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Title: Understanding Occupational Therapy's Role in the Community Mental Health Setting
Through the Introduction of Occupation-Based Groups

Zachary Selby, OTS

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

Under the direction of the faculty capstone advisor:

Julie Bednarski, MHS OTD, OTR/L, OTD Capstone Coordinator

A Capstone Project Entitled

Understanding Occupational Therapy's Role in the Community Mental Health Setting
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fulfillment for the requirements of the Doctor of Occupational Therapy degree.

By

Zachary Selby

OTS

Approved by:

_____   _____
Faculty Capstone Advisor   **Date**

_____   _____
Doctoral Capstone Coordinator   **Date**

Accepted on this date by the Chair of the School of Occupational Therapy:

_____   _____
Chair, School of Occupational Therapy   **Date**

Abstract

Objective: The purpose of this Doctoral Capstone Project involved initiating three groups

at a mental health clubhouse to better determine the role of occupational therapy for the

mental health population. Groups included a creative arts group utilizing narrative

medicine, a theater group, and a self-care group. *Methods:* Results from the groups were

gathered quantitatively from members involved in the theater group via self-efficacy

survey. Results were gathered qualitatively from staff, members of all three groups, as

well as members not affiliated with the groups, using various questionnaires. *Results:*

Overall, results indicated that the groups had a positive impact on members in the areas

of interpersonal skills, confidence, self-care habits and routines, and self-reflection.

Conclusion: The results support occupational therapy at the mental health clubhouse

setting, as well as the overall mental health setting. Occupational therapists can perform

groups such as these, to help clients achieve greater occupational participation and

performance in all areas of life.

Understanding Occupational Therapy's Role in the Community Mental Health Setting

Through the Introduction of Occupation-Based Groups

For my doctoral capstone project, I introduced three occupation-based groups at Park Center South, a mental health clubhouse setting in Nashville, Tennessee. The groups met once a week, and were attended voluntarily by Park Center members. Two of the groups culminated in performances for all members and staff of Park Center South (a theater production and a creative art showcase). Outcomes gathered from these groups informed the need for occupational therapy services at an outpatient community mental health setting such as Park Center.

Literature Review

Hohl, Moll, and Pfeiffer (2017) completed a literature review of international studies regarding occupational therapy used as treatment for people with severe mental illness. Overall, the studies they reviewed supported the use of occupational therapy for adults with severe mental illness. Researchers found that behavioral activation, an occupation-based treatment that involves changing behaviors and activity scheduling to enable clients to participate in activities they are avoiding, has been shown to produce significant improvements in patient-reported levels of depression, levels of reported negative symptoms, and activity levels. The therapists who administered behavioral activation treatments in these studies included occupational therapists, among other clinical therapists. Additional studies have linked a variety of occupational therapy interventions in the inpatient hospital setting to improved functional independence. While the studies in this review help to justify the role of occupational therapy in helping adults with mental illness, additional studies of a larger size are needed to further explore the

positive benefits that occupational therapy can have on adults with mental illness (Hohl et al., 2017). The three groups I introduced during my DCE are occupation-based and served to further explore and justify the benefits that occupational therapists can provide for adults with mental illness.

One of the groups I established at Park Center for my DCE was a theatre group. This group included weekly practices, with a final performance for the site after 6 weeks of practice. Theater participation and performance had previously been used as therapy for those with mental illness. Wasmuth and Pritchard (2016) conducted a study in which veterans with substance-use disorders participated in a 6-week occupation-based theater project that included practice three times a week and two performances for the community. Improvements in social and occupational participation were noted at post-intervention, and at 6-weeks follow-up, but were not retained at 6 months follow-up. Social and occupational participation were measured using the Occupational Circumstances Assessment Interview and Rating Scale (OCAIRS). Lack of significant results at 6-months follow-up may have been due to the small final sample size of the study (n=7) reducing the statistical power of the results (Wasmuth & Pritchard, 2016).

The script used for this production was written by a local playwright who was a collaborator in the study. This allowed for more flexibility for researchers in that the script could be adapted based on the number of participants and dropouts. The script touched on themes of addiction in a discrete way, allowing all study personal to participate in discussions about the themes presented in the script (Wasmuth & Pritchard, 2016). This method of script synthesis influenced the method I used for creating the script for the theatre group I established at Park Center. During our first group meeting

for our theatre group, I asked members to contribute topics and themes related to mental

illness that they would like to see covered in the play. All group members who attended

the group meeting contributed ideas, and I created a script based on these themes and

topics. The script was altered based on the number of available actors and actresses, and

based on how many participants wanted a large, medium, or small role in the play.

