# UNIVERSITY of INDIANAPOLIS.

# School of Occupational Therapy

Implementation of an Occupation Based Pre-Employment Skills Program for Veterans Overcoming

Homelessness, Addiction, and Mental Illness

Molly Sears

May, 2018



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

Under the direction of the faculty capstone advisor:

Becky Barton, DHS, OTR, FAOTA

# A Capstone Project Entitled

Implementation of an Occupation Based Pre-Employment Skills Program for Veterans

Overcoming Homelessness, Addiction, and Mental Illness

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

Molly Sears, OTS

Approved by:	
Faculty Capstone Advisor	
Doctoral Capstone Coordinator	Date
Accepted on this date by the Chair of the	e School of Occupational Therapy:
Chair, School of Occupational Therapy	

### Abstract

This paper explores the effectiveness of an occupation based pre-employment workshop implementing resume building and interview skills at the Richard L. Roudebush VA Medical Center domiciliary in Indianapolis, Indiana. A needs assessment was conducted and from the information gathered from this process, it was evident that there was a limited amount of opportunities for resume and interview practice in order to increase the veteran's confidence and overall performance with these life skills. From this information a pre-employment skills workshop was formulated in collaboration with the employment specialist at the domiciliary. The pre-employment skills workshop was implemented once a week for four consecutive weeks. Three veterans completed the workshop in its entirety and nine veterans completed two to three sessions of the workshop. Pre and post surveys measuring confidence level and knowledge of basic resume and interview skills were administered before and after workshop experience. Based on results collected from the surveys, it was identified that the pre-employment skills workshop was effective in increasing confidence and overall knowledge of these skills needed to obtain meaningful employment.

Implementation of an Occupation Based Pre-Employment Skills Program for Veterans

Overcoming Homelessness, Addiction, and Mental Illness

The percentage of homeless veterans in the United States is consistently growing each year. According to The National Coalition for Homeless Veterans, Veterans make up 23% of the homeless adult population in the United States and an additional 1.4 million veterans have an increased chance of becoming homeless (Driscoll, 2006; National Coalition for Homeless Veterans, n.d.). Along with being homeless, 45% of veterans also have a mental illness and 70% of homeless veterans have substance abuse disorders (American Psychological Association, n.d.).

As stated, veterans often times also have a mental illness or substance abuse disorder, which is a contributing factor to their homelessness. According to the American Psychological Association (n.d.), post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) are often referred to as "signature wounds" that are prevalent post returning home from combat. Depression and suicidal ideation are also health issues veterans face post war and often are a co-morbidity with PTSD. Veterans with a confirmed diagnosis of PTSD and two or more comorbidities were 5.7 times more likely to have suicide ideational thoughts than Veterans that did not have these diagnoses.

Military sexual trauma (MST) is an additional risk factor associated with PTSD, especially for female veterans. Female veterans that were exposed to military sexual trauma are nine times more likely to develop PTSD than those who were not exposed to this trauma while serving in the military (American Psychological Association, n.d.).

### **Contributing factors to Homelessness**

Homeless veterans often face additional barriers such as lack of access to healthcare, inability to afford appropriate housing, inadequate social support to cope with mental illness and or substance/alcohol abuse, absence of skills that can be transferred into the civilian workplace and low-self-esteem (Driscoll, 2006; Conrad et al., 1998; Rosencheck & Fontana, 1994; Applewhite, 1997).

Housing. Lack of affordable housing is a significant barrier for Veterans who have little to no income. Veterans with a criminal background or substance abuse history have increased difficulty with this process as public assistance resources do not favor these social factors. Along with these obstacles, the United States in its entirety has a limited amount of suitable and sheltered housing to offer low-income individuals. There are some VA programs dedicated to housing homeless veterans, but these programs only encompass about 60 percent of homeless veterans and only last for a short duration (Driscoll, 2006).

Lack of access to healthcare. Physical and mental disabilities are heavily prevalent within the homeless veteran population. Statistics in relation to veterans enrolled in a VA or community-based program indicate that 63 percent of the veterans have a history of drug abuse, 69 percent have a documented mental health condition, and 70 percent have alcohol abuse issues. As a result of the increased need for healthcare services within the veteran population, there has been an increase in patient wait times for services needed. Veterans may have to wait anywhere from two to six months to receive treatment, which leads to frustration and lack of faith in the VA healthcare system.

Although the VA has taken an initiative to increase the size and availability of their programs, a significant number of veterans are also unable to participate in VA and community-based services due to lack of opportunities within their communities (Driscoll, 2006).

Social support. Conrad et al. (1998), indicates that homeless veterans are more likely to obtain and maintain appropriate housing when surrounded with familial support. Family support assists homeless veterans in remaining accountable to their actions and provides them with a reason to obtain housing (Conrad et al., 1998). Rosencheck and Fontana (1994), indicate that social isolation and lack of support post discharge from the military are often predictors of future homelessness.

Lack of transferable skills. There is a significant rate of underemployment and unemployment within the veteran population. This is due to the fact that veterans have a limited number of skills that can directly be transferred into the civilian workplace. This substantially impacts younger veterans as they typically do not have any civilian work experience post-combat. When these veterans do have skills that transfer into the civilian workplace, they often correlate with jobs of a lower pay scale. For instance, jobs that include clerical, warehouse, and food service work are often adopted by homeless veterans (Driscoll, 2006).

Lack of self-esteem. According to Applewhite (1997), veterans often experience a lack of self-esteem, which presents as a barrier to overcome homelessness. Veterans also may experience a lack of self-esteem due to their lack of ability to obtain employment or low pay rates they may receive (Applewhite, 1997). Based on previous research from Livingston and Miller (2006), homeless individuals may also lack the life

skills needed to obtain and maintain housing and a job, which can lead to limited selfconfidence when attempting to engage in these tasks.

