correlated with videos, activities, and discussions. I chose to maintain this same structure because many of the Veterans prefer to have a schedule for how their day should look. A key challenge in the design of the group sessions was to find the right balance between education and enjoyment. The absence of an occupational therapist at the Domiciliary added to this challenge causing each group to be created from scratch versus leveraging an existing program. The emphasis to focus on the three domains of anxiety, confidence, and motivation provided guidance towards each group session design.

A Likert Scale was used to measure outcomes of each group. The Likert Scale was presented as a pre/post data survey specifically created for each group session. The targeted areas of data being measured included levels of anxiety, confidence, and motivation. Each survey was adapted to the topic of the group to allow for more customized responses to the sessions. The Likert Scale was chosen based on the evidence established by Sullivan and Artino (2013), that it



was a valid and common tool used to assess performance after educational interventions to provide quantitative outcomes.

The project was broken down into several main topics such as routine building, home/environmental management, grocery shopping, and meal planning. I placed routine building as the first group because once the routine was established, a Veteran could then plan when they wanted to clean/manage their environment or decide which day they wanted to go to the grocery store and schedule it within the routine. The program was designed so that each group session built off the previous week, but it was not necessary for a Veteran to attend each group to benefit from the topic of the day.

### **Project Outcomes**

Likert Scale surveys were a tool already utilized at the Domiciliary as a measure for other recreation activities; therefore, the Likert Scale was familiar for the Veterans to complete. Three factors (anxiety, confidence, and motivation) were assessed weekly during the Daily Life Skills group. Each Likert Scale survey utilized a “pre” and “post” side to complete at the start and end of each group. By utilizing a Likert Scale, it provided a quantitative measure for each factor, was able to be completed easily, and identified quick changes within the factors for each Veteran.

The Likert Scale scoring used for the evidence-based group sessions 1 through 5 was 5 = High, 1 = Low to then translate as having high or low anxiety, confidence, and motivation towards the group topic. During the sixth group, the Likert Scale metric was adapted to be 5 = Strongly Agree, 1 = Strongly Disagree, was provided at the end of the session and was utilized as a Daily Life Skills full program evaluation. All post surveys included a “Would recommend the group to their peers” question. Over the course of six weeks all participants responded “yes” for recommending the group to their peers.

Table 1 indicates the average changes that occurred for group sessions 1 through 5. The average results indicated that at a minimum one of the three factors being analyzed - anxiety, confidence, motivation – changed in their respective manner as follows:

- Group 1 - Routine Building (Brown et al., 2011): anxiety decreased; motivation increased
- Group 2 - Home Management/Environmental Modifications (AOTA, 2023): anxiety decreased; confidence and motivation increased
- Group 3 - Meal Planning/Recipe Creation (Sughair et al., 2021): anxiety decreased; confidence increased
- Group 4 - Grocery Shopping Made Simple (OTPF, 2014): anxiety decreased
- Group 5 - Exercise Your Social Wellness (Youn et al., 2020; Takagi et al., 2013): anxiety decreased; confidence and motivation increased

Group 6 (Table 2) was designed to be a review session for those who had attended prior groups or a new learning opportunity for someone attending the Daily Life Skills group for the first time. The scores within Table 2 are supportive indicators for the Daily Life Skills group being valuable, well led, engaging, and applicable to Veterans and their daily lives.

A key takeaway from the program occurred during group 6. Many Veterans had attended this group that had not been to prior groups and were able to verbally describe the benefits of the review group and how they could apply what they learned in one session to improve their own levels of anxiety, confidence, and motivation. This was evident when analyzing the pre/post data and determining that at least one or more domains were improved in their respective manner throughout the six-week program.

## Summary

The Indianapolis DCHV is specialized to provide care for Veterans who are homeless and suffering from mental health and substance use disorders. Each Veteran is educated and enabled with tools, resources, safety, and support while living in the Domiciliary to provide them the opportunity to regain the confidence and independence to reintegrate into the community while remaining sober and maintaining a stable place to live.