Wasmuth and Pritchard (2016) illuminate the benefits that theatre intervention

may have in improving social and occupational participation in adults with mental illness.

Additional studies utilizing therapeutic theater have demonstrated positive psychosocial

results in youth with Fetal Alcohol Spectrum Disorder (Keightley et al., 2018) and

teenagers (Costa Hermeto, de Araújo Fernandes, da Silva, Coelho de Holanda, 2013). In

Keightley et al., (2018) a theater skills training program was initiated for indigenous

Canadian youth with Fetal Alcohol Syndrome. Results showed perceived improvements

in participants' development of self-esteem, social skills, and emotional awareness,

according to participants, their caregivers, and program facilitators. In Costa Hermento et

al., (2013), teenagers participated in a two-month theater intervention that involved acting

out various scenarios relating to illicit drug use and prevention. Results indicated that

participants improved in self-esteem, social skills, and emotional awareness, based on

self-reports and observations from researchers. Additional studies need to be carried out

to better determine the range of benefits of theatre interventions with the mental health,

and overall population.

Another group I established at Park Center was a self-care group that discussed

safety and independence with daily self-care, hygiene, grooming, and wellness activities,

to promote increased functional independence for members. Numerous studies have

identified a link between mental illness and lack of self-care (Hatsumi, Nobutaka, Kouhei, and Hidemitsu, 2017). One area of self-care in which this link is pronounced is in oral care. Hatsumi et al., (2017) wanted to address this problem by implementing an educational intervention on oral hygiene with adults with mental illness in Japan. This program included a narrated slideshow that covered various aspects of oral care. In addition, participants were given a booklet with printouts of the slideshow, with the accompanying narration. Using a questionnaire, researchers gathered results before the intervention was initiated (baseline), and at 1 week, and 1, 3, and 6 months after participants were finished with the program. Significant increases in use of fluoride toothpaste, and frequency of using interdental toothbrushes or floss were noted from baseline to 6 months (Hatsumi et al., 2017).

This study shows that an educational program focused on self-care can make lasting impacts on the self-care habits of adults with mental illness. However, this study only covers oral care, and does not cover any other aspects of self-care. For my DCE, it was my belief that initiating an educational group that focused on many aspects of self-care could benefit participants in aspects of self-care other than oral care, including bathing, dressing, toilet hygiene, and sleep.

Netto, Yeung, Cocks, and McNamara (2016) carried out a study that explored factors that were facilitators and barriers to obtaining employment for adults with mental illness. Themes emerged from focus groups and individual in-depth interviews, from which researchers identified facilitators and barriers to obtaining employment. Common barriers included loss of valued life roles, challenges of the vocational environment, and restrictions in opportunities. The theme "loss of valued life roles" included the loss of

roles such as husband, mother, and employee, and included the negative results associated with these loses. These results included loss of socialization, losing the satisfaction of doing something well, and lower self-esteem (Netto et al., 2016).

The theatre group created aimed to target these three negative outcomes of losing valued life roles, as well as additional psychosocial factors. Socialization was addressed when members communicated to me and other members through reading script lines, and was addressed through necessary collaboration/discussion to ensure scenes were presented in a way that works well for everyone involved (e.g. blocking, timing, and dialogue). Member satisfaction with the process and final performance was reinforced through continual positive reinforcement from myself and other members, and from the audience of the final performance, made up of other Park Center members and staff. This project worked to help improve participants' self-esteem through being a part of a team, having an individual role that was needed, and encouraging positive praise and support from all participants and staff.

In Netto et al., (2016), the theme "challenges of the vocational environment" included feelings such as mistrust of fellow employees and anxiety caused by new and uncertain work conditions. These are both feelings that may arise when becoming a part of a theater production, especially if one has never been a part of such an experience before. One may mistrust fellow actors/actresses about their dedication to their part, and the production as a whole. Regarding anxiety, multiple members expressed to me hesitance due to stage fright, or the fear that they would not be able to fulfill their role well. Thus, being a part of a theatre production can help participants face and conquer some of the specific feelings that work as challenges in their vocational environment.