Purpose of Doctoral Capstone Experience. The purpose of this doctoral capstone experience was to incorporate occupation-based practice when working with homeless veterans with mental health conditions to increase self-confidence to enhance their abilities to obtain employment within the community. As a result, this will increase the veteran's independence and success after discharge to potentially reduce the risk of becoming homeless again.

This capstone experience will take place within the Indianapolis VAMC domiciliary and be focused towards veterans that are not already employed or lack the confidence and skills needed to obtain employment. Program development and education will be the main focus of this capstone experience.

Theory. The Person-Environment-Occupation-Performance (PEOP) model was used to guide this doctoral capstone experience as this model focuses on daily occupations and increased occupational performance with these occupations using client-centered care (Cole & Tufano, 2008). This relates to this capstone experience as it focuses on incorporating occupation-based practice within the domiciliary to increase self-confidence and occupational performance for the occupation of work/productivity.

The PEOP theory also takes into consideration factors such as the person, his or her environment, and his or her desired occupations that impact their occupational performance (Cole & Tufano, 2008). This is relevant when working with a community-based homeless and mental health population as these individual's environments and daily occupations are often perceived as barriers that negatively impact their occupational

performance. Based on the PEOP model, these barriers can be assessed and addressed with interventions focused on reducing these barriers (Cole & Tufano, 2008).

Assessment techniques incorporating the use of the PEOP focus on strengths and weaknesses that impact occupational performance. In order to address these weaknesses and build upon strengths, interventions incorporate strategies such as increasing self-efficacy, occupation-related resources and tasks as well as motivation factors (Cole & Tufano, 2008). These are all techniques that were employed by this doctoral capstone in order to enhance the skills needed to develop mastery over the occupation of work/productivity to increase occupational performance.

Richard L. Roudebush VAMC Domiciliary. The Domiciliary Care program is the oldest healthcare program implemented through the U.S. Department of Veteran Affairs. This program was established in the 1860's and was implemented to home soldiers with disabilities of the civil war as well as soldiers of lower socioeconomic status. The domiciliary still encompasses homeless veterans but has now transitioned into a clinical setting incorporating veterans with mental health diagnoses. The domiciliary also now incorporates Mental Health Residential Rehabilitation and Treatment Programs (MH RRTPs). These programs incorporate classes, groups, and individual treatment sessions facilitated by healthcare professionals such as clinical psychologists, clinical pharmacists, clinical licensed social workers, and recreational therapists. These classes and groups are geared toward addressing the veteran's homelessness, addiction recovery, coping skills, discovering healthy leisure activities, and addressing aspects of gaining independence within the community such as obtaining housing, job skills training, preemployment training, money management, and medication management. The

Indianapolis domiciliary is a 50-bed facility that has an average stay of 90 to 180 days (U.S. Department of Veteran Affairs, n.d.).

**Role of Occupational Therapy.** Occupational therapists have the potential to create a substantial impact within a community-based mental health setting. Occupational therapists can incorporate occupation-based practice within this type of setting in order to implement graded practice to increase self-esteem and self-confidence of clients. According to Krupa et al. (2009, p.156), "The actual 'doing' of occupations is believed to be transformative, promoting adaptation, creating personal and social identities, connecting people to their communities, and enabling personal growth and development". Occupation-based practice is within the skill set of an occupational therapy practitioner due to "expertise in occupational performance, activity analysis and design, environmental analysis, neurophysiology, psychosocial development, and group dynamics (American Occupational Therapy Association [AOTA], 2016, p.1)". Occupational therapy practitioners are also qualified to specifically address the specific needs of the veteran population by focusing on skills needed for successful transitioning and re-entry back into the community (AOTA, 2016). Community reintegration for veterans is an emerging area of practice within the field occupational therapy due to the increased number of veterans returning from combat with mental health issues (AOTA, n.d.).

The profession of occupational therapy also has a distinct value when addressing the needs of the homeless population. When addressing this population, occupational therapists focus on the occupational deprivation and injustices these individuals experience. According to the Occupational Therapy Practice Framework: Domain and

Process, 3<sup>rd</sup> edition (AOTA, 2014), occupational justice is a concept that is imbedded within the profession. Occupational justice is described as "a justice that recognizes occupational rights to inclusive participation in everyday occupations for all persons in society, regardless of age, ability, gender, social class, or other differences (AOTA, 2014, p.S9)". As noted within this framework, occupational therapy practitioners have the qualifications to recognize the occupational injustices individuals in the homeless population may face and use this information to create interventions focused on enhancing advocacy and self-esteem within the community (AOTA, 2014).

Review of Literature. When reviewing occupation-based practice that provides community-based services for the homeless and mental health population, there is a lack of evidence focusing on the use of this practice when implementing pre-employment skills. According to a prior Cochrane review, when examining employment interventions that focus on training of interpersonal skills such as assertiveness and self-esteem, the effectiveness of such interventions is unknown due to a lack of evidence (Thomas, Gray & McGinty, 2010).

Although there is a lack of evidence within this area of practice, there has been some research that supports occupation-based interventions within the homeless and mental health population. According to Herzberg, Ray and Swenson Miller (2009), results from the Ansell-Casey Life Skill Assessment and Quiz demonstrates effectiveness in the use of life skills interventions used within their study, which included interventions such as the use of mock interviews, resume building, and interview skills. In another study comparing the effectiveness of a life skills group versus a group focusing on recreation in an inpatient psychiatric hospital, the life skills group demonstrated more

improvement in skill acquisition in relation to community reintegration (Gibson, D'Amico, Jaffe & Arbesman, 2011). Results from a systematic review indicate interventions implemented by an occupational therapy practitioner should enhance employment and educational resources for individuals that are homeless (Thomas, Gray & McGinty, 2011).