Even though the Domiciliary is equipped with talented and experienced professionals who assist the Veterans through difficult portions of their lives, I analyzed the Domiciliary treatment options and identified areas where additional care from an OT lens may be necessary for a Veteran's success. The Daily Life Skills program, covered the five topics on daily routines, home management/environmental modifications, meal planning, grocery shopping, and social wellness which were all areas Veterans had limited exposure. The program was created to target three domains (anxiety, confidence, motivation). By creating the Daily Life Skills program, it assisted in decreasing anxiety while increasing confidence and motivation to perform the five topics listed above more independently and safely.

A Likert Scale was used to collect data for three domains and the results indicated at least one of the three improved in its respective manner and in two of the groups, all three domains improved in their respective manner. During the sixth group, Veterans were provided an overview of the five topics from weeks prior. 100% of the Veterans who attended the Daily Life Skills groups said they would recommend the program to their peers. Overall, this group positively impacted Veterans who attended based on the changes in their levels of anxiety, confidence, and motivation and will potentially create an easier transition for them as they discharge from the Domiciliary and re-integrate within the community.

## **Conclusion**

Over the course of 14 weeks, connections were built with site mentors, staff, and Veterans. The Daily Life Skills program taught the importance of confidence and knowledge to carry out everyday occupations. Due to the Veterans within the Domiciliary being previously homeless, many of them lacked the knowledge or ability to complete the topics taught within the Daily Life Skills groups. Veterans who were able to attend the Daily Life Skills group sessions exhibited an improvement in at least one domain being measured - anxiety, confidence, and/or motivation towards the five topics educating on occupations.

The positive experiences the Veterans had within the Daily Life Skills groups carried over to other Veterans and staff based on the comments received. This validated the importance of the knowledge an occupational therapist can provide in a setting and population such as the Domiciliary. I was able to emphasize the need of an occupational therapist at the site through a dissemination presentation provided to the interdisciplinary treatment team by displaying my outcomes from each group and the feedback received from the Veterans who attended the Daily Life Skills groups.

Due to there not being an occupational therapist at the site, all the information I created within the Daily Life Skills group was created from my own experiences and knowledge gained from my graduate program. I created a resource binder of my six-week program for future occupational therapy students to use. It will allow for future students to expand upon my program and cover more areas of occupational therapy while increasing the need for the profession within the Domiciliary.

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**Table 1***Averages from Pre/Post Likert Scales for Group Sessions 1 through 5*

<b>Groups and Likert Scale Questions Asked</b>	<b>Pre Group Averages</b>	<b>Post Group Averages</b>
<b>Group 1 - Routine Building (n = 6)</b>		
<b>Negative Stressors</b>		
Stress Level of Current Routine at Domiciliary	2.33	2
Anxiety Level for Creating a New Routine	3.5	2.5
Anxiety Level for Maintaining a New Routine	3.33	3.17
<b>Positive Stressors</b>		
Satisfaction Level of Current Routine at Domiciliary	3.33	3.83
Confidence Level for Maintaining a Regular Routine	3.5	3.17
Motivation Level to Maintain a Regular Routine	4	4.33
<b>Group 2 - Home Management and Environmental Modifications (n = 11)</b>		
<b>Negative Stressors</b>		
Anxiety Level for Living Outside the Domiciliary Environment	3.55	3.45
Anxiety Level for Creating Ideal Home Environment Outside of Domiciliary	3.82	3.27
<b>Positive Stressors</b>		
Confidence Level for Creating Comfortable Home Outside of Domiciliary	3.18	4
Motivation Level to Sustain Changes made to Home Environment Outside of Domiciliary	4.09	4.27
<b>Group 3 - Meal Planning/Recipe Creation (n = 8)</b>		
<b>Negative Stressors</b>		
Anxiety Level for Planning Meals Outside of Domiciliary	2.13	1.75
Anxiety Level for Making Meals Outside of Domiciliary	2.25	2.13
<b>Positive Stressors</b>		
Confidence Level for Creating Meals Outside of Domiciliary	4.25	4.5
Motivation Level to Sustain Planning Meals Outside of Domiciliary	4	4
Motivation Level to Sustain Making/Cooking Meals Outside of Domiciliary	4.38	4.13