The third and final group I implemented at Park Center was a creative arts group, titled Exploring Your Story. Caddy, Crawford, and Page (2012) analyzed mental health hospital records to determine if there was a relationship between participation in a creative arts therapy group and one's mental health status. Data from 403 patients who attended the group over a 5-year period were analyzed, and mental health status was measured quantitatively by four separate clinical assessment tools. Significant improvement was noted for the creative arts group sample for four different psychometric measures. The creative arts therapy sample also had significant reductions in patient and clinician-reported symptoms associated with mental illness. This study demonstrates some of the potential benefits that a creative arts group can have on people with mental illness (Caddy et al., 2011).

Exploring Your Story utilized an approach called narrative medicine. Narrative Medicine is a medical approach that uses people's narratives in clinical practice, research and education to promote healing (Charon, 2006). In Exploring Your Story, a different form of art was explored every week. Art was used as a medium through which discussion about one's own perspective on and experience with mental illness (one's "narrative"), and how it relates to others' experiences, could be facilitated and discussed. The group culminated in a creative arts showcase put on for all members and staff at Park Center South. All members who had attended at least one session of the group were invited to share their favorite work (e.g. poem, short story, drawing) that they created in the group, and explain what their work meant to them.

Rodriguez, Welch, and Edwards (2012) measured the impact that the addition of a creative arts journal had on medical students, faculty, and staff at a medical school.

Qualitative data gathering yielded themes from students, faculty, and staff that included

strengthened professional relationships and educational enhancement. This study

demonstrates positive psychological and communal benefits from the addition of a

creative artistic outlet rooted in narrative medicine (Rodriguez et al., 2012).

Screening and Evaluation

The screening and evaluation process included multiple steps at various points

throughout my project. The first step of the process involved performing a needs

assessment at Park Center about what needed to be addressed in groups. This was done

through a combination of research and communication with my site mentor, Kathleen

Newbold.

As discussed in the literature review, researchers have identified a link between

mental illness and lack of self-care (Hatsumi, Nobutaka, Kouhei, and Hidemitsu, 2017).

These findings suggest a need for occupational therapy services to help those with mental

illness improve their self-care routines. Netto, Yeung, Cocks, and McNamara (2016)

identified a link between mental illness and lower levels of employment. Due to this

relationship, there is a need for organizations like Park Center, and the groups the

organizations provide. The groups I established all aimed to help members live more

independent and fulfilling lives, and develop the skills necessary to obtain employment.

Consultation with Ms. Newbold involved a discussion of what occupational

therapy is and what it can provide for the mental health population. Through this

discussion, Ms. Newbold highlighted self-care, including hygiene and grooming, as a

primary area of deficit exhibited by members of Park Center. Ms. Newbold also agreed

that a theater group could be greatly beneficial in helping members lead more

independent and fulfilling lives, and gain skills necessary to secure employment opportunities. Ms. Newbold additionally supported my idea of a creative arts group utilizing narrative medicine as a viable method of facilitating discussion about mental illness and difficult situations.

The next part of the screening/evaluation process involved finding the right members for each group. This involved explaining the nature of my groups to Ms. Newbold and the recovery coaches (psych rehabilitation workers who each have a caseload of members), and asking the recovery coaches if they had any members they knew of that would be appropriate for, and would benefit from the groups. After a list of potential members was created, I explained the groups to members, asking if they felt comfortable attending the groups. This process proved to be the most difficult for the theater group, as it was important to find members that fit individual roles based on a variety of factors including time commitments, ability to play characters of various personality types, and comfort with performing in front of an audience.

Regarding these difficulties identified for bringing members into the theater group, time commitments were resolved through mutual discussion with members and their recovery coaches. If a member was currently attending a group during the theater group timeslot which their recovery coach deemed to be more important for the member's recovery plan, as was the case with one of the lead actors in the play, practice sessions were solely individual, with the member working one on one with myself.

Roles in the play were assigned during the second week of group. After I read through the entirety of the script, members were asked which roles they preferred. Most members intuitively selected a role that fit their personality type and acting abilities

reasonably. However, to resolve the few significant mismatches that occurred between actor and role (e.g. actor was too quiet or emotionless to play an expressive character), I facilitated switching of roles by means of positive language. For example, instead of saying "You do not express enough emotion for this role, here is a role that requires less expression", I would say "Your demeanor is more laid back and calm, how about a character that matches this personality?" All members accepted these role switches, and the majority of roles were established by the end of the second group session.