### **Needs Assessment**

According to Scaffa and Reitz (2014), a needs assessment can be interpreted as an organized manner of determining the needs, roots of issues and future strategies to assist with improving an organization. A specific "need" can be determined as the gaps in what is currently being implemented within an organization and what is needed for future organization expansion (Scaffa & Reitz, 2014).

Several components were utilized to assess the "needs" of the population and organization at the domiciliary in Indianapolis. The data collection methods of secondary archival data search, face-to-face interviews and community forums were the main components used in this process (Scaffa & Reitz, 2014). These methods were used due to the availability of the resources, ability to obtain multiple viewpoints as well as build rapport with the organization and clients residing within the domiciliary (Scaffa & Reitz, 2014).

Secondary archival data search was utilized by accessing peer-reviewed journals on the University of Indianapolis Library database. These articles were used to identify the occupational performance needs and effective programs implemented within similar settings and populations as the Indianapolis VA domiciliary.

Observations of the different classes offered at the domiciliary were conducted as one aspect of the needs assessment. These classes were led by clinical social workers, clinical pharmacists, clinical psychologists, recreational therapists and employment specialists. The classes focused on aspects such as identifying healthy coping strategies, financial planning, therapeutic arts, and relapse prevention.

One on one interviews were also held with a large number of the staff in the domiciliary in order for these professionals to describe their role and identify areas in their current programming where there were gaps. Attending business, interdisciplinary team, and community meetings were also part of the needs assessment process. At the interdisciplinary team meetings, common issues of the veterans were examined and possible solutions were collaboratively discussed among the team. Community meetings involved both staff and veterans at the domiciliary. During these meetings, issues at the domiciliary were discussed and veterans were able to discuss any issues they may be experiencing within their care at the domiciliary. Lastly, at the business meetings, program development and continuous quality improvement ideas were discussed among the interdisciplinary team members. Statistics were often examined during the business meetings in order to assess program effectiveness.

Based off the strategies implemented during the needs assessment, the concept of lack of occupation-based practice was evident, specifically when focusing on the vocational rehabilitation sector of the domiciliary. As reported by the employment specialist, chief of the domiciliary and veterans at the site there was a lack of time and resources for veterans to work on their resume with assistance from the employment specialist. The employment specialist has several one on one meetings throughout the day

with veterans and has one 2-hour slot per week where she is accessible to assist the veterans with creating resumes or practicing interview skills. A large number of the veterans also lack the knowledge, resources, computer skills and confidence to be able to create a resume independently. As a result, during one on one sessions the employment specialist typically had to create a resume for them instead of allowing them to do this independently with verbal cueing and step by step guidance. This leaves the veterans unable to engage in the task themselves, which inhibits their ability to demonstrate independence and self-efficacy in these performance skills.

Based on these results, the concept of a pre-employment skills group focusing on resume building and interview skills was confirmed. The program was designated to focus on the group level of programming in order to incorporate demonstration, practice strategies and social support to assist with skill development (Scaffa & Reitz, 2014). Once this program development idea was confirmed, goals and objectives were created in order to establish accountability and create specific, measurable, and performance based programming (Scaffa & Reitz, 2014).

When examining other occupational performance needs of similar populations and settings there are several areas that compare and differ to the needs currently present at the domiciliary in Indianapolis. According to Herzberg and Finlayson (2001), one of the main barriers at a homeless shelter in Ft. Lauderdale, Florida was a lack of time and space to implement programming. Strategies utilized in the needs assessment of this homeless shelter were participant observation, focus groups with the individuals residing in the homeless shelter and interviews with staff working at the facility. As a result of this needs assessment, the occupational performance needs were: pre-employment skills

training, stress management techniques training, self-care training, social skills training and community living management training (Herzberg & Finlayson, 2001).

At a homeless shelter located in Canada, the Canadian Occupational Performance Measure (COPM) was utilized in the needs assessment and identified the top eight occupational performance needs as: employment, social relationships, active recreation, quiet recreation, finances, housing, return to school and personal care (Tryssenaar, Jones, & Lee, 1999). According to Tryssenaar et al. (1999), physical, psychosocial and financial issues were among the main barriers that led to these individual's occupational performance needs.

In a study examining the young veteran population on a university campus, the COPM was utilized to assess the occupational performance needs of veterans ages 20-29 years old. In the leisure category on the COPM, social participation and formation of relationships were noted as the largest barriers. Within the category of productivity, the top two major school challenges were described as being unable to relate to other classmates as well as not having the skills to be successful with academic coursework. Participants listed some examples of these skills as difficulty with concentration and the ability to relearn skills needed for this environment. In relation to the self-care section, veterans ranked weight gain and lack of sleep as occupational performance challenges that they were experiencing (Plach & Sells, 2013).

Research was conducted from an outpatient mental health program where a life skills recovery curriculum was offered. Individuals with a dual diagnosis, an individual with a mental health diagnosis and substance abuse disorder, were participants in this life skills group. Occupational performance areas such as ADL's, time management, stress

management and social skills were noted as areas of improvement needed prior to the life skills recovery curriculum being implemented (Precin, 2016).

### **Implementation phase**

This doctoral capstone experience lasted from January of 2018 to April of 2018. The needs assessment process took place in the month of January and lasted approximately three weeks. Information was gathered during the needs assessment to formulate the most prominent gaps of program implementation within the site. It was identified that current programming, specifically focused on employment services, could incorporate more occupation based methods within the current system. From this information, a workshop was designed in order to increase confidence and knowledge with pre-employment skills for the homeless veteran population at the domiciliary.