<b>Groups and Likert Scale Questions Asked</b>	<b>Pre Group Averages</b>	<b>Post Group Averages</b>
<b>Group 4 - Grocery Shopping Made Simple (n = 8)</b>		
<b>Negative Stressors</b>		
Anxiety Level Towards Shopping at the Grocery Store	2.63	2
<b>Positive Stressors</b>		
Confidence Level in Grocery Shopping Habits	3.63	3.38
Motivation Level to Plan for Going Grocery Shopping	3.38	3.13
<b>Group 5 - Exercise Your Social Wellness (n = 6)</b>		
<b>Negative Stressors</b>		
Anxiety Level with Attending Social Activities/Events	3.33	3
Anxiety Level with Planning your own Social Activities /Events	4	3.5
<b>Positive Stressors</b>		
Confidence Level in Maintaining Social Activities/ Events in Daily Routine	3.33	4
Motivation Level to Attend a Social Activity/Event	3.33	3.67
Motivation Level to Plan a Social Activity/Event	2.17	2.83

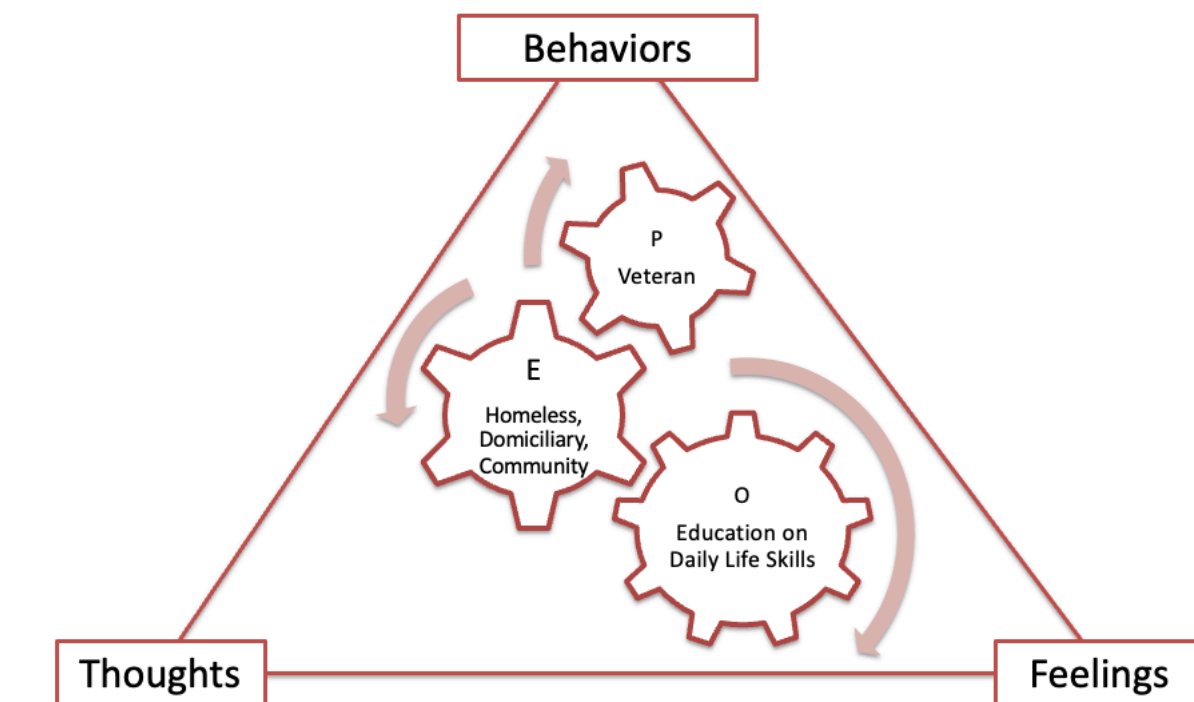
**Table 2**

*Average Likert Scale scores for overall Daily Life Skills Program*

<b>Group 6 - Daily Life Skills in Review (n = 7)</b>	<b>Post Daily Life Skills Program Averages</b>
Groups Were a Valuable Use of my Time	4.57
Groups Were Effectively Led and Facilitated	4.71
Groups were Interactive/Engaging	4.86
As a Result of Attending Groups, I can Apply What I Learned to my Daily Life	4.57

**Figure 1**

*Person-Environment-Occupation Model and Cognitive Behavioral Frame of Reference.*



*Note.* Adapted from Cole & Tufano, 2020.

## Appendix A

### Weekly Planning Guide

Week	DCE Stage	Weekly Goal	Objectives	Tasks	Date
1	Orientation	1. Complete orientation to site and team members by end of week. 2. Lay out new/additional ideas for my program to be designed. 3. Attend set programs ran by staff at the Dom. and complete onboarding 4. Review and adjust MOU as needed	1. Know my way around the Domiciliary and where team member's offices are. 2. Organizing program and dive deeper into DCE site to become more familiar with wants/needs 3. Learn how each team member organizes and runs personal groups 4. Review MOU	1. Attend virtual meetings with staff every morning; gain PIV badge 2. Interview with other staff members to hear their thoughts on what is needed at the site 3. Set to attend an art therapy course on day one and will attend others throughout the week 4. Review MOU and adjust based on new findings, after discussions with staff, and new literature being analyzed	1/13/23