When asked if they would like to join the theater group, many members initially responded that they were not interested, or unsure of joining due to stage freight. For some members, this stage freight was so strong that they would not give any consideration towards joining the group. However, for the members who expressed some stage freight and were on the fence about joining, I encouraged members to come to practice and try reading a few lines in front of the group to see how they felt. From the members who obliged, a few members left the group before the first group had finished, stating that the group reaffirmed the stage freight they had feared would come about. However, for a few other members, the first practice went better than anticipated, and they were assigned a role in the play.

The final part of the screening/evaluation process involved gathering initial data from the theater group. This data served as a baseline, from which improvements in self-efficacy for group members could be measured. A survey containing questions about one's perceived abilities relating to gaining employment, socialization, and becoming a member of one's community was given to all members on their first day of practice. The questions were all answered on a semantic differential scale, ranging from "not at all

confident" to "very confident". The survey was not adapted from any existing format;

questions were created specific to Park Center, the theater group, and the goals of this

capstone project. All members were able to understand and complete this form. Early

results suggested a broad range of self-efficacy in these areas among members.

Implementation

For my capstone project, I implemented three weekly groups at Park Center. The

first of these was a group titled "Exploring Your Story", which used the creative arts as a

medium through which individual experiences with mental illness and difficult life

circumstances/situations were discussed as a group. This group utilized narrative

medicine theory, as the discussion of mental illness revolved around individual members'

narratives about their own experiences. This group ended with a showcase for Park

Center, in which members shared one piece of art (e.g. poem, drawing) that they created

during the group, and described what the art represented and how it was meaningful to

them. This experience helped to move the conversation about mental illness from the

group out to the entire center, to encourage creative expression and discussion about

one's own perspective on and experience with mental illness.

The second group I implemented was a theater group. The group began with

collective collaboration to create a play based on themes highlighted by participating

members. Group members were encouraged to name themes, topics, and ideas that were

meaningful to them, and related to their own experiences with mental illness. Group

members shared themes and experiences that they wanted to see covered in the play, and

I wrote a script that highlighted these themes and experiences, told through the stories of

fictional characters. Once the play was written, members were assigned roles and given

lines. Members practiced their lines as a group, and during individual sessions with myself before and after they attended their other groups. Throughout the process, group members worked to overcome barriers including stage freight, self-doubt, and unease with standing close to others.

Multiple group members expressed stage freight at various points throughout the 6-week process. A few group members brought up the topic of stage fright during the initial stage of the process, but soon overcame this fear, and it was not a problem for the rest of the theater process. However, for a few other members, intense feelings of stage freight began or resurfaced in the middle or end of the process. For one member, who expressed little to no stage freight initially, her stage freight became so bad during week 4 that she did not show up for practice. When approached after practice was over, she stated that she no longer wanted to be a part of the play due to stage freight. For these members, I initiated discussions in which I gave encouragement about their abilities, their accomplishments thus far in the process, and helped to reframe their schematic about the process (e.g. the other actors hate me, everyone is going to laugh at me). After these discussions, these members re-joined group practices, with a new lens of greater self-confidence about their abilities, and their role in the team. After six weeks of practicing, a performance was put on for Park Center South in the dining room.

The third group I implemented was a self-care group. This group involved weekly educational discussions about hygiene, grooming, relaxation, and other healthy and positive habits. Each week covered a new topic, and all group members were expected to contribute to the discussion. Educational resources from sessions were distributed to members to help them retain and implement new information into their self-care routines.

The process of implementing these groups demanded from me multiple leadership qualities and skills. The first, and perhaps most important of these was advocacy. Advocacy began when I first arrived at the site. Many staff members were unfamiliar, or only vaguely familiar with the profession of occupational therapy, and thus needed clarification about my purpose as a student at the site. The most important explanation of occupational therapy I gave was to my site mentor, Ms. Newbold. With this explanation, I had to advocate for not only my presence as a student, but also for the groups I wanted to implement, by stating how these groups related to occupational therapy. I also explained how the implementation of these groups provided members with skills that would help them live and work in their communities. Through collaboration, discussion, and continued advocacy with Ms. Newbold and other staff, I was able to get my three groups added to the weekly group schedule.