Recruitment. The program implementation phase was initiated with recruitment of residents to be involved in the pre-employment skills workshop series. Recruitment techniques involved announcements of the workshop at the community meetings two weeks prior to the workshop taking place. This also involved distributing flyers about the workshop at the community meetings each week. The workshop was also listed in the domiciliary program that was distributed monthly to inform residents of classes that were available each month. Volunteers within the professional VA community were also recruited to assist with implementing the mock interview portion of the workshop. These volunteers were recruited using snowball sampling as the recreational therapist at the site was able to disseminate the information about the mock interviews along to her fellow colleagues at the VA Medical Center. Three volunteers confirmed to assist with this

16

Participants. Participants for the workshop included veterans residing at the Indianapolis domiciliary with interest in further expanding their pre-employment skills to enhance their ability to obtain employment. The veterans that participated in the workshop all had a status of being homeless as well as had a mental illness or substance use disorder. Mental health diagnoses represented within the group consisted of depression and PTSD. Substance use disorder diagnoses represented within the group consisted of alcohol dependence and opioid dependence.

**Procedure.** Collaboration took place with the employment specialist in order to organize workshop sessions and incorporate resources to assist with this process. From this collaboration, a four series workshop was designed with a focus of a different theme each week. Sessions held each week were approximately 45 minutes to one-hour long and incorporated themes of focus for each week such as resume building, interview skills, mock interview practice and workshop reflection. The first two sessions of the preemployment skills workshop involved use of a PowerPoint to disseminate information to the veterans. The first session's PowerPoint incorporated information related to resume building skills such as different types of resumes, sections to include on a resume and appropriate wording to use on a resume (see Appendix C). After this, the veterans were provided with ample time to work on their resumes with assistance when needed. The second session's PowerPoint included information relevant to interview performance skills. This PowerPoint included strategies for how to prepare for an interview and how to perform well during an interview (see Appendix D). After the veterans were provided resources over this topic, mock interviews were performed with their peers. For the third session, the veterans engaged in a mock interview with individuals from the professional

17

VA community. An occupational therapy manager, physical therapy manager and member of the veteran's council at the VA medical center were among the volunteers to participate in this process. The interviewers were provided with a list of 10 performance based interview questions to ask the veterans throughout the interview process (see Appendix B). Veterans participated in a 15-20-minute mock interview and then received brief feedback over their performance. Lastly, during the fourth session of the workshop the veterans participated in a reflective experience that focused on what was learned throughout the sessions, overall group feedback from the mock interviews and veteran's feedback about the workshop experience. This session was organized as a discussion format and veterans were able to provide any feedback they felt comfortable to share. The employment specialist was present each session of the workshop in order to monitor the group and provide assistance when needed.

Outcome Measure. The effectiveness of the program was measured with pre and post surveys administered at the first session and the fourth session of the workshop (see Appendix A). Surveys incorporated use of a 5-point likert scale to measure the veteran's level of confidence with these pre-employment skills before and after the workshop. The scoring for the 5-point likert scale consisted of 5=strongly disagree, 4=disagree, 3=neutral, 2=agree and 1=strongly agree. Upon administration of the workshop series, nine veterans completed pre-surveys and three veterans completed a post-survey due to drop outs from the workshop. Drop outs from the workshop were caused by medical appointments the veterans had to attend at the same time as the workshop or lack of interest in further attending the workshop. In order to ensure confidentiality of the outcome measures, the surveys were stored in the recreational therapy office at the VA

domiciliary, which was locked and a key was required to get in by any staff member.

After data was collected from the surveys for the internal program evaluation, the evidence was destroyed using a file shredder.

Leadership. Leadership was demonstrated through coordinating with the staff at the domiciliary in order to implement the pre-employment skills program. Collaboration with the recreational therapist was an essential component of this process in order to develop effective recruitment techniques to secure veterans attendance in the group as well as secure volunteers to assist with the mock interviews. Collaboration was also needed when working with the employment specialist to establish the goals of the group as well as collect any resources needed to assist with the group process. Effective communication with veterans, staff and volunteers was needed in order to disseminate information such as components of the workshop. This was also required to help with coordinating a time and place for where and when the workshop would take place.

Responsibility was assumed for creating and gathering any materials needed to implement the workshop each week. Lastly, communication with the volunteers for the mock interviews was needed to acquire information about veteran's performance and integrate this information into the final session for the workshop.

**Staff Development.** Upon establishing the workshop at the domiciliary, staff was educated over the purpose and plan for the workshop. Staff was able to effectively use this knowledge when recommending workshops for veterans to attend that would benefit them. In order to promote staff development in relation to this doctoral capstone project. Staff members were provided with education about the workshop and the effectiveness of

the workshop thus far. Discussion of the workshop's effectiveness will assist in justifying the importance of carrying on the workshop once the doctoral capstone was finished.

### **Outcomes**

The first round of the pre-employment skills workshop was completed on February 28th, 2018. Nine veterans participated in the first session of the workshop. At the second session, four new veterans attended and two of the same veterans returned to participate. All six of these veterans signed up to participate in the mock interviews to be held the following week. All veterans returned to participate in the mock interviews. In the following session, five out of the six veterans returned to receive group feedback about the mock interviews as well as provide feedback about their experience of the preemployment skills workshop. Feedback discussed during the final session was disseminated in a discussion format and veterans responded with questions when appropriate. Veterans then provided feedback over their workshop experiences. Main comments from veterans consisted of: more games to be incorporated into the sessions to remain engaged as well as more one on one feedback about mock interview performance. The employment specialist, as well as volunteers, were also provided with a written forum to submit feedback about the workshop experience. Feedback received from the employment specialist suggested that changing the workshop to a "closed group" would better ensure the same veterans would be attending all four of the group sessions. This would also provide more reliable data to assess effectiveness of workshop. The majority of volunteer feedback suggested the idea of providing simpler interview questions for the veterans to answer. This was because the volunteers felt as if the questions were too

difficult for the veterans to answer as the questions were derived from a list of performance based interviewing questions.