2	Screening/ Evaluation	1. Review and finalize MOU 2. Finalize Introduction draft 3. Discuss with staff and site mentor about gaps within the site for designated topics for group sessions	1. Complete MOU 2. Gather new material and review old to complete introduction draft 3. Gain insight for interests for Veterans	1. <b>Submit MOU by 1/20/23</b> 2. <b>Complete Introduction draft and submit by 1/23/23</b> 3. Begin laying out the order of the six group topics with a proper flow of the material for the Veterans to learn	1/20/23- 1/23/23
3	Screening/ Evaluation	1. Finalize six group topics and order of implementation into the program design 2. Background draft completed 3. Meeting with Dom. Program Manager 4. Attend set programs ran by staff at the Dom.	1. Organize program to match Veteran's interests 2. Review new literature to complete background draft 3. Meeting with Program Manager to discuss questions/concerns and see how the Dom. is ran behind the scenes from a managerial role 4. Continuing to learn how programs are ran and how Veterans respond to them	1. Adapt six topics to be presented in general terms for all participants to understand the information 2. Identify literature for background draft and implement into paper and submit by 1/30/23 3. Set up a meeting time with Program Manager (8:00am 1/23) 4. Attend Creative Arts, TedTalk, and Leisure Education groups	1/27/23- 1/30/23
4	Implementation	1. Begin Daily Life Skills program within the Domiciliary 2. Attend set programs ran by staff at the Dom. 3. Complete Design and Implementation draft	1. Introduce program to Veterans and begin week one of activities and education 2. Continuing to learn how programs are ran and how Veterans respond to them 3. Gain more insight on how I want to implement the education I am providing to the Veterans	1. Utilize a signup sheet to determine how many Veterans will attend 2. Check program schedule and chose which classes to attend and interact/participate with Veterans during group sessions 3. <b>Submit Design and implementation draft by 2/6/23</b>	2/3/23- 2/6/23