Another leadership quality that greatly helped the implementation of my project was flexibility. This skill was needed most for implementing the theatre group. There were many challenges throughout the process of this group that included, but were not limited to: members wanting to quit halfway through the practice timeline, members not showing up the day of practice, members leaving the play, finding replacements for members, working with members with impairments in reading and memory, being unable to find an existing script that included themes suggested by members, and having one of the main actresses plan a move to a new city a week before the original planned performance date.

When I was originally planning the theatre group, I was considering putting on the performance at a stage in a performance hall, open to the community, with

professionals working lights and sound. However, upon discussing this possibility with

my faculty mentor, and watching multiple practices, it soon became apparent that this

would no longer be a possibility, and the performance would need to be put on at Park

Center. Additionally, my original plan called for the group to use an already-existing

script. However, after members expressed which themes they would like the play to

cover, I was unable to find an existing play that covered more than a couple of these

themes, and could be put on in regards of props and number of musical numbers, among

other factors. Thus, I ended up writing a script that satisfied the needs of the group. If I

had not been flexible at every point in the process, I would not have been able to adapt to

the challenges presented, and there would have been no performance.

These experiences helped to solidify my abilities in advocacy and flexibility as a

leader. I now feel more confident advocating for my profession, for myself, and for my

clients. I feel more confident adapting to sudden challenges that present themselves my

way as a practitioner, especially if I find myself working in the mental health setting.

These skills will be greatly beneficial regardless of which setting I find myself in, and

will be especially helpful if I find myself once again in program development, as I was

during this project.

Outcomes

Outcomes of the three groups were measured through qualitative and quantitative

means. "Exploring Your Story" outcomes were measured qualitatively. Group members

were periodically asked questions about their experience with the group, and group

members, non-group members, and staff were asked about their thoughts regarding the

creative arts showcase after this was put on for Park Center. Regarding participation in

the group, anecdotes gathered from group members were overall positive. Multiple

members of EYS praised the environment created by the group, in which open and non-

judgmental discussion about mental illness was encouraged. Group members also praised

how creative expression was enabled and encouraged in the group. One group member in

particular stated that the group "felt like a community".

Impressions of the creative arts showcase, gathered from group members, non-

group members, and Park Center staff were gathered via structured interviews. Most

group members stated they were glad that they participated in the showcase. Most group

members felt that the showcase helped them express themselves creatively and enabled

them to share their experience with mental illness. When asked what they learned from

the experience, group members shared a variety of personal insights, including: "Through

creative projects, I can get through other peoples' bullying", "I learned not to be so shy",

"I learned about other peoples' feelings", and "I learned that I haven't lost my touch."

Outcomes of the theater group were measured by both quantitative and qualitative

means. Quantitative results were gathered by giving members of the production a survey

during the first week of practice, and after the performance. Questions asked about

members' self-efficacy regarding socialization, community integration, and the process

of finding employment. Each question was presented as a 5-point semantic differential

scale. Of the 13 theater group members, 6 had lower overall scores of self-efficacy after

the performance, 6 had higher scores, and 1 remained equal. However, when summing all

results, there was an overall increase of scores by 28 points. Thus, overall increases in

scores were stronger than decreases. Survey questions that increased the most overall

were:

#4: After this experience, do you feel like a member of a community? (+8)

#5: After this experience, how well do you think you work in a team? (+8)

#10: After this experience, how confident do you feel speaking to others? (+7)

Qualitative results from the theatre group were measured by interviewing members (all who were in the production, and 10 who were not) and Park Center South staff who had attended the production. The interviews consisted of prepared questions asking about one's reaction to, and thoughts about the play, and the theater group in general. Common themes among staff and non-group members included the experience being beneficial for the members involved, as well as for members who watched the performance. Specific benefits listed included increased confidence, social skills and ability to work in a team. Staff and non-group members stated that the play adequately covered themes of mental illness. Common themes among members who were a part of the production included gaining confidence, working better with others, and further exploring others' experiences with mental illness.