Three veterans completed all four sessions of the workshop, therefore the results from from the pre and post surveys were recorded and synthesized for these three participants only. There were eight questions presented on the pre and post survey focusing on level of confidence and knowledge of resume building and interview skills. Each of these questions was scored using a likert scale with 1=strongly disagree, 2=disagree, 3=neutral, 4=agree and 5=strongly agree. For the pre-survey, the average score for all eight questions for participant 1 was three, four for participant 2, and three for participant 3. For the post-survey, participant 1 had an average score of 4.6, participant 2 had an average score of five, and participant 3 had an average score of five when combining the average score for all eight questions. These scores indicated that after each participant attended all four sessions of the workshop, their confidence and knowledge of the material increased as a result.

Sustainability. In order to sustain the pre-employment skills program, a resource binder was created with all the information needed to implement the workshop. This binder includes PowerPoints focused on resume building and interview skills created specifically for the program. The binder also includes names and contact information for the volunteers that participated in the mock interviews so that these individuals can be conveniently contacted in the future. The same participant recruitment techniques will be utilized to gain veteran participation. This includes making flyers to hand out, as well as making announcements at community meetings each week. Veterans will also be responsible for signing up for each class in order to get an accurate number of how many

individuals will be participating in the workshop each time.

Currently, the workshop includes four one-hour long sessions that are held each week of the month. Since staff does not have time to implement this class weekly, sessions will be reduced to two two-hour long sessions. The resume building session as well as the interview skills session will be combined into one session as a result of this. These group sessions will also only be offered every other month as opposed to monthly. There is great potential for an additional employment specialist to be added to the staff in the near future. If this occurs, the new employment specialist will take on the responsibilities of this workshop as part of her job role. If another employment specialist is not hired the current employment specialist will take on the role of this program. The current employment specialist has attended all four sessions of the workshop, therefore understands the process of the program and expectations that need to be met for each session. The current employment specialist will also be able to train the new employment specialist if one is hired to the team.

The pre and post surveys will continue to be utilized in order to track progress made throughout the workshop. These surveys will be updated as seen fit by the employment specialist. The data obtained from the surveys will be input to an excel document to keep track of long-term success of the program. The employment specialist will continue to receive verbal feedback or create an open-ended review form to obtain feedback from the veterans about the program. This information will continue to be obtained during the last session of the workshop so that adjustments can be made prior to the next round of the workshop if necessary. The employment specialist will also have a

colleague observe one session every three months to identify any improvements that can be made from this perspective.

Responding to needs of society. During the needs assessment, it was identified that there was a lack of occupation-based practice, especially within the vocational rehabilitation sector the Indianapolis domiciliary. It was also determined that the veterans within this facility lack the confidence and education in order to successfully and independently create a resume as well as perform well in an interview. This notion was also identified by Livingston and Miller (2006), as noted that homeless individuals often lack the ability to obtain and maintain employment. The lack of ability to obtain and maintain employment often leads to continued homelessness for these veterans. By responding to the employment needs of these veterans, this will allow these individuals to increase their stability within this aspect of their life in order to decrease their chance of becoming homeless again.

Overall Learning. Professional interaction was demonstrated in a variety forms throughout the doctoral capstone experience. Written communication was demonstrated via email, surveys, PowerPoints and flyers. Professional emails were sent to staff within the domiciliary as well as at the Veterans Affairs Medical Center in order to set up meetings as well as recruit volunteers to participate in doctoral capstone experience. Surveys were utilized in order to effectively assess the veteran's confidence level with resume and interview skills before and after workshop was implemented. PowerPoints were utilized during workshop experience to disseminate information regarding resume building and interview skills. Lastly, flyers were created and distributed to the veterans as

reminders of when the workshop would take place and what the focus of the workshop would consist of each week.

Oral communication was also presented in multiple forms throughout this experience. During community meetings with domiciliary staff and veterans, announcements were made pertaining to information related to the pre-employment skills workshop. Oral communication was utilized during workshop to disseminate information as well as answer questions from the veterans. This form of professional communication was also utilized while interacting with staff, volunteers and the veterans during group sessions and meetings.

Non-verbal communication was also an imperative aspect of demonstrating professionalism throughout the doctoral capstone experience. During staff meetings, professional non-verbal communication was demonstrated by sitting up and remaining alert and engaged throughout the duration of the meeting. This type of communication was also needed with one on one meetings with site mentor to demonstrate that constructive feedback was appreciated and understood.

There is a significant importance in professional communication when working with other professionals, organizations, clients and their families. From this experience, I have learned that all types of professional communication are important in establishing rapport as well as creating a sense of credibility for yourself as a professional. From this experience, I have learned the process of completing a needs assessment for an organization, creating and implementing programming, how to measure effectiveness of programming, making adjustments to enhance programming and creating a plan for program sustainability. I have also learned that new programming tends to take several

months before it becomes successful. Through this experience, I discovered how to identify issues with programming as well as make changes to the issues in order to enhance program effectiveness. As a future occupational therapist, these are valuable skills to bring to any organization in order to enhance patient care as well as program development.

### References

- American Occupational Therapy Association. (2014). Occupational therapy practice framework: Domain and process (3rd ed.). *American Journal of Occupational Therapy*, 68(Suppl. 1), S1-S48.
- American Occupational Therapy Association. (2016). Occupational therapy's distinct value: mental health promotion, prevention, and intervention across the lifespan.