5	Implementation	<ul style="list-style-type: none"> <li>1. Increase awareness and attendance rate of program</li> <li>2. Self reflect on what went well and what did not to make adjustments later on in the Daily Life Skills program</li> <li>3. Attend set programs ran by staff at the Dom.</li> </ul>	<ul style="list-style-type: none"> <li>1. Week 2 of program implementation</li> <li>2. Gather verbal feedback from weeks 1 and 2 Veterans</li> <li>3. Continuing to learn how programs are ran and how Veterans respond to them</li> </ul>	<ul style="list-style-type: none"> <li>1. Utilize a signup sheet to determine how many Veterans will attend; announced at the weekly Domiciliary meeting to encourage Veterans to attend</li> <li>2. Provide online/hard copy/verbal feedback time to reflect with veterans</li> <li>3. Check program schedule and chose which classes to attend and interact/participate with Veterans during group sessions</li> </ul>	2/10/23
6	Implementation	<ul style="list-style-type: none"> <li>1. Identify gaps and improvements needed to be made within DCE by site mentor at mid-term and site mentor complete evaluation</li> <li>2. Gather feedback from Veterans on likes and dislikes of the Daily Life Skills program and what they would want to add/change to reach their level of interest</li> <li>3. Increase awareness and attendance rate of program</li> <li>4. Attend set programs ran by staff at the Domiciliary</li> </ul>	<ul style="list-style-type: none"> <li>1. Midterm check-in with site and site mentor</li> <li>2. Gain feedback from site, Veterans, and make changes to adapt to the feedback</li> <li>3. Discuss with additional Veterans and staff importance of program to increase attendance</li> <li>4. Continuing to learn how programs are ran and how Veterans respond to them</li> </ul>	<ul style="list-style-type: none"> <li>1. Set a meeting time to address and questions, concerns, etc.</li> <li>2. Adjust program online and how it's delivered to participants</li> <li>3. Utilize a signup sheet to determine how many Veterans will attend</li> <li>4. Interact and participate by completing the activities with Veterans during group sessions</li> </ul>	2/17/23
7	Implementation	<ul style="list-style-type: none"> <li>1. Attend set programs ran by staff at the Domiciliary</li> <li>2. Continue gathering feedback to make improvements to the Daily Life Skills group</li> <li>3. Increase awareness and attendance rate of program</li> </ul>	<ul style="list-style-type: none"> <li>1. Continuing to learn how programs are ran and how Veterans respond to them</li> <li>2. Improvements and adjustments to meet the interests of veterans</li> <li>3. Discuss with additional Veterans and staff importance of program to increase attendance</li> </ul>	<ul style="list-style-type: none"> <li>1. Check program schedule and chose which classes to attend and interact/participate with veterans during group sessions</li> <li>2. Write down feedback and make specific adjustments when needed</li> <li>3. Utilize a signup sheet to determine how many Veterans will attend</li> </ul>	2/24/23
8	Implementation	<ul style="list-style-type: none"> <li>1. Attend set programs ran by staff at the Domiciliary</li> <li>2. Work on project outcomes draft</li> <li>3. Increase awareness and attendance rate of program</li> </ul>	<ul style="list-style-type: none"> <li>1. Continuing to learn how programs are ran and how veterans respond to them</li> <li>2. To begin wrapping up the outcomes section on the information</li> <li>3. Discuss with additional veterans and staff importance of program to increase attendance</li> </ul>	<ul style="list-style-type: none"> <li>1. Check program schedule and chose which classes to attend and interact/participate with veterans during group sessions</li> <li>2. Organize outcomes within files and documents</li> <li>3. Utilize a signup sheet to determine how many Veterans will attend</li> </ul>	3/3/23
9	Implementation	<ul style="list-style-type: none"> <li>1. Attend the set program ran by a Recreation Therapy student at the Domiciliary</li> <li>2. Share gratitude and a huge thank you to Veterans; incorporate a meaningful activity for Daily Life Skills program that day</li> <li>3. Complete project outcomes draft</li> </ul>	<ul style="list-style-type: none"> <li>1. Learn how another student organizes and presents information during their site programs</li> <li>2. Exhibit appreciation for their participation through a verbal conversation at the end of the group session</li> <li>3. Moving onto next step of paper</li> </ul>	<ul style="list-style-type: none"> <li>1. Check program schedule and chose which classes to attend</li> <li>2. Thank Veterans for attending sessions the past 6 weeks; utilized an encompassing activity during group to allow for new members to receive the full benefits of the Daily Life Skills group</li> <li>3. Submit Project Outcomes Draft by the 3/13/23</li> </ul>	3/10/23-3/13/23