Outcomes of the self-care group were measured qualitatively. Group members were periodically asked questions about their experience with the group, and what they learned/gained from the sessions. Group members expressed mostly positivity about their experiences in the group. Group members stated that they had learned new skills and information, which they were applying to their self-care routines. Two group members were able to give specific examples of ways they were applying new information into their routines. These included brushing their teeth the correct way and more frequently, and utilizing strategies for organizing their belongings.

Results obtained from groups demonstrate the positive effect that occupation-based groups and performances can have on self-efficacy, interpersonal skills, open discussion, self-exploration, team/project skills, and self-care routines. An occupational therapist working at a site such as this one could employ these groups, as well as other occupation-based groups and occupational therapy interventions (e.g. consultations with members and sites, ADL training) to solidify improvements in occupational performance.

Discontinuation

The discontinuation phase of my project included the creation of two resources. The first resource was a binder that served to help staff continue the groups I established at Park Center. For the Exploring Your Story and self-care groups, the binder included outlines of various sessions, with included resources, and instructions on how to lead the individual sessions. For the theater group, the binder included the script from the play put on for Park Center, with included advice for assigning roles, working with members on lines, conducting practice sessions with members, and putting on the performance. The binder also included other recommended plays that could be put on for the center, as well as advice for how to create a script based on themes and ideas suggested by members, as I had done to create the script.

The second resource was a document that states occupational therapy's potential role at Park Center South. The document used results gathered from the groups I implemented, research, the Occupational Therapy Practice Framework (3rd edition), and AOTA resources to explain how occupational therapy could be greatly beneficial for the site and its members. The document explains additional roles, in addition to leading the groups I implemented, that an occupational therapist could carry out at Park Center South

to serve its members. These roles include consultations with other professionals (e.g. house managers, job coaches), home evaluations and adaptations (to ensure safety and independence), ADL training, professional-skills training, interpersonal skills training, conducting evaluations, and evaluating/treating sensory processing deficits. As the public becomes increasingly aware of the necessity of effective services for those with mental health conditions, it is becoming more crucial to advocate for occupational therapy's role in the mental health population. This document serves as a piece of this advocacy, giving clear and convincing data and reasoning for occupational therapy's unique and necessary role as a profession that addresses mental health conditions.

Overall Learning

This experience reinforced to me the need for occupational therapy in the mental health setting. While leading my groups, I saw firsthand the occupational deprivation faced by many in this setting. Members faced difficulties in areas including self-care, working with others, organization, planning, completing a long-term commitment, finding activities to participate in, finding meaningful employment, and expressing themselves. Though some of these difficulties were addressed by groups already in place at the site, many of these difficulties would have been better addressed with the addition of an occupational therapist. Occupational therapists are well equipped to conduct evaluations on clients, evaluate and adapt clients' home and work environments, conduct treatment with a client-centered and holistic approach that incorporates valued occupations, evaluate and educate clients on activities of daily living, consult with other professions to increase clients' occupational performance in various contexts/environments, and evaluate/treat sensory processing deficits (AOTA, 2018). The addition of these

intervention approaches would help members increase their occupational participation in safe, meaningful, and valued occupations, including attaining and maintaining employment. Occupational therapy can help clients establish valued and meaningful roles, improve performance in a variety of daily activities and contexts, and lead more meaningful lives based on individual goals, dreams, and passions, regardless of one's condition.

I have learned and improved on valuable skills from this experience, including flexibility, finding creative solutions to problems, motivating and inspiring clients, and gaining trust and building rapport. Moving on from this experience, I will apply the skills I have learned to new settings and new ideas. I have seen firsthand that every person is capable of creative expression, working with others, and helping to create something that is meaningful for many. Different people are inspired in unique ways, and it is the role of the occupational therapist to help find their clients' inspiration, and guide therapy based on this inspiration. This knowledge will help guide therapy regardless of setting.

During this experience, I learned from colleagues about the importance of advocacy and leadership. While completing weekly forums, I could see that I was not the only student who needed to advocate for myself, and take on the role of leader in some fashion. Everyone found themselves taking on these responsibilities, as this experience required us to be advocates for ourselves and leaders at our settings to complete our projects. We all had to use a combination of evidence, clinical reasoning, common sense, and gumption to see to it that our projects came to fruition. We had to overcome self-doubt, reminding ourselves that our projects could truly make a difference in peoples' lives, and that the profession of occupational therapy could enable this change to happen.