  Retrieved from

  <a href="https://www.aota.org/~/media/Corporate/Files/Practice/MentalHealth/Distinct-Value-Mental-Health.pdf">https://www.aota.org/~/media/Corporate/Files/Practice/MentalHealth/Distinct-Value-Mental-Health.pdf</a>
- American Occupational Therapy Association. (n.d). Veterans' and wounded warriors' mental health. Retrieved from <a href="https://www.aota.org/Practice/Mental-Health/Emerging-Niche/Veteran.aspx">https://www.aota.org/Practice/Mental-Health/Emerging-Niche/Veteran.aspx</a>
- American Psychological Association (n.d.). The mental health needs of veterans, service

  members and their families. Retrieved from

  <a href="https://www.apa.org/advocacy/military-veterans/mental-health-needs.pdf">https://www.apa.org/advocacy/military-veterans/mental-health-needs.pdf</a>
- Applewhite, S. L. (1997). Homeless veterans: perspectives on social services use. *Social Work*, 42(1), 19-30.
- Cole, M.B., & Tufano, R. (2008). Applied theories in occupational therapy: A practical approach. Thorofare, NJ: SLACK, Inc.
- Conrad, K. J., Hultman, C. I., Pope, A. R., Lyons, J. S., Baxter, W. C., Daghenstani, A.N., et al. (1998). Case managed residential care for homeless addicted veterans:Results of a true experiment. Medical Care, 36, 40-53.

- Driscoll, J. (November, 2006). Report of the veteran homelessness work groups at the national symposium for the needs of young veterans. Retrieved from <a href="http://www.nchv.org/images/uploads/Causes\_of\_Homelessness\_Work\_Group\_Report.NCHV\_.2\_.pdf">http://www.nchv.org/images/uploads/Causes\_of\_Homelessness\_Work\_Group\_Report.NCHV\_.2\_.pdf</a>
- Gibson, R. W., D'Amico, M., Jaffe, L., & Arbesman, M. (2011). Occupational therapy interventions for recovery in the areas of community integration and normative life roles for adults with serious mental illness: A systematic review. American Journal of Occupational Therapy, 65, 247–256. doi: 10.5014/ajot.2011.001297
- Herzberg, G., & Finlayson, M. (2001). Development of occupational therapy in a homeless shelter. *Occupational Therapy In Health Care*, *13*(3-4), 131-144. doi:10.1080/J003v13n03\_11
- Herzberg, G., Ray, S., Swenson Miller, K. (2009). The status of occupational therapy: addressing the needs of people experiencing homelessness. *Occupational Therapy In Health Care*.
- Krupa, T., Fossey, E., Anthony, W. A., Brown, C., & Pitts, D. B. (2009). Doing daily life: How occupational therapy can inform psychiatric rehabilitation practice.

  \*Psychiatric Rehabilitation Journal, 32, 155–161.
- Livingston, B. W. & Miller, K. S. (2006). Systems of care for persons who are homeless in the United States. Occupational Therapy in Health Care, 20, 31-46.
- National Coalition for Homeless Veterans. (n.d.). FAQ about homeless veterans.

  Retrieved from <a href="http://nchv.org/index.php/news/media/background\_and\_statistics/">http://nchv.org/index.php/news/media/background\_and\_statistics/</a>

- Plach, H.L., & Sells, C.H. (2013). Occupational performance needs of young veterans.

  \*\*American Journal of Occupational Therapy, 67, 73-81.\*\*

  http://dx.doi.org/10.5014/ajot.2013.003871
- Precin, P. (2016). Effectiveness of the living skills curriculum on dual diagnosis clients.

  \*American Journal of Occupational Therapy, 70. doi:10.5014/ajot.2016.70S1-RP101A
- Rosenheck, R., & Fontana, A. (1994). A model of homelessness among male veterans of the Vietnam War generation. American Journal of Psychiatry, 151, 421-427.
- Scaffa, M., & Reitz, S.M. (2014). Occupational therapy in community-based practice settings (2<sup>nd</sup> ed.). Philadelphia, PA: FA Davis Company.
- Thomas, Y., Gray, M., & McGinty, S. (2011). A systematic review of occupational therapy interventions with homeless people. *Occupational Therapy In Health Care*, 25(1), 38-53. doi:10.3109/07380577.2010.528554
- Tryssenaar, J., Jones, E. J., & Lee, D. (1999). Occupational performance needs of a shelter population. *Canadian Journal Of Occupational Therapy. Revue*Canadienne D'ergotherapie, 66(4), 188-196.
- U.S. Department of Veteran Affairs. (n.d.). Domiciliary care for homeless veterans program. Retrieved from <a href="https://www.va.gov/homeless/dchv.asp">https://www.va.gov/homeless/dchv.asp</a>

# Appendix A

# **Pre-employment skills group pre-survey**

Strongly	/ Disagree	12	34	5Strong	ly Agree

				C					
	1.	I feel o	confide	nt while	particip	pating in a job interview.			
		1	2	3	4	5			
		I am ab ew.	ole to ar	ticulate	my woi	rk skills successfully on a resume and during an			
		1	2	3	4	5			
	3.	I under 1		ne steps		to prepare for an interview. 5			
<b>n</b> 00	4. I practice before completing an interview (performing a mock interview with a								
pee	n).	1	2	3	4	5			
	5.	I feel c	onfiden 2	t in my 3	ability 1 4	to organize a resume. 5			
har		Particip	pating in	n a moc	k interv	riew before completing a job interview would be			
DCI	1011		2	3	4	5			
cor		I have a			ng of ap	propriate social skills needed in order to successfull			
				3	4	5			
my		I under f to an e		•	feature	es to include on a resume in order to best represent			
J		1	2	3	4	5			

# Pre-employment skills group post-survey

Strongly Disagree	13	35	5S	Strong	ly A	∖gree
-------------------	----	----	----	--------	------	-------

	1. My co	onfiden	ice leve	l has ind	creased in	relation to participating in a job interview.
	1	2	3	4	5	
rest	2. I have and a	during	an inter	view.	ng of how	to articulate my work skills successfully on a
	3. I unde	erstand	the step	os to tak	ke to prep	are for an interview.
	1	2	3	4	5	
inte	4. I will rview wi		-	e befor	e comple	ting an interview (performing a mock
	1		3	4	5	
	5. I feel	more c	onfiden 3	nt in my 4	ability to	organize a resume.
hen	6. Partic eficial.	ipating	in a mo	ock inte	erview be	fore completing a job interview was
ocn	1	2	3	4	5	
con	nplete a jo	ob inter	rview.			te social skills needed in order to successfully
	1	2	3	4	5	
to b	8. I have				_	t key features to include on a resume in order
	1	2	3	4	5	

### Appendix B

# **Interview questions:**

- 1. Describe a change in your work you have personally had to make in the last couple years. At the time, how did you feel about making the change? What did you do to make the change?
- 2. What is your biggest weakness?
- 3. Give a specific example of a time when you had to deal with an angry customer. What was the problem and what was the outcome? What was your role in diffusing the situation?
- 4. Describe a situation where you felt you had not communicated well. How did you correct the situation?
- 5. Describe a time when you worked as a member of a team to accomplish a goal of your organization. What role did you play?
- 6. Describe a negative work experience you learned from. Describe the circumstances and give an example to show you applied the learning to a work situation.
- 7. Give two examples of things you've done in previous jobs that demonstrate your willingness to work hard.
- 8. Give me a specific example of a time when you used good judgment and logic in solving a problem.
- 9. What is your typical way of dealing with conflict? Give me an example. What have you learned from dealing with conflict?
- 10. Describe a time when you went over and above your job expectation.

### Appendix C



# WHAT IS OCCUPATIONAL THERAPY?

- "The therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of enhancing or enabling participation in roles, habits, and routines in home, school, workplace, community, and other settings."
- Occupational therapy incorporates knowledge of the person, their environment, and valued occupations in order to implement *occupation-based* intervention plans.
- Types of occupations: ADL's, IADL's, rest and sleep, education, work, play, leisure, and social participation

# TIMELINE

- Workshop agenda:
  - -Session #1: Resources on resume building.
  - -Session #2: Resources on interview skills and mock interview with peers.
  - -Session #3: Mock interview with individual from the community.
  - -Session #4: Reflection/wrap up of workshop

# INTRODUCTION

- Pre-survey
- Name
- What do you hope to gain from this workshop?

# IT ALL STARTS WITH THE RESUME

- Purpose of Resume:
  - Leave a lasting first impression on the prospective employer you are applying to.
  - Opportunity to sell yourself.
    - Demonstrate your strengths
    - · Past achievements
  - Get an interview!



# **RESUME LAYOUT**

- Two main formats:
  - Chronological
  - Functional
- · Should be clean, neat, and organized
- Include name, address, email and phone number to make it easier for employer to contact you.
- 1-2 pages
- · Should be easy to read
  - Bullet points
  - Clear language

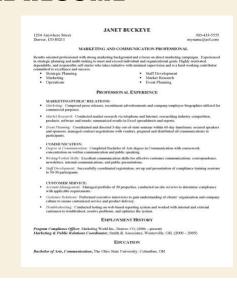
# **CHRONOLOGICAL RESUME**

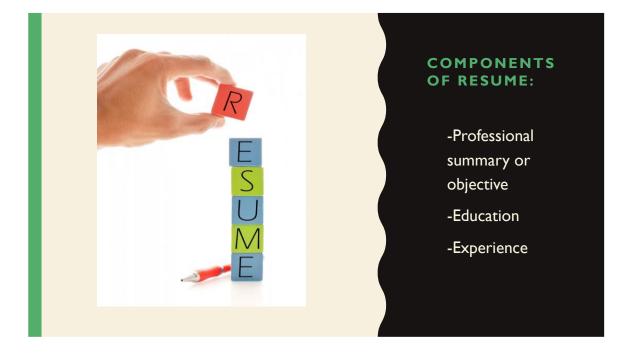
- Typically works well for individuals with a strong, solid work history.
- Lists work histories with the most recent work history listed first.
- Most employers prefer a chronological resume.

# TOS CORRES PARA ANTONIO, PARA

# **FUNCTIONAL RESUME**

- Focuses on skills and experience rather than chronological work history.
- Instead of a work history section this might include a professional experience or accomplishments section.
- May not list employment history at all or just include a brief bullet pointed list of work history at the bottom of the resume.
- May be beneficial for individuals switching careers, with employment gaps, or those that are new to the workforce.





# PROFESSIONAL SUMMARY VS. OBJECTIVE

- Objectives can be used if specific and clear.
  - Should be tailored towards the employer and job you are applying to.
- Objective Examples:
  - For Career Changers: Accomplished administrator seeking to leverage extensive background in personnel
    management, recruitment, employee relations and benefits administration in an entry-level human resources
    position. Extremely motivated for career change goal and eager to contribute to a company's HR division.
  - Entry-Level Workers: Dedicated CIS graduate pursuing a help-desk position.
  - When Targeting a Specific Position: Elementary teacher for ABC School District.
- A professional summary is becoming the "new objective".
  - 3-5 sentence paragraph summarizing skills, experience, education, and accomplishments.
  - Do not use "I" statements.
- · Professional Summary Example:
  - Experienced precision machinist with extensive knowledge of production and distribution environments.
     Superior manufacturing and mechanical skills. Electrical installation and maintenance experience. Excellent attention to detail and precise tasks.

# PROFESSIONAL EXPERIENCE

- This section should incorporate skills and accomplishments related to work positions from the past or present.
- Provide specific details of duties performed, tools/equipment, responsibilities and accomplishments within the workplace.
  - Use Action verbs (past tense for previous employment and present tense for current employment)
  - No first person language (I, me, we)
  - Use Problem, Action, Result format for Accomplishment statements
  - Example: Resolved employee grievances by introducing dispute resolution process, lowering grievance rates by 50% in the first year.

### Sample Action Verbs accomplished completed familiarized monitored scheduled formulated selected achieved composed motivated adapted concluded gained negotiated solved generated administered conducted obtained started identified advised coordinated operated streamlined analyzed corresponded implemented organized strengthened arranged created improvised participated structured demonstrated assembled increased planned supervised assessed designed influenced presented surveyed authored developed initiated produced taught instructed halanced directed programmed tested bargained drafted interpreted promoted trained broadened earned interviewed provided transformed budgeted edited introduced purchased translated built encouraged investigated recruited traveled calculated established maintained reduced updated classified evaluated managed represented upgraded researched reviewed communicated examined marketed utilized explained compiled moderated wrote **EXAMPLES OF ACTION VERBS**

# **MILITARY EXPERIENCE**

- Can be included within professional experience section or stand alone as its own section.
- Include same information as non-military related employment.
- Civilianize job, roles, and terms related to your job.
- Incorporate accomplishments
  - Demonstrate awards and recognitions received and WHY you received them.

# MILITARY EXPERIENCE EXAMPLE

Job title: Infantry Fight Vehicle Operator/Commander's Radio Transmitter operator

- Operated and maintained heavy equipment vital to the success of the organization; oversaw daily operations, policy compliance and standard operating procedure compliance of all aspects of tracked vehicle.
- $\circ$  Hand selected by senior leadership to serve as commander's aide; only junior leader chosen for position out of 100 applicants.
- Maintained various weapons for marksmanship training and daily use; resulted in 100 percent accountability of assigned weapons with zero defect in functions due to proper maintenance.
- Received award for competence and performance during a highly stressful training exercise and recognized as being in the top tenth percentile of peers.

# ACTIVITY: PROFESSIONAL EXPERIENCES REFLECTION

 Think of three skills needed to perform your job in the military or in a previous work environment. Discuss with a partner how these three skills can assist you within the type of job you are currently wanting to apply for?

# **EDUCATION**

- Formal education and degrees awarded
  - Can include college credit hours in relevant topic areas, when degree is not awarded yet.
- · Any specialized training
- High-school does not need to be included if you have post-secondary education.

# **QUICK TIPS:**

- Keep resumes up to date.
- Customize your resume to fit the job you are applying for.
- Have 3-4 reliable references
  - Confirm it is okay to have them as a reference
  - Can't think of a reference from a previous work environment? → consider other experiences such as volunteering, previous professors, etc.
- · Double check for spelling and grammar errors!
  - Have a peer read through your resume
- Save as a PDF if possible
  - This will eliminate formatting errors when turning in a resume online.

# **WORK TIME**

- Free time to work on resume and ask questions.
- Homework: complete or update current resume using strategies learned in today's session and bring to next week's session.

### Appendix D

# **INTERVIEW SUCCESS**

SESSION #2

# PURPOSE OF AN INTERVIEW



- Allows you to demonstrate skills and qualifications in a way that the company will invite you back to be an employee.
  - How can you benefit the company?
  - What is different about you than other applicants?
- An interview also gives you a chance to understand the company and the position they are trying to fill.
  - ❖ Is the company and job position a good match for you?

### HOW DO I PREPARE FOR AN INTERVIEW?

- \* Research the company or organization!
  - \* Know the company's mission, vision, and values
  - ❖ The internet can be a helpful resource to find this information.
- ❖ Prepare a list of 2-3 questions to ask after the interview is over.
- \* Research potential interview questions.
- Practice!

# **ACTIVITY I:**

What are some appropriate questions to ask at the end of an interview?

### **APPEARANCE & PREPAREDNESS**

- First impressions are everything!
- Always dress for success (Business Casual and no jeans)
- \* Shake hands with everyone upon entering the room and introduce yourself.
- Bring multiple copies of your resume and have one in front of you during the interview.
- \* Bring a professional notebook with you to take notes throughout the interview.

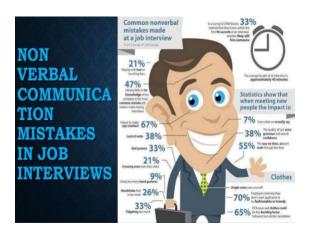
# **IMPORTANCE OF PROMPTNESS**

- ❖ Print out directions the day before your interview.
- If able, perform a test drive to the company the day before your interview to avoid getting lost.
- ❖ Being on time is late, and being early is on time!
  - Arrive 10-15 minutes early for your interview.



### **COMMUNICATION STRATEGIES**

- \* Avoid talking with your hands.
- Speak clearly and loud enough
- Pay attention to your posture while sitting (Try not to slouch!)
- ❖ Make eye contact!
- Turn cell phones off or silence them.
- Try to answer questions within 20 seconds.



### ATTITUDE DURING INTERVIEW

- Be confident! (but don't be over confident)
- Smile and be positive
- ❖ Be interested and engaged in the conversation
- ❖ Be open and honest
- ❖ Be a good listener



### ADDRESSING YOUR WEAKNESSES:

- Turn your weaknesses into a positive!
- Demonstrate how you address your negatives.
  - For example: I'm really disorganized but I have been trying to use a planner and this really helps me to stay organized and accountable.
- When asked how did you handle conflict in a workplace...
  - If you did not handle conflict well, demonstrate how you have learned from this experience and the steps you would take to handle conflict differently the next time.



### **QUICK TIPS:**

- Don't ask about money at the first interview.
- \*Ask each of the interviewers for their business cards.
- Send a thank you email or card to each of the interviewers after the interview.
- Don't criticize previous employers.

### **ACTIVITY 2:**

- Choose a partner and perform a "mock interview" with them. Use the list of questions provided. Next week you will participate in a mock interview with individuals with managerial experience from the community.
- <a href="https://www.va.gov/PBI/questions.asp">https://www.va.gov/PBI/questions.asp</a> → This is a great resource to assist with preparing for future interviews by reading these questions and thinking/rehearsing how you would answer them.
  - Utilize Level I and II questions when practicing.