10	Discontinuation	1. Program wrap up and gathering any last minute ideas and material of how the veterans liked the program 2. Attend the set program completed by the RT student 3. Address dissemination plan	1. Ensure all material is collected to disseminate 2. Stronger connections to use when completing the write up by being a participant with other Veterans in someone else's group 3. Layout dissemination plan to provide for site and class to move forward in the dissemination process - set a date with the site to disseminate information	1. Present final thoughts during session for wrap up 2. Continue to attend programs and meet with Veterans to build connections from a participants perspective 3. Set dissemination date with site and complete plan to organize thoughts and assignments moving forward and then submit Dissemination Plan by 3/20/23	3/17/23-3/20/23
11	Discontinuation	1. Program wrap up and gathering any last minute ideas and material of how the Veterans liked the program 2. Attend set programs ran by staff at the Dom. 3. Address Dissemination Plan	1. Ensure all material is collected to disseminate 2. Stronger connections to use when completing the write up 3. Layout dissemination plan to provide for site and class forum to move forward in the dissemination process	1. Continue to share insights over the past six weeks and answer additional questions Veterans may have in a one-on-one manner within the office 2. Continue to attend programs and meet with veterans to build connections 3. Complete plan to organize thoughts and assignments moving forward	3/24/23
12	Dissemination -	1. Analyze data and write up 2. Continue working on abstract, summary, and conclusion	1. Write up information gathers, assess, analyze, and prepare for dissemination 2. To add finishing touches to the paper and prepare for next phase	1. Review findings and interpret 2. Write abstract, summary, and conclusion	3/31/23
13	Dissemination	1. Analyze data and write up 2. Continue working on abstract, summary, and conclusion 3. Present findings to site treatment team 4. Organize binder of resources for Domiciliary to keep	1. Write up information gathers, assess, analyze, and prepare for dissemination 2. To add finishing touches to the paper and prepare for next phase 3. To practice my dissemination process and receive feedback from site team members 4. To allow for future OT students to build off of my program	1. Review findings and interpret 2. Submit Abstract, Summary, and Conclusion Drafts by 4/10 3. Present outcomes PowerPoint virtually to Domiciliary team (4/3/23) 4. Buy binder, organize each section and present it to the site.	4/7/23-4/10/23
14	Dissemination	1. Work on VoiceThread 2. Finalize and submit scholarly report, poster, VoiceThread, and summary reflection 3. Advocate for a potential OT job opening at this site in the future	1.VT allows for a documented way to locate findings and information from capstone experience 2. After submissions, be able to provide all documents to site so they can use findings for the future 3. Build on what OT can offer to the site and how it ties into other departments	1. Provide presentation 2. Submit all assignments (Final Scholarly Report, Poster Draft, VT Draft, and Summary Written Reflection Draft) by 4/24 3. Provide information on the importance of OT in this setting and how it applies to this Veteran population	4/14/23
15	Dissemination Post Capstone completion	1. Complete VoiceThread assignment 2. Complete project poster draft 3. Complete summary written reflection draft 4. Submit all remaining assignments by 5/1	1. Finalize VoiceThread for submission 2. Work on and move forward on final poster completion 3. Wrap up summary to reflect on experience and look back at all the things I have accomplished 4. Complete all assignments to wrap up and submit all findings and information from DCE	1. Record final VoiceThread to submit 2. Edit and complete poster 3. Submit summary assignment 4. Submit Summary Written Reflection on DCE by 5/1, Electronic project poster by 5/1, Capstone Project Presentation: VoiceThread and PPT	4/24/23-5/1/23