Throughout my project, I had to advocate for my groups, advocate for my role at the site, and advocate for the profession of occupational therapy. I had to be a leader by establishing new groups at the site, putting together multiple performances at the site, and working with members to improve their occupational performance based on individual goals, abilities, and passions.

During the fifth week of the DCE, my project, and role at Park Center was challenged. I held a strong belief that this challenge was unfounded, and worked to advocate for my place at Park Center, my project, and for the members whom my project was serving. This unexpected process of advocacy necessitated researching state occupational therapy practice laws, gaining a better understanding of ACOTE standards as they related to my project, and gaining a network of supportive professionals from multiple disciplines, in multiple settings. From these efforts, a proposal was created that argued for the continuation of my project. The challenge to my project was withheld, and I was able to continue on with my groups. This advocacy effort gave me a much greater appreciation for the necessity of familiarizing oneself with local, state, and national practice laws, and ensuring that one's practice occurs strictly within these guidelines. The experience also gave me a greater appreciation for the duty and power that occupational therapists and other professionals have when advocating for one another, to ensure that practice laws are upheld, and that clients receive the care they deserve.

References

American Occupational Therapy Association. (2014). Occupational therapy practice

      framework: Domain and process. American Journal of Occupational Therapy,

      68(Suppl. 1), S1–S48. http://doi.org/10.5014/ajot.2014.682006

American Occupational Therapy Association. (2018). Occupational Therapy's Role

      in Community Mental Health. Retrieved from https://www.aota.org/About-

      Occupational-Therapy/Professionals/MH/Community-Mental-Health.aspx

Caddy, L., Crawford, F., & Pafe, A. C. (2012). 'Painting a path to wellness':

      Correlations between participating in a creative activity group and improved

      measured mental health outcome. Journal of Psychiatric & Mental Health

      Nursing, 19(4), 327-333. doi:10.1111/j.1365-2850.2011.01785.x

Costa Hermeto, E. M., de Araújo Fernandes, L. L., da Silva, N. M., & Coelho de

      Holanda, I. L. (2013). Theater as a Therapeutic Resource for the Prevention of

      Substance Abuse: Teenagers' Perception. Revista Brasileira Em Promoção Da

      Saúde, 26(3), 329-335.

Charon, R. Narrative Medicine: Honoring the Stories of Illness. New York, NY: Oxford

      University Press, 2006. Print.

Hatsumi, Y., Nobutaka, K., Kouhei, A., & Hidemitsu, S. (2017). Effects of an

      educational intervention on oral hygiene and self-care among people with mental

      illness in Japan: a longitudinal study. BMC Oral Health, 171-8.

      doi:10.1186/s12903-017-0372-7

Höhl, W., Moll, S., & Pfeiffer, A. (2017). Occupational therapy interventions in the

   treatment of people with severe mental illness. *Current Opinion in*

   Psychiatry,30(4), 300-305. doi:10.1097/YCO.0000000000000339

Keightley, M., Agnihotri, S., Subramaniapillai, S., Gray, J., Keresztesi, J., Colantonio,

   A., & ... Wiseman-Hakes, C. (2018). Investigating a theatre-based intervention for

   Indigenous youth with fetal alcohol spectrum disorder: Exploration d'une

   intervention basée sur le théâtre auprès de jeunes Autochtones atteints du

   syndrome d'alcoolisme fœtal. Canadian Journal Of Occupational Therapy. Revue

   Canadienne D'ergotherapie, 85(2), 128-136. doi:10.1177/0008417417719722

Netto, J. A., Polly, Y., Cocks, E., & McNamara, B. (2016). Facilitators and barriers to

    employment for people with mental illness: A qualitative study.

    Journal of Vocational Rehabilitation, 44(1), 61-72. doi:10.3233/JVR-150780

Rodríguez, J. E., Welch, T. J., & Edwards, J. C. (2012). Impact of a Creative Arts Journal

   on a Medical School Community: A Qualitative Study. Journal of Poetry

   Therapy: *The Interdisciplinary Journal of Practice, Theory, Research, And*

   Education, 25(4), 197-204. doi:10.1080/08893675.2012.736179

Wasmuth,S.,& Pritchard, K. (2016).Theater based community engagement project for

   veterans recovering from substance use disorders. *American Journal of*

   Occupational Therapy, 70, 7004250020.

   http://dx.doi.org/10.5014/ajot.2016.